Breathlessness IMPRESS Tips (BITs) for Patients

Breathlessness IMPRESS Tips (BITs) for patients are one of a set of four BITs based on an IMPRESS programme to develop guidance for clinicians, commissioners, patients and researchers about how to improve the care for people bothered by breathlessness.

These particular BITs are for adults who experience breathlessness over a period of weeks, sometimes called “chronic” or “long-term” breathlessness. If you, your partner, family or colleagues notice that you are regularly out of breath especially when doing the same things as others of a similar age, or have to stop for a breather more than you used to, then these BITS are for you. They advise you to consult your GP if you are concerned. If you experience any sudden shortness of breath, not linked to exercise then do this urgently.

These BITs bring together information about breathlessness and how to manage and how to cope with it, with support from healthcare professionals. Chronic obstructive pulmonary disease (COPD) and heart failure explain about two-thirds of the causes of long-term breathlessness. They are not the only causes, but they are common reasons. Also nearly everyone who is breathless feels stressed by it or anxious to some extent. It is also possible to have more than one cause of breathlessness at the same time, and there may be other reasons such as being stressed due to life circumstances, being overweight or being unfit.

Two main physical causes of breathlessness: heart failure and COPD

Some people may be breathless because they have heart failure, and others because they have COPD and others may have both. This information explains why these conditions may make you breathless.

Heart failure
Heart failure is when the heart does not pump your blood as well as it does usually and therefore this means that the blood flow around your body is not enough for your body’s needs. The common symptoms people experience because of this are breathlessness, a reduction in your ability to be physically active (such as gardening, walking to the shops without taking a breather, doing the housework, walking up stairs), severe tiredness or fatigue and fluid retention; for example your ankles may be swollen. Heart failure is a diagnosis usually made by a doctor after you have been assessed. Your doctor may carry out tests to look at how healthy your heart is, to exclude other causes of breathlessness and to help confirm your diagnosis. These include an electrocardiogram (ECG) that might be done in the practice that looks at the electrical activity of your heart; a blood test that measures the level of a hormone (BNP or pro-BNP) which if higher than average may indicate heart failure; and refer you to a clinic for an echocardiogram which is an ultrasound test that shows how the heart is working and is done in hospitals or specialist clinics. Blood tests may help to
determine the cause. Treatment will depend on the severity and the cause of your heart failure, and commonly include changes you might need to make such as stopping smoking, doing more physical activities, making changes to your diet, and also taking medicines regularly. If you get a flare-up, you may need to be admitted to hospital and be treated by the heart team there. See here for more information: http://www.sign.ac.uk/pdf/pat95.pdf

**Chronic obstructive pulmonary disease (COPD)**

Chronic obstructive pulmonary disease (COPD) is a term for people with a combination of chronic bronchitis (cough and phlegm) and emphysema (damaged lung tissue). Chronic bronchitis or emphysema cause obstruction (narrowing) in your airways. Therefore when you breathe, the flow of air to your lungs is obstructed: not just breathing in, but also breathing out as the air gets trapped. In the UK COPD is caused by smoking in at least 9 out of 10 people, so the main treatment is supporting you to stop smoking, building your confidence to be more physically active even though you are breathless, and taking medicines regularly. Medicine for COPD is often in an inhaler rather than tablets as these allow the medicine to reach your lungs directly where it is needed.

Because we have a lot of reserve capacity in our healthy lungs, one of the problems is that we do not notice breathlessness until that reserve has been used up; in COPD this is by damage from smoking and repeated flare-ups (sometimes known as acute exacerbations). At this point you start to notice breathlessness doing the things you used to be able to do without getting breathless. This also explains why breathlessness is one of the main symptoms of flare-ups in COPD because you don’t have any reserve.

**People with COPD will need admission to hospital to be treated by a specialist respiratory team if they have respiratory failure.** This occurs when your lungs aren’t working properly and you have too little oxygen, and may have too much carbon dioxide, the waste product of breathing, in your blood. Both of these can make you very unwell.

