

## The Experience of Dyspnea

- Shortness of breath/ breathlessness
- Smothering feeling
- Suffocation
- Panicky
- Worsens with any activity
- May be present at rest

## Dyspnea Diagnosis

- Self-report is key
  - Detection
  - Severity
- Number of symptom-free days in the last 2 weeks \_\_\_\_\_
  - mild COPD pts have symptom-free days
  - Mod-severe COPD often have daily symptoms

## Dyspnea Assessment

- Assess dyspnea every visit
- Use an analog scale (0-10):
  - 0- no problem breathing
  - 10- the worst that your breathing could be.
- Visual Analog Scales (like pain score)
- How would you rank your breathing now?  
After treatment? At its best and worst?

## Dyspnea Severity Assessment: Functional Status

- \_\_0: No SOB except with strenuous exercise
- \_\_1: SOB with hurrying/walking up a slight hill
- \_\_2: Stops for breath when walking at own pace on the level
- \_\_3: Stops for breath with walking about 100 yards
- \_\_4: Too short of breath to leave house or when changing clothes

## Dyspnea Severity Assessment: Functional Status

- Checks for functional impairment
- Symptoms  $\geq 2$ : functional impairment
- Consider further evaluation or modification of treatment to improve symptom control and functional status
- For patients with severe symptoms you may only be partially successful

## Dyspnea and Hypoxia

- Symptoms and ABG may not correlate
- Dyspneic patients without hypoxia can still be very impaired.
- Hypoxia may not be corrected with Oxygen
- If persistent dyspnea despite standard treatments: low dose opioid and anxiolytics may be helpful in reducing symptom burden.

## Dyspnea as marker for Action

- A change in dyspnea severity should trigger:
  - patient self-management plan
  - patient call medical provider for instructions
  - medical provider to evaluate/manage
- Early management can prevent major exacerbations/hospitalizations
- Chronic Disease Management must be proactive.

## Dyspnea Assessment over Time

- Routine self-assessment of dyspnea:
  - As important as PFTs/ABG
  - Helps patients communicate experiences
  - Improves provider's empathy/understanding
  - Builds patient/doctor relationship

## Dyspnea Assessment over Time

- Routine self-assessment of dyspnea:
  - Patient/provider better understand COPD
  - Effects on patient's QOL
  - Treatment effectiveness

## Dyspnea and Suffering

Poorly controlled Dyspnea can lead to:

- Depression
- Hopelessness
- Chronic Anxiety
- Guilt
- Loneliness
- Difficulty with ADL's
- Isolation
- Caregiver fatigue
- Difficulty with transportation

## Dyspnea and Suffering

- Emotional distress associated with COPD is underappreciated and reduces QOL.
- Understanding the impact on ADL's and social life can:
  - help medical providers with referrals/services
  - help patients and families cope with Social Aspects of Suffering.