

Non Pharmacological Breathlessness and Fatigue Management



Breathlessness

BREATHLESSNESS

- “Breathlessness is the **subjective** sensation of breathing discomfort that varies in intensity”

Thoracic Society

- “Dyspnoea- Difficult uncomfortable or laboured breathing, or when an individual feels the need for more air.”
- “Breathlessness- undue or excessive awareness of breathing. It is a perceived sensation of a usually unconscious function.”

- Oxford handbook of Palliative care 2006

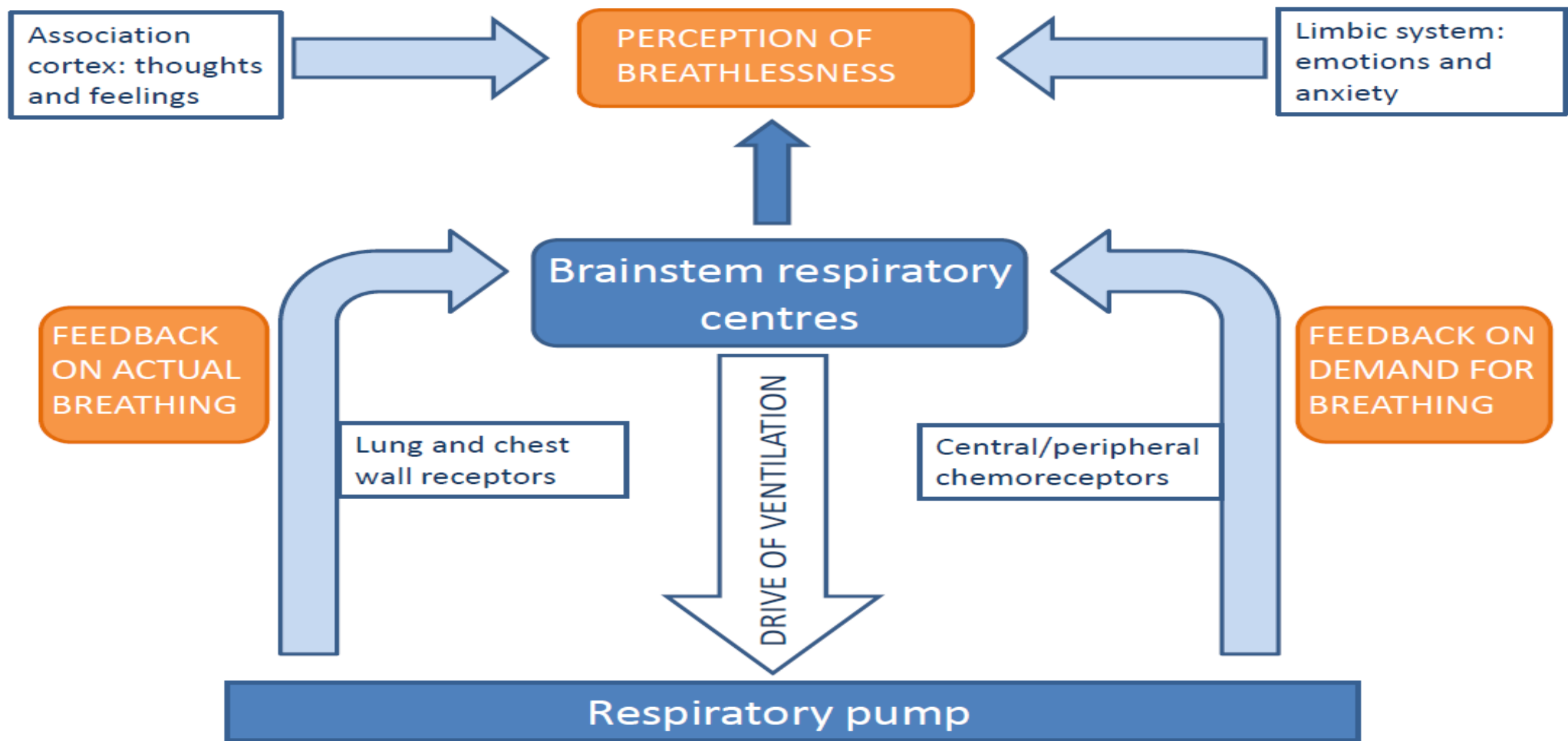
The experience derives from interactions among multiple physiological, psychological, social and environmental factors and may induce secondary physiological and behavioural responses.

