

PRIMARY CARE 10 TOP TIPS

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Managing complex symptoms: breathlessness

1 Any new or worsening breathlessness should be fully assessed, taking into account the impact on the patient, relatives and carers, and any potential reversibility.

2 Remember, anxiety leads to breathlessness and breathlessness leads to anxiety.

3 Treat reversible causes if appropriate. If the patient is in the last few hours of life then treating the symptoms and not the cause may be appropriate.

4 Devise a management plan with the patient and carer, ensuring that it is reviewed regularly.

5 Share the management plan with colleagues including the Out-of-hours team.

6 Oxygen only helps hypoxic patients. Therefore check saturations (with finger tip monitor) at rest and on exertion. Patients with oxygen sats > 94% do not need oxygen no matter how breathless they feel.

7 For non-hypoxic patients provide some reassurance and an appropriately positioned fan (straight onto the face so as to provide airflow) is as effective or more effective than oxygen.

8 Short acting and low dose opiates are often effective (2.5–5 mg morphine).

9 Breakthrough pain opiate doses should be calculated and taken separately from breathlessness opiate doses. You may need to provide written instructions to patients and carers to aid understanding.

10 If in doubt, talk to the specialist palliative care team and/or local breathlessness resources/teams.