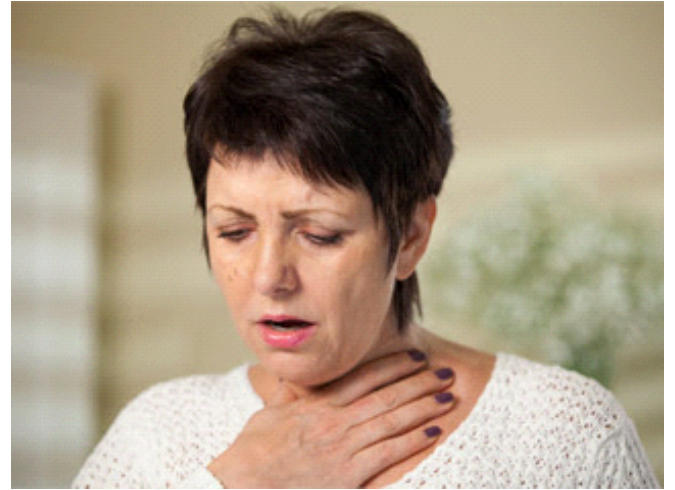


Dyspnea & Lung Cancer

Dyspnea, or being short of breath, experiencing “air hunger,” or having difficulty catching your breath, is a subjective symptom. There are no tools that can measure your sense of breathlessness. You may feel short of breath even though the pulse oximeter may read 93%. The important thing is to treat this symptom until you are comfortable and feel as if you are no longer short of breath.

Dyspnea may be caused by tumor blocking an airway or replacing part of your lung, fluid in or around the lungs (edema, pleural effusion), blocked blood flