

Dyspnea (shortness of breath) is a common symptom in many advanced illnesses, and unusual or erratic breathing patterns are a normal part of the dying process for many people.

If you or someone you are caring for are experiencing difficult or unusual breathing, please inform your health care providers.

Your health team will offer suggestions to treat or reduce symptoms where possible, and to provide increased comfort during this time of your life.

Resources

For patients and families

- **Victoria Hospice**
relaxation techniques brochure
www.victoriahospice.org
- **Island Health**
managing shortness of breath handout
(available from your home care nurse or palliative team)

For professional care providers

- **BC Centre for Palliative Care**
symptom control guidelines
<https://bchpca.org>
- **Canadian Virtual Hospice**
www.virtualhospice.ca
- **Pallium Canada** pocketbook (2018)
www.pallium.ca
- **HPC Consultation Services**
hospice tip of the month, March 2021
<https://hpconnection.ca>

For more information

Victoria Hospice supports people through the overwhelming emotions and realities of coping with life-limiting illness, death, and the grief journey.

We're here to help you navigate the end-of-life journey with compassionate care, practical support and helpful resources.

Web: www.victoriahospice.org

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Email: contact@victoriahospice.org

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Dyspnea & Breathing Pattern Changes

Understanding and responding:
a palliative approach

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Dyspnea (shortness of breath)

Dyspnea is the feeling of difficult or uncomfortable breathing, and is common in advanced illness. Many people nearing the end of their life experience dyspnea or other breathing changes.

Shortness of breath is assessed based on the lived experience of each person. It may be accompanied by feelings of anxiety and the two can reinforce one another, impacting quality of life. Sometimes, especially near the end of life, a person can appear to have trouble breathing but not experience any distress or feeling of difficulty themselves.

Dyspnea can have many interrelated causes. It may or may not be related to lack of oxygen (hypoxia), so it may or may not help to add oxygen. Your health team will assess your breathing and recommend the best response to relieve the feeling of shortness of breath and any related anxiety you may experience.

What can be done for dyspnea?

Whether it is possible to treat the causes of breathlessness or not, the health team will work to relieve any discomfort or anxious feelings you may be experiencing.

There are medication and non-medication related ways to relieve shortness of breath.

Non-pharmacological treatments are considered first line for relief of breathlessness when it is bothering the person experiencing it. Specialized breathing techniques (like pursed lip breathing), a hand held fan directed at the face (to stimulate the trigeminal nerve), and relaxation techniques (to slow breathing and reduce anxiety) can all relieve the feeling of shortness of breath. For some people, positive distraction with something they enjoy can also help.

Other techniques include elevating the head of the bed, elevating the elbows, opening a window to create airflow, reducing room temperature, resting on one side instead of the other (affected lung down), and eliminating smoke or other allergens.

Opioids, best known as pain medicines, are an important tool to relieve dyspnea. They help quiet the neural pathways that give rise to feelings of breathlessness and can relieve any associated anxiety or “air hunger” you might experience. Your medical team may prescribe opioids, as well as other medications, as part of the treatment to relieve shortness of breath.

Other breathing pattern changes

As end of life approaches, breathing becomes more involuntary and often more erratic or unpredictable.

Sometimes the body begins to rely less on the diaphragm and more on accessory muscles (ribs, chest, neck, shoulders). This can look like the person is working hard to breathe. In addition, there are several common breathing patterns that may develop as the brain and body attempt to adapt to the dying process.

- **Rapid, deep breathing** as the body tries to maintain its chemical (acid/base) balance (Kussmaul’s)
- **Patterned quick breaths with pauses** (Cheyne-Stokes)
- **Long pauses** up to 30 or 40 seconds (apnea)
- **Noisy or grunting breathing** (agonal breathing – caused by brainstem reflex not discomfort)
- **Wet breathing** (congestion) often caused by normal secretions collecting near the vocal cords

Like snoring, these breathing patterns are difficult for those at the bedside to witness, but often appear not to distress the person experiencing them.