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Shortness of Breath

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People with a terminal illness may experience shortness of breath, especially those who have diseases affecting their lungs or heart. Although very frightening, there is much that can be done to control and relieve this bothersome symptom.

“The room is closing in”, “There isn’t enough air in this room”, “My lungs are tight” are all expressions that my patients have used to describe the sensation of shortness of breath. In many cases, shortness of breath will pass in a few minutes.

However, if the shortness of breath is persistent or recurrent, it is important to let your health care team know. The team will try to find the underlying cause and will identify possible treatments. Here are some things you can do to help reduce and relieve your problems with being **S-H-O-R-T O-F B-R-E-A-T-H:**

- S** Sit in a chair/recliner, elevate your head with pillows, or, if you have a hospital bed, elevate the head of the bed to an angle of 30-45 degrees.
- H** Humidity and temperature – reduce both: Keep the room cool – use air-conditioning, cool cloths to the face, or a bowl of ice in front of a fan.
- O** Oxygen – use extra oxygen (e.g., from a tank) as directed by your doctor. Make sure tubes are not kinked and the flow rate is correct.
- R** Restrictive clothing – loosen restrictive clothing (such as tight collars or bras).
- T** Take medications as directed by your doctor.

- O** Open windows or use a fan – moving air reduces the sensation of shortness of breath while stagnant air increases shortness of breath.
- F** Focus on your breathing. Try to take slow, deep breaths using your abdominal (stomach) muscles.

- B** Bad lung down – if only one of your lungs is bad or has fluid, you will usually feel more comfortable by lying with the bad lung down.
- R** Report your symptoms to your doctor.
- E** Energy conservation – conserving energy is one way to reduce shortness of breath. Plan your steps. Keep frequently used items such as phone, clock, paper/pen, water and snacks in easy reach of your bed or chair.
- A** Anxiety – Keep the house quiet and free of anxiety, if possible. Relax with yoga, calming music, or massage. Take anti-anxiety medications when needed.

- T** Take inhalers (if your physician has prescribed these) about 15-30 minutes before planned activities (meals, walking, bathroom).
- H** Have a daily time for spiritual reflection and meditation.

Opioids

Opioids, like morphine, are very effective for controlling shortness of breath. Sadly, patients and family members are sometimes afraid to give these medications because of unfounded fears and a poor understanding of these types of medications. Here are three of the most misleading and commonly believed myths:

1. **Opioids hasten death.** Studies by doctors have demonstrated that *withholding* opioids actually *hastens* death by allowing patients to suffer with unnecessary pain or shortness of breath. Opioids increase survival at the end of life by making a patient more comfortable.
2. **Opioids damage the body.** Opioids are very safe when taken as directed. For instance, the *American Geriatric Society* has determined that opioids are safer for older people than drugs such as Advil or Aleve.
3. **Opioids are addicting:** There is a difference between physical dependence and addiction. Medical science has clearly shown that addiction is rare for patients who are short of breath when the goal of care is comfort.

Unusual Patterns of Breathing

It is quite common for the terminally ill to exhibit altered patterns of breathing. What this means is breathing patterns that are unusually slow, unusually fast, or a combination of both (fast breathing followed immediately by slow breathing).

Sometimes, altered patterns of breathing are a sign that the patient's organs are failing or that he or she is getting closer to passing away. Periods of apnea (an unusually long pause between breaths) may become longer and longer as death gets closer. In some patients, a person's breathing pattern may do the opposite and increase as they get closer to death. It is important to know that unusual patterns of breathing are expected and do not mean that the patient is suffering – patients are often unaware that they are breathing unusually slowly or fast. Sometimes these unusual patterns of breathing can continue for weeks.

Final Thoughts

- In many cases, shortness of breath will go away by doing simple things.
- Most cases of persistent and recurrent shortness of breath can adequately controlled.
- Opioids are very safe and effective medications when used as directed.

When you and your health care team work together, there is a very good chance that your shortness of breath will be adequately controlled.