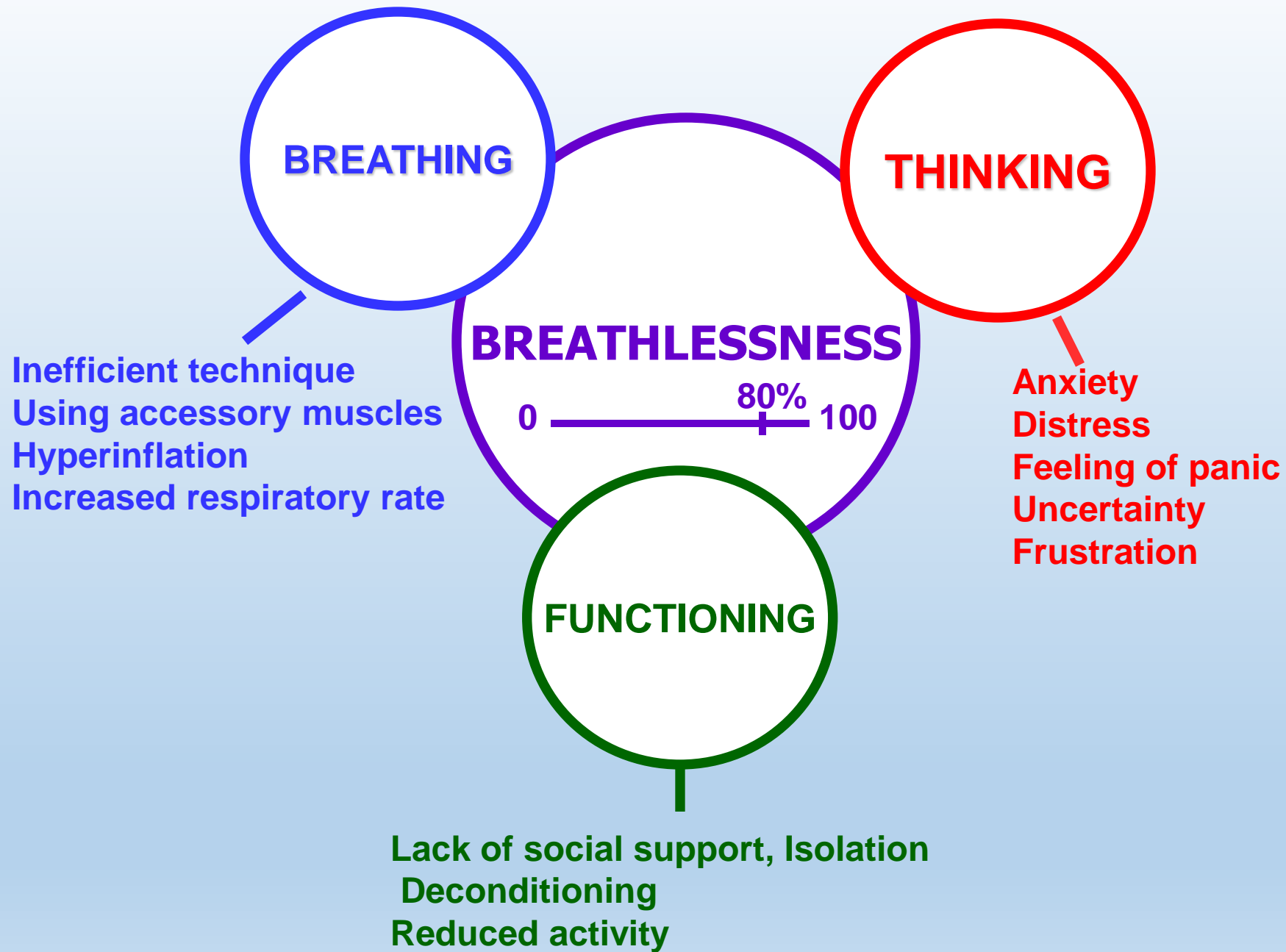
Probably the most common symptom in heart failure