Sources of further patient information:

- NHS Choices [www.nhs.uk](http://www.nhs.uk)
- Patient.co.uk [www.Patient.co.uk](http://www.Patient.co.uk)
- British Lung Foundation [www.blf.org.uk](http://www.blf.org.uk)
- British Heart Foundation [www.bhf.org.uk](http://www.bhf.org.uk)
- Association of Chartered Respiratory Physiotherapists: COPD leaflet

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The next section describes the actions you can take to help yourself:

1. If you are concerned, consult your GP
2. Try stopping smoking with help
3. Get a flu jab
4. Try some relaxation techniques
5. Try some breathing techniques
6. Use your medicines as they have been prescribed
7. Be physically active
8. Avoid extremes of weather and poor air quality
9. Drink and eat healthily and manage your weight
10. Use oxygen only if you have been assessed as needing it and use it as prescribed
11. If you are feeling sad, down or anxious talk to your healthcare professional
12. If you leak urine tell your healthcare professional
13. If your sex life is affected try different positions that can make it easier

So what should you do if you are concerned about your breathing?

1. If you are concerned, consult your GP
   If you are concerned about your breathing, do go to see your GP. When you go, consider what you want from the visit. The GP may not be able to offer you a diagnosis from one visit. They will ask you to tell your story; they may need to examine you and do some tests; you may be asked to have a chest X-ray, you may be asked to monitor your breathing and then come back for further visits. When they are ready to offer you a diagnosis, the sorts of things you might want answers to are:
   - What do I have?
   - What does that mean to me?
   - How long will it and the treatment last? What treatment options are there?
   - What caused it?
   - What will happen now and in the future?
   - Can it be cured or controlled?

They may make a plan with you to manage your breathlessness better. This may include a number of the actions we describe here.

2. Try stopping smoking
   If you smoke, tell your healthcare professional and ask for help if you would like to stop. People who have smoked a long time and continue to do so even when they have a condition made worse by smoking clearly find it harder to stop than the average person, but with the right support we know they can do it. If this is you then chances are you will need help, doing it alone is not as successful. You will need to see a healthcare professional regularly to get control over your smoking and you will need stop smoking medicines too. Think of your stop smoking treatment in the same way you might think about your blood pressure medication. You need regular checks with the nurse and fine-tuning of your stop smoking medicines. Your specially trained smoking cessation counsellor or practice nurse will know what to do for you.

Why?
   Stopping smoking is the single best thing you can do for your lungs and heart health whether or not you already have a diagnosis. You may be surprised by this but research shows that stopping smoking will actually make you feel less stressed.

Inhaling smoke damages your lungs; increases your chance of developing a long term incurable condition like chronic obstructive pulmonary disease (COPD), heart failure or lung cancer and all these will make you breathless. Smoking almost doubles your chances of having a heart attack compared to people who’ve never smoked.

The good news is that you slow down the damage to your lungs even if you stop when you’ve already got a problem, and there is plenty of support out there to help you.
It may help to have a bit more information:

We know that tobacco smoke contains many substances. The smoke has two parts: tiny solid pieces that contain tar; and gas, which contains carbon monoxide and nitrogen oxides. It is the carbon monoxide that reduces the amount of oxygen in your blood.

The tar in cigarette smoke damages the cells in the airways of your lungs. This damage can produce abnormal cells that grow uncontrollably - leading to lung cancer or voice box (larynx) cancer. Because of this, your body sends protecting cells to your lungs to try and defend them, but cigarette smoke destroys them. The dead cells then release substances that damage the structure of the lung. This is a cause of chronic obstructive pulmonary disease (COPD).

Smoking takes these poisonous substances directly into your lungs. The filters in most cigarettes are of some benefit, but they still let most of the harmful chemicals into your lungs.

And it is not just tobacco products that damage the lungs. Cannabis smoke contains various chemicals, including carbon monoxide and carcinogens (substances that cause cancer). Cannabis smokers inhale smoke differently to tobacco smokers, which increases the amount of smoke and carbon monoxide that reaches, and can damage, their lungs.

For more information:
https://smokefree.nhs.uk/
https://stoptober.smokefree.nhs.uk/
http://www.blf.org.uk/Page/Smoking
http://www.bhf.org.uk/heart-health/preventing-heart-disease/smoking.aspx#quit

3. Get a flu jab
Avoid the flu and pneumonia by getting a free flu jab every autumn to protect you against flu, and also make sure you’ve received a free pneumococcal vaccination, a one-off injection that protects against a serious chest infection called pneumococcal pneumonia.

