

Managing Breathlessness 1: The breathing thinking functioning (BTF) approach

The information given below is designed to help you manage your stable long-term breathlessness. If your breathing is getting worse or you are experiencing breathlessness as a new feeling, it is important to seek medical advice.

Introduction

Breathlessness can be a difficult symptom to live with, but there are ways you can reduce its impact on your life. Sometimes, the ways we try to cope can unfortunately worsen the feeling. An important first step is to understand how breathlessness develops. This understanding can then lead to you finding ways to help your breathing.

The breathing, thinking, functioning model

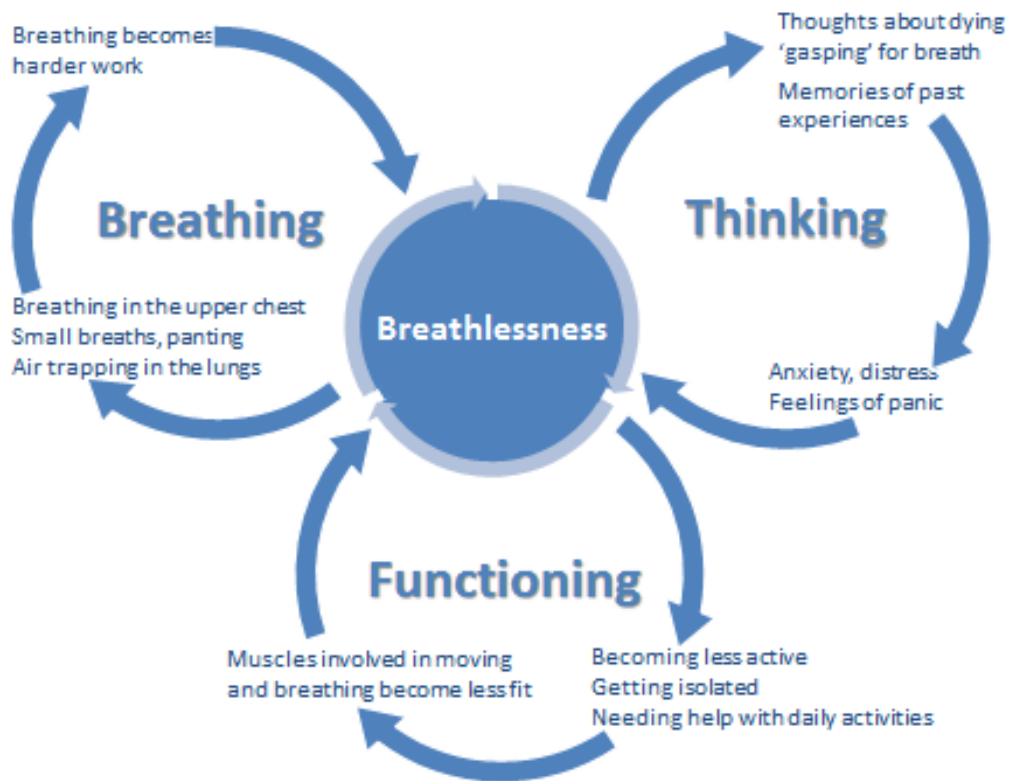
The sudden and distressing sense of breathlessness is very useful when there is an immediate threat to survival, such as suffocation. A threat to survival needs to cause a rapid emotional response, such as terror, that leads in turn to a coping behaviour, such as breathing quicker and deeper, and running away.

However, when people have chronic conditions that affect the heart and lungs, this coping behaviour is less helpful and can cause development of emotions and behaviours that actually make the breathlessness worse.

The control of breathing is complex, and so too are the mechanisms which cause us to feel breathless. How the feeling of breathlessness is created is not yet fully understood. However we know that breathlessness can impact on the way we breathe, our thoughts and how we go about our daily activities.

We have highlighted these three areas as 'Breathing', 'Thinking' and 'Functioning'. In each of these areas, specific unhelpful emotions or behaviours develop and lead to three linked vicious cycles that prolong and worsen the feeling of breathlessness.

The rest of this leaflet will go through each of these cycles with suggestions that can help.



1. Breathing

Being breathless can often lead to the development of an inefficient breathing pattern. We feel like we need to 'to get more air' so take big breaths in. We tend to pant, with small breaths coming in and out of only the top part of our chest with our shoulders hunched. The muscles that support breathing (see 'Managing Breathlessness 3: Breathing techniques to ease breathlessness'), particularly around your neck and shoulders, are overused in an attempt to pull more air in. This increases the effort of breathing and makes it less efficient.

In conditions like chronic obstructive pulmonary disease (COPD), there is not enough time for the lungs to empty when breathing fast. The next breath in starts before the lungs have fully emptied. This causes breaths to stack on top of each other, which makes the chest over-expanded and makes the breathing feel even less comfortable. This leads to an increase in the effort needed to breathe and makes recovery longer.

There are measures that can help improve breathing. These include breathing techniques, cooling the face with a fan or cold flannel, and finding a comfortable position.

2. Thinking

Feelings of breathlessness almost invariably lead to a sense of anxiety or panic. The areas of the brain involved in the feelings of breathlessness also process our emotions. Feeling anxious or frightened will directly increase breathlessness. This well-recognised vicious cycle can lead to panic and faster breathing. When we are anxious it increases muscle tension, which increases the effort of breathing.

Things that can be helpful include learning to relax, gradually slowing your breathing and finding a calm state of mind.

3. Functioning

Breathlessness is an unpleasant sensation. Therefore it is natural to try to avoid it by reducing our activity levels. However, this leads to all our muscles becoming weaker. These weakened muscles use oxygen less efficiently and are not able to do their job as well, which makes the breathlessness worse. Our family and carers try to help by doing the activities that we might otherwise have done, further reducing our activity.

It can help to understand that getting moderately breathless by being active is not harmful and can actually improve breathlessness over the longer term. Regular exercise or walking more can also help.

Further information

Other leaflets in this series will go through these techniques in more detail.

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Useful sources of information

Contact us

Interstitial Lung Disease Service

t: 020 7188 8635 (Monday to Friday, 9am to 5pm)

e: gst-tr.khpildservice@nhs.net

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

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