60 to 95% of COPD sufferers experience breathlessness

45 to 90% of lung cancer patients experience breathlessness

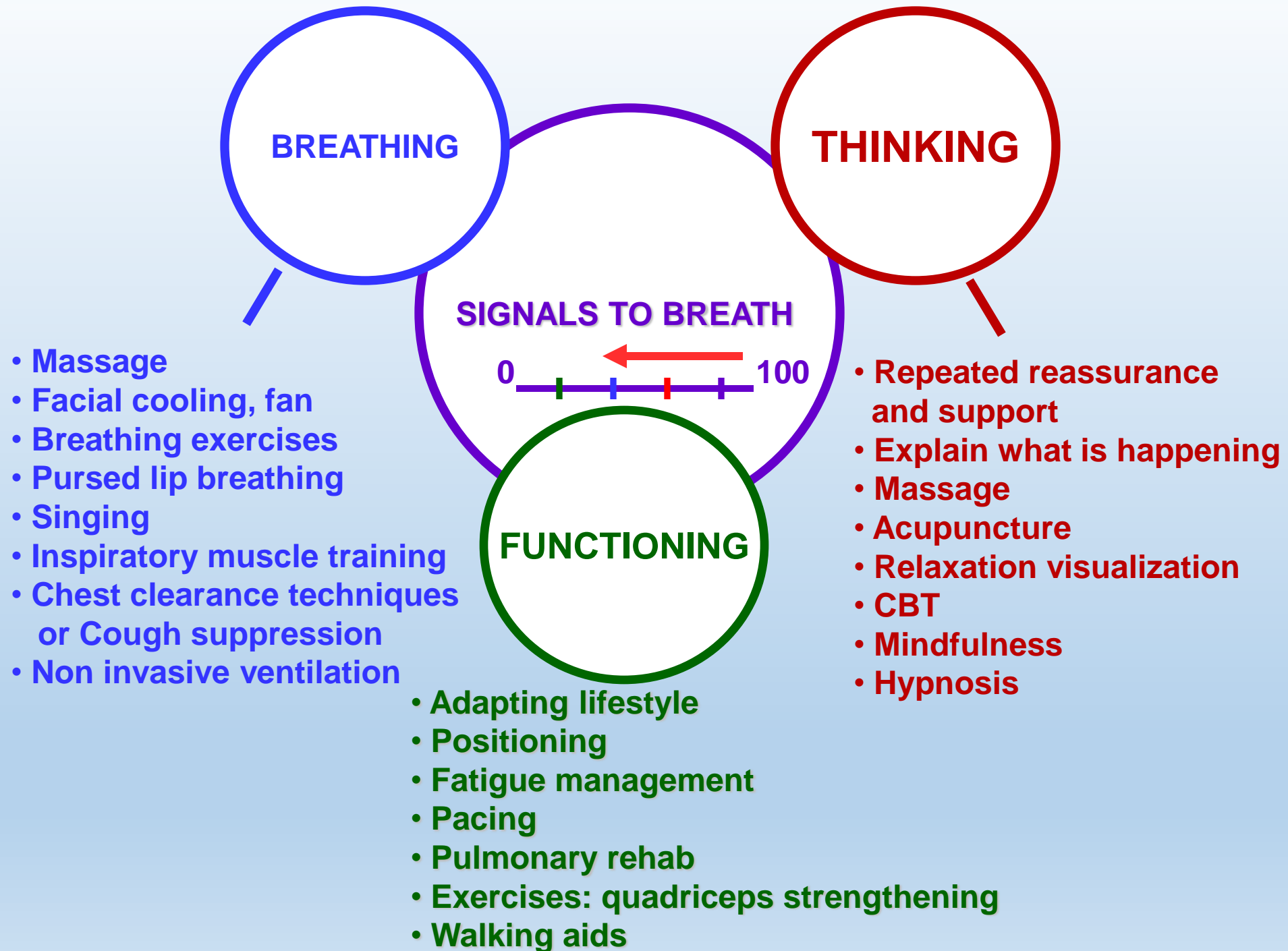
Up to 70% of palliative care patients suffer with breathlessness at any one time.





Management

- Treat reversible causes
- Non drug approaches
- Drug approaches



Examples!