Why?
All infections have the potential to damage the lungs further.

4. Try some relaxation techniques
When we are anxious or stressed our breathing rate can increase, increasing the feeling of breathlessness and making breathing uncomfortable. Learning what has made us feel anxious and ways to deal with this, alongside relaxation techniques can help to control these feelings.

See https://healthunlocked.com/blf/posts/406464/deep-relaxation-technique

The British Lung Foundation offers this simple approach:

Loosen your clothing and get comfortable.
Tighten the muscles in your toes. Hold for a count of 10.
Relax and enjoy the sensation of release from tension in your toes. Flex (spread out) the muscles in your feet. Hold for a count of 10. Relax. Move slowly up through your body – legs, stomach, back, neck and face – tightening and relaxing muscles as you go. Breathe deeply and slowly.

You might find doing all this to some relaxing music will help as well. There are lots of relaxation tapes and books available, so ask at your local library or bookshop or look online for ones that you can download.

Exercise methods such as Pilates, Yoga, Alexander Technique and Tai Chi are all good at encouraging good posture and are also a good way to relax.

Why?
Relaxation helps return the breathing pattern to a more normal rate and helps to reduce breathlessness.

5. Try some breathing techniques
Breathlessness is uncomfortable but not dangerous. We all get breathless when we are physically active, it’s just that when we have lung or heart disease or get stressed we get breathless sooner. Different breathing techniques might help with this and also help with continuing to be physically active. Remember to breathe out properly, as when we exercise or get stressed, especially with a lung or heart condition, we don’t, and so there is less room for the next breath in. This just makes us feel more breathless. It’s also good to concentrate on breathing out because when someone is breathless they instinctively try to breathe in more and this can make things feel worse.

There are various techniques for coping with breathlessness. If you practise these and use them every day, they will help you when you are active and getting breathless. They will also help you manage if you get short of breath suddenly. Remember to take rests sooner rather than later – pace yourself.

Why?
Breathing properly means that we move air in and out of our lungs, resulting in the right balance of oxygen in, and carbon dioxide out, with each breath. But being breathless is not necessarily about this – breathlessness is how you feel, not an amount of a particular gas. There are many reasons why we get breathless, not related to these gases, and breathing techniques can help this. Learning new breathing techniques can help with breathlessness. They can also help control your anxiety as they also help with relaxation. Although we all feel we know how to breathe, sometimes learning new techniques can help. Some of these can be done in combination too:

Breathing control
This is helpful if you are generally short of breath and want to gain some control of your breathing. Breathing control means breathing gently, using the least effort, with your shoulders supported and relaxed. Use a position which need the least energy or effort such as: standing up, leaning from your hips with your forearms resting on something at the right height; sitting, resting your forearms on your knees on a table or chair arms, using a walking aid or you may prefer to rest your hands or thumbs on your belt loops or waistband, or across the shoulder strap of your handbag, or if you are really breathless, resting your head and arms on pillows on a table.

See this website for more information on breathing control if you experience
hyperventilation: http://www.physiohypervent.org/index.php?m=1&i=26

**Pursed lips breathing**
With pursed lip breathing, you breathe in through your nose and then breathe out/exhale slowly through slightly pursed lips as if you are whistling. The extra time it takes to exhale/breathe out this way helps keep your airways open longer and allows more air out. This allows us to take a better breath in and slows the rate of breathing.

Use pursed lip breathing when you are feeling anxious. Doing it slowly 10 times – (once is a breath in and out) - can help increase your feelings of relaxation. Pursed lip breathing may help control the stress reaction in your body that can trigger breathlessness, cough, or wheezing during a COPD exacerbation.

‘Blow as you go!’
Breathe out when you're making a big effort, for example:
- stretching your arms above your head
- reaching for something on a shelf
- going up a step

**Paced breathing**
This is useful when climbing the stairs or walking. Breathe in in time with the steps you take. Do this in a rhythm that suits you and how breathless you are for example, breathe in for two stairs and out for three or breathe in for one stair and out for one stair.

