PALLIATIVE CARE TIPS

Issue # 4 Dyspnea

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Definition:

- 1. An uncomfortable sensation or awareness of breathing
- 2. A frequent and often devastating symptom of cancer and other end of life illnesses

Causes:

- 1. Direct effects of cancer, e.g.:
 - airway obstruction
 - parenchymal lung involvement
 - lymphangitic carcinomatosis
- superior vena cava obstruction

muscle weakness*

pleural/pericardial effusion

- * may be secondary to neuromuscular disease, cachexia, steroid myopathy, phrenic nerve paralysis
- 2. Indirect effects of cancer, e.g.:
 - pneumonia

anemia

- pulmonary embolus
- 3. Cancer treatment, e.g.:
 - radiation- or chemotherapy-induced pneumonitis
- 4. Unrelated to cancer, e.g.:
 - chronic obstructive lung disease congestive heart failure
 - motor neuron disease

Approach:

- 1. Determine the underlying cause(s):
 - history and physical

- investigations as appropriate
- 2. Treat the underlying cause(s), if possible and clinically appropriate. Specific situations:
 - a) Airway or SVC obstruction
 - consider radiotherapy (consult oncologist)
 - try dexamethasone 10 mg po/sc bid x 48 hrs; if effective, taper to minimal dose required
 - b) Lymphangitic carcinomatosis
 - try dexamethasone
 - c) Pleural effusion
 - consider therapeutic thoracentesis; if effective, consider pleurodesis or placement of a pleural catheter for recurrent effusion (consult respirologist/ thoracic surgeon)
- 3. Treat the symptom:
 - a) Oxygen
 - $\bullet \quad \text{effectiveness variable} \to \text{assess individual response} \\$
 - b) Opioids
 - if already prescribed for pain, titrate to relieve dyspnea
 - if opioid naive, start Morphine shortacting 5-10 mg po/2.5-5 mg sc q4h around the clock and 2.5-5 mg po/2.5 mg sc q1h prn → titrate (remember laxatives and antiemetic)
 - current evidence does not support the use of nebulized opioids
 - c) Bronchodilators
 - consider if history of asthma, chronic obstructive lung disease or smoking
 - d) Midazolam
 - for refractory severe dyspnea in patients expected to die within days to hours
 - refer to Tips on Palliative Sedation

Remember that the endpoint is relief of <u>subjective</u> dyspnea, not physical signs of respiratory effort (family members may need to be educated).

REMEMBER: For referrals, questions, or telephone consultations call 496-1300 weekdays and weekends.

Palliative Care Tips are now available on our Website: www.palliative.org