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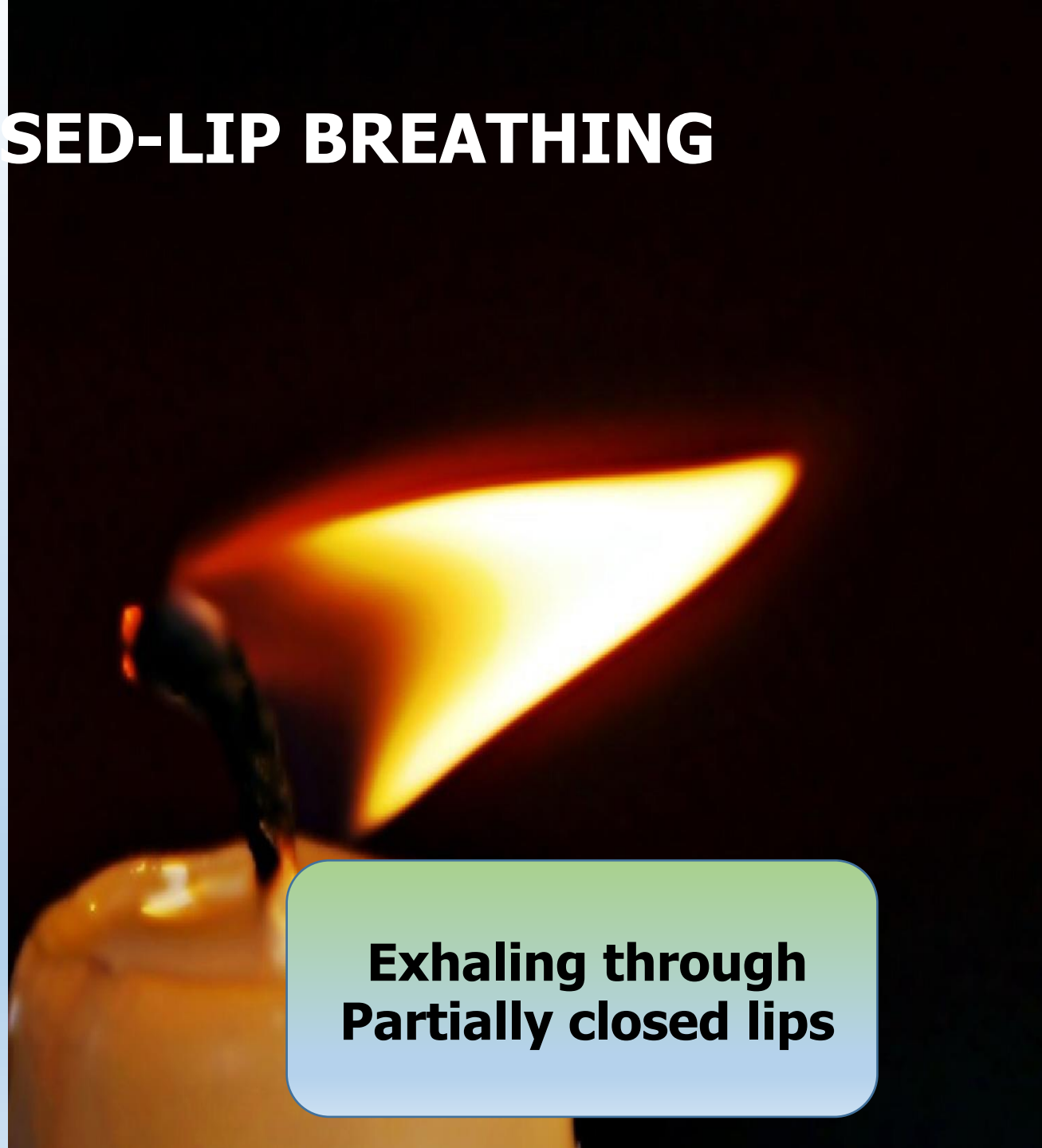
In a hurry! - Rescue Breathing

- If you are more breathless, especially on activity, use 'rescue breathing' to help regain control of your breathing pattern.
- STOP, POSITION
- DON'T FIGHT but breathe with yourself, allow the breaths out to become longer as you settle.
- Use the techniques that work for you to help your breathing settle.