This information, and more can be found at this website:
http://www.blf.org.uk/Conditions/Detail/COPD#Living-with

Also look at Association of Chartered Physiotherapists in Respiratory Care
www.acprc.org.uk and their leaflets here

6. **Use your medicines as they have been prescribed**
You may well be prescribed medicines by your healthcare professional including to help you stop smoking if you are a smoker. Check you understand what you’re supposed to do. Go to the pharmacy to get your medicines dispensed, and if necessary ask the pharmacist for help and advice. You should know:

- **What does this medicine do?**
- **Why** is it important that I take this medicine?
- **When** and **how** should I take it?
- **How long** should I take it for?
- **What should I be aware of** when taking this medicine? (e.g. possible risks, side effects, taking medicines with certain foods/drinks/activities, what to do if I don't feel well while I am taking it, how to store it safely and so on)
- **Where** can I go for more information?

**Why?**
Stop smoking medicines will help you quit – see our section on stopping smoking. COPD and heart failure medicines are prescribed to improve your symptoms. The treatment for these will usually need to continue for the rest of your life but may change
with your symptoms, and as newer medicines become available. The medicines you take can make a big difference to your breathlessness.

Medicines do not cure your COPD or heart failure. They aim to ease symptoms. Some treatments may also prevent flare-ups of certain symptoms.

The aim of heart failure drugs is to help the heart pump properly. In heart failure, there may be too much circulating fluid in your blood vessels. For example, you may be prescribed angiotensin-converting enzyme (ACE) inhibitors. ACE inhibitors increase the supply of blood and oxygen to your heart by relaxing blood vessels. This reduces the amount of force needed to eject blood from your heart. They also reduce the amount of fluid circulating in your blood vessels and appear to have a protective effect on the heart and slow the progression of heart failure. If you have a fast heart rate, or irregular heart rhythm, you may be prescribed beta blockers to slow your heart rate and improve the efficiency of your heart’s pumping action. “Loop” diuretics are often used by heart failure patients to ease their symptoms of “oedema” (fluid build-up in your lungs, ankles, and feet) and breathlessness. Diuretics remove extra fluid from your body by increasing the amount of water passed through your kidneys.

The aim of the main medicines for COPD is to open up your airways or reduce inflammation; these are given in devices called inhalers. Inhalers get the medicine to where it is needed in the lung. It is very important to use your inhaler correctly so the medicine gets into your lungs properly. Next time you have an appointment with your doctor or practice nurse or when you see your pharmacist, take your inhaler(s) and ask them to check you are using them to their best effect, as many patients need help to make sure they use their inhalers correctly.

When you see your doctor or practice nurse also make sure you explain when in the day/night/year you get the worse symptoms, as they might adjust your prescription to tackle that problem.

It is important that you tell your doctor if your breathlessness, or other symptoms such as fatigue or cough, recur or worsen. They may be due to your medicines, or they may be due to a new problem. You need to get this checked out. Your treatment may need changing and/or you may need further tests. Your doctor will review your condition regularly.

Some people can be breathless because they are anaemic. If you also feel very tired or look “washed out” and pale then talk to a healthcare professional as iron tablets or other treatments may help.

However, if you smoke, the best treatment of all is to stop.

For more information about drugs see

For heart failure: http://www.nhs.uk/conditions/heart-failure/Pages/Treatment.aspx
GPs often suggest: http://www.patient.co.uk/health/heart-failure

For COPD: http://www.nhs.uk/Conditions/Chronic-obstructive-pulmonary-disease/Pages/Treatment.aspx
GPs often suggest: http://www.patient.co.uk/health/chronic-obstructive-pulmonary-disease
Patient charity information about treatment for heart failure see:
http://www.bhf.org.uk/heart-health/conditions/heart-failure.aspx

Patient charity information about treatment for COPD see:
http://www.blf.org.uk/Conditions/Detail/COPD

7. Be physically active
Physical activity helps everyone including breathless people. Physical activity could be walking, gardening, walking the dog, housework, swimming, an outdoor gym in the park, a normal gym, or a programme known as pulmonary or cardiac rehabilitation to which you can get referred by the clinician who manages your care. Aim to be breathless but not speechless, or until your muscles feel achey.

