



SUPPORTIVE CARE PEARLS

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Dyspnea

The two most common symptoms experienced by patients with chronic progressive disease are pain and dyspnea. When patients are asked what they fear most about facing the end of their life, these two issues rise to the top. There are well defined methods of treating these distressing symptoms. This is an overview of dyspnea.

Understanding possible sources of dyspnea is the first step to identification of appropriate intervention. Sometimes, it can be as simple as checking the oxygen equipment and tubing. Assess for fluid overload, infectious process, anxiety, pain, or the need to void or move the bowels. It may be that dyspnea is an indication of progression along the disease trajectory.

An understanding of the goals of care should guide the choice of intervention. A patient who has elected comfort care or hospice would not need painful assessments such as blood gases. Clinical judgment is much more valuable than a CXR or EKG in these situations. Rarely are labs of help, and often they can confuse the issue.

Treatment begins with general measures as positioning, fans, oxygen, and relaxation techniques. Pulse oximetry does not correlate with symptomatology, and oxygen should be titrated to relief, not a specific number.

Pharmacologic measures:

Opioids are the drug of choice for dyspnea.

- Opioid naïve patients can begin with 5-10 mg of morphine every 2 hours as needed. This can be increased rapidly to effect and tolerance.
- Patients on chronic opioids will need higher doses, and treatment should be individualized.
- Morphine can be given orally, rectally, or sublingually. Less commonly, it can be used by IV or Sub-q.
- Family and patients may have concerns about side effects or addiction, which need to be addressed proactively
- Appropriately dosed and titrated, opioids do NOT hasten death, and should not be withheld based on fear of respiratory suppression.

Also think of:

- Anxiolytics such as lorazepam. Dyspnea is a frightening symptom, and control of the associated anxiety is of high importance.
- Anti-tussives can help control cough
- Anti-cholinergics such as Scopolamine to reduce secretions