PURSED-LIP BREATHING



**Exhaling through
Partially closed lips**

RECOVERY BREATHING



If too breathless or anxious to manage breathing control:

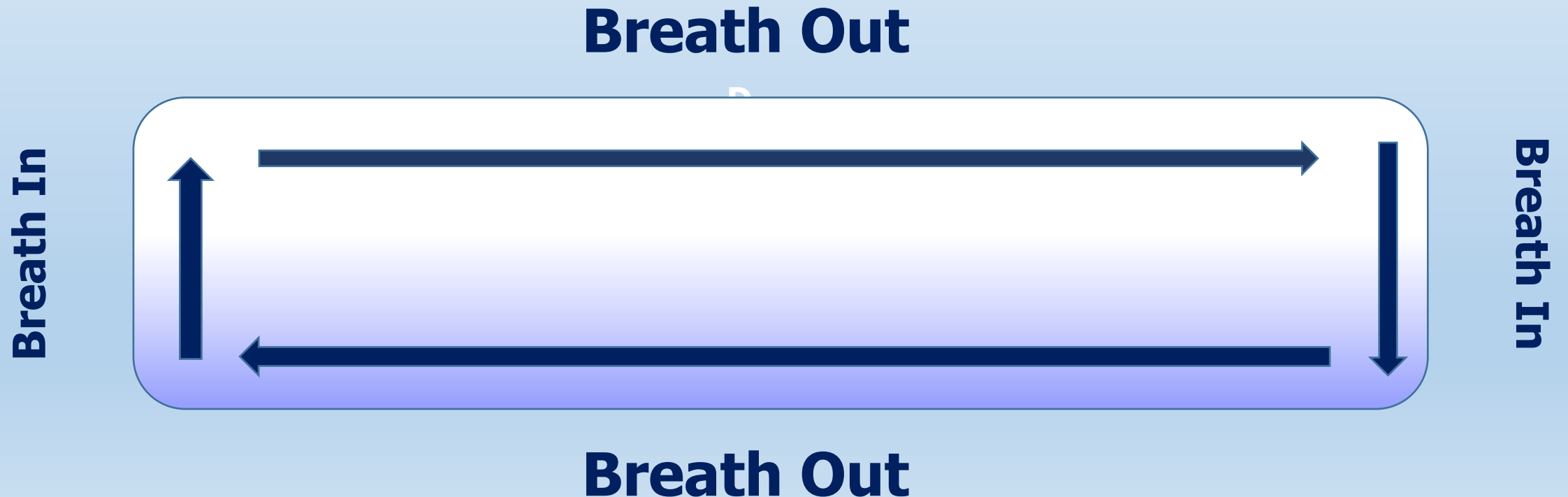
Fan

Forward lean position

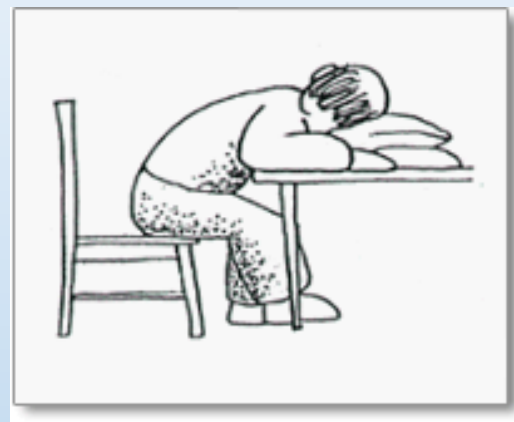
Focus on longer out breaths

RECTANGULAR BREATHING

- Focus on any rectangular shape you can see or feel, e.g. window, door, television, credit card
- Breathe out as you follow the long edge of the rectangle with your eye or your finger
- Breathe in as you follow the short edge with your eye or your finger
- Repeat as you follow the long and then the short edge again



POSITIONS TO EASE TO MANAGE BREATHLESSNESS



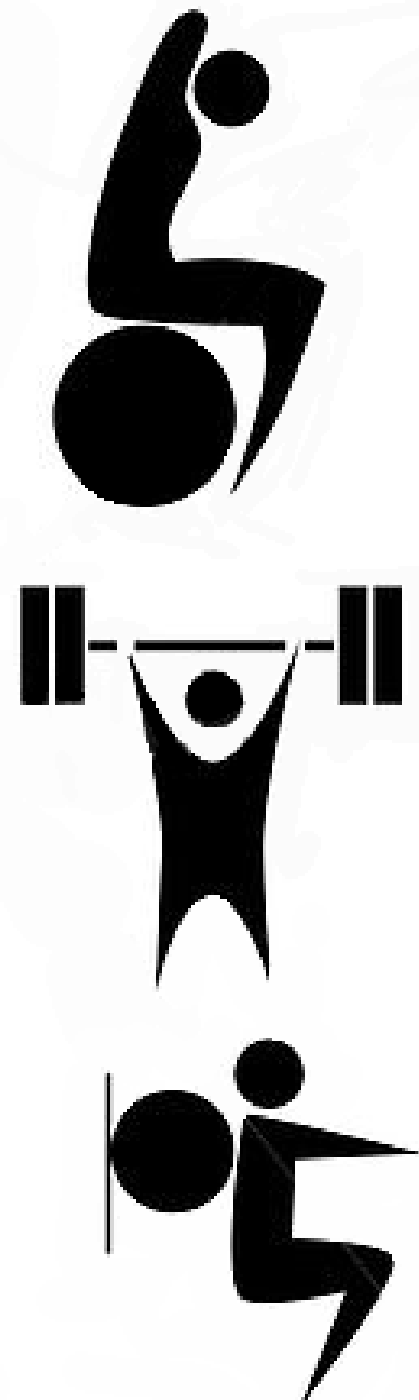
Calming hand

Acceptance



1. Recognise that you are starting a breathlessness episode or panic attack
2. Sigh out
3. Breathe in
4. Breathe out gently, concentrate on the breath out
5. Stretch fingers and wrists fully then let them relax

Repeat



EXERCISES

Pharmacological Interventions

Opioids

Benzodiazepines

Steroids

Oxygen therapy



Relaxation



ACTIVITY AND REST

- **Increase in activity will make you breathless – that's ok- you are in control.**
- **Build some activity/exercise into your day you are in control, avoid deconditioning.**
- **Prioritise, plan and pace activity.**
- **Set goals to maintain activity, pleasure in achieving.**
- **Rest is as important as activity.**
- **Relaxation can take time & practice to learn.**
- **Aim to rest both the body and the mind.**



Your



non-pharmacological management

- **Stop and position.**
- **Rescue Breathing** Focus on the breath out, relax shoulders down, as breathing settles try and make the breath out slightly longer each time.
- **Fan use or cold air.**
- **Sip of cold drink.**
- **Calming Hand.**
- **Square breathing. Relax your mind.** Music, memories, visualisation.
- **Support from those around you.** Massage between shoulder blades.

Fatigue – defining and describing

'A persistent, distressing, subjective sense of physical, *emotional and or cognitive tiredness* or exhaustion related to illness or it's treatment that is not proportional to recent activity and interferes with usual functioning'

National Comprehensive Cancer Network (NCCN 2011)

When does it occur?

- It can be experienced before diagnosis as a symptom
- At and around the time of diagnosis
- During the active treatment phase
- During the post active treatment phase and beyond including at the end of life



Assessment of fatigue levels

- Discuss with your partner how you currently assess fatigue

Assessment of Fatigue

- Explore daily routines in a systematic way
- Are they boom busting
- How are they using the limited energy they have
- Are they satisfied

Get started on fatigue management

- Help people assess what they are doing and why – this can help identify where someone's energy is being expended
- Their beliefs and values will guide their selection of purposeful activity and occupation
- They are usually experiencing loss in terms of roles, routines and responsibilities

Promote prioritisation, planning and pacing

Discuss which activities are important to the person and help them think about how they may bring to reintroduce them into daily routine in a paced way

Help set **SMART** goals linked to activities of their choice

Unpicking energy availability and expenditure

Define energy expenditure for yourself think of examples of

High energy activities/occupations

Low energy activities/occupations

Restorative activities/occupations

Managing

- Understanding fatigue can enable exploration of available energy and baseline setting
- Use of activity, rest and sleep logs enables supported self management and an analysis of energy availability

And

- Potential for using energy differently

And

- Potential for regaining occupational participation

And

- Maintaining dignity and self respect occupational identity, social agency and control

During your appointment

- Consider the persons biopsychosocial needs
- Assess fatigue and discuss energy conservation
- Consider referral for assistive equipment or support
- Ensure you are aware of rehabilitation services
- Sign post
- Offer relaxation and mindfulness



**KEEP
CALM**

the presentation is over

**ANY
QUESTIONS?**

[illegible]