Why?
Physical activity is a “miracle drug”. It is good for every part of the body. It improves how well your heart works and strengthens your muscles. It reduces your blood pressure and heart rate over time, so your heart will work more efficiently. It also changes the structure of your muscles, so they become better at taking oxygen from your blood and using it to help you walk further. It reduces the risk of you developing other chronic diseases such as diabetes. It strengthens your bones, especially important in older age. It can help you lose weight. It increases the amount of good cholesterol in your body. It reduces stress which also reduces the demands on your heart. It gives you a sense of wellbeing as substances called endorphins are released in your brain that make you feel better. It can also be fun!
See
http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx

8. Avoid extremes of weather and poor air quality
When it is hot people who are breathless find it harder to breathe. Go out in the cooler parts of the day and use fans to keep cool. When it is very cold keep warm by wearing layers of clothing and before you go out protect your airways from the cold by using a scarf over your nose and mouth. Wear warmer night clothes because your body temperature drops as you sleep. Try to keep your home warm. The optimum room temperature is around 21 degrees Centigrade in the living room, around 18 degrees Centigrade in the bedroom. Many local authorities run Warm Homes schemes to help people struggling to stay warm. Take note of what affects you, and do what you can to avoid this.

Why?
Extremes of weather temperature can affect your breathing. Cold air can tighten the airways. If you breathe through your nose rather than your mouth it will warm up the air better.

For more information:
http://www.blf.org.uk/Page/How-weather-can-affect-you

Also, in addition to smoking, air pollution can affect people with breathing problems; avoid areas of second-hand tobacco smoke and pollen. Sunlight can react with pollutants to form especially harmful substances such as ozone and oxides of nitrogen. Avoid going out on days when there is poor air quality – avoid going on holiday to heavily polluted cities (e.g. http://qz.com/136606/here-are-the-worlds-worst-cities-for-air-pollution-and-theyre-not-the-ones-youd-expect/)
9. Drink and eat healthily and manage your weight

Being overweight or underweight can be problematic for breathless people, so manage your weight and seek help if you need.

If you have a heart problem avoid foods with a high-salt content and don’t add salt to your food. You should restrict this to 2-3 g per day which is about half a teaspoon. And remember many foods contain hidden salt. Don’t use lots of ‘low-salt’ alternatives though because they can be very rich in potassium which may be a problem if your medicines include “angiotensin-converting enzyme (ACE) inhibitors” or “spironolactone”.

If you have severe COPD or other severe lung diseases, some people may have daily steroid tablets (prednisolone), which can cause increase appetite, fluid retention and weight gain. If this happens, speak with your doctor.

If you reduce how much you drink be careful that you don’t get dehydrated. If you take “high-dose diuretics” for your heart failure be extra careful.

Drinking less fluid can also dry out your lungs and make it harder to get sputum up.

If you suffer from fluid retention you can weigh yourself regularly. If you have a sudden, unexpected weight gain of ≥2 kg in three days, go to your doctor.

Why?

Being overweight may make you breathless because of the extra weight being carried and because a large tummy can push up on your lungs and make them less able to work effectively. An overweight or obese person with COPD or heart failure will be more breathless than a person with the same amount of lung damage who is not overweight. Physical activity may also be harder which can lead to people doing less, this means they become unfit and will be more breathless.

Some foods and fluids can make the medicines you take for your heart failure or COPD work less well, so ask your doctor or pharmacist about this.

On the other hand many breathless people tend not to eat so well. In COPD it is common that it becomes difficult to eat and swallow when you are very short of breath and especially if your mouth is dry through mouth breathing. If these apply to you, try these tips:

- Smaller meals on a smaller plate are easier to manage
- Small amounts and frequent is better that a big meal
- Eat slowly and take smaller mouthfuls
- Try to avoid chewy foods
- Try adding sauces or gravies to make food easier to eat
- Drink plenty of fluids as this can help keep your mouth moist and stop phlegm getting sticky, making coughing it up easier. Drink at least 1½ litres (3 pints) of fluid a day if you can. If you also have heart failure as well as COPD check with your heart failure team about the right amount of fluid for you
- Prepare extra on the days you cook and store portions in the freezer – this is better than buying ready meals that can have too much salt/sugar/fat in them
- If you get breathless when you eat, ask to see a dietician
Being short of breath can cause you to breathe more through your mouth and less through your nose. This can cause your mouth and tongue to become dry, leaving a bad taste. If your tongue is coated, try cleaning it gently with a soft toothbrush or cotton bud. Mouthwashes can also help.

Have a drink or you could try sucking flavoured ice cubes and ice lollies. Pineapple chunks or other cut up fruit like melon can also help. Keep your lips moist by using lip balm or Vaseline®. Artificial saliva is available as gels, sprays, pastilles or lozenges and your doctor can prescribe these for you.

10. **Use oxygen only if you have been assessed and use it as prescribed**
If you have had a test called pulse oximetry and blood tests that show a low oxygen level and your healthcare professional decides you need oxygen then use it as prescribed. If you have been prescribed oxygen and wish to travel the British Lung Foundation has good advice on this.

**Why?**
Oxygen should only be prescribed by a specialist oxygen assessment team and should only be used to treat low oxygen levels in your blood. High oxygen flow rates are rarely needed and putting up your oxygen can be dangerous rather than helpful. It is OK to be slightly low in oxygen and still enjoy a good and active life.

11. **If you feel sad, down or anxious talk to your healthcare professional**
Firstly, try taking deep, slow breaths and using relaxation and breathing techniques that can help by having a calming effect and reducing your stress. The best therapy is normally to talk to someone and to identify what is causing you to feel this way and to help you find ways to cope. If it’s your life circumstances, you might want to get help from the local Citizens Advice Bureau or look here for other ideas: [http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx](http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx)

If you are anxious because of your breathlessness then you can talk to your GP, and you can refer yourself or ask your GP to refer you to the local “Improving Access to Psychological Therapies (IAPT)” service which can offer counselling or other talking therapy. The NHS Website will help you search for your local service which may have a different name: [http://www.nhs.uk/Service-Search/Counselling-NHS-%28IAPT%29-services/LocationSearch/396](http://www.nhs.uk/Service-Search/Counselling-NHS-%28IAPT%29-services/LocationSearch/396) About half the people who use IAPT services have a long term physical condition.

Some people who feel very stressed, may be offered cognitive behavioural therapy (CBT) [http://www.nhs.uk/conditions/cognitive-behavioural-therapy/pages/introduction.aspx](http://www.nhs.uk/conditions/cognitive-behavioural-therapy/pages/introduction.aspx) CBT cannot remove your problems, but can help you manage them in a more positive way. It encourages you to examine how your actions can affect how you think and feel.

If you feel very down occasionally medication can be prescribed to help with your feelings, but this would need to be checked in case it affects the effectiveness of any other medicines you are taking, or has unwanted side-effects like sleepiness.
Why?
When a person is worried, anxious or fearful, your body releases hormones that increase your heart rate and blood pressure and make your breathing speed up. This puts a much higher workload onto your heart. If you can reduce your stress, then there will be fewer of these hormones, and you will feel more able to cope.

Breathlessness poem by Jenny Taylor

    Be still. Be calm
    Drop the shoulders
    Slowly sigh Out...and...Out
    Hear the sigh — Haaah...
    Soft and quiet
    Feel control returning
    Peaceful and safe.

12. If you leak urine, try some pelvic floor exercises
See here for more information
http://www.nhs.uk/chq/pages/1063.aspx?CategoryId=118&SubCategoryId=121#close

13. If your sex life is affected
For many people sex is, or has been, an important part of their lives. But people with lung disease may worry about sex because they are afraid that they will become too short of breath, or need to cough up phlegm. See here for more information http://www.blf.org.uk/Conditions/Detail/COPD#Living-with and for more information about positions that might help: http://www.blf.org.uk/Page/Sex-and-breathlessness

REMEMBER
Please remember that this is information to help you. But if you are breathless, do get in touch with your GP or healthcare specialist who will be able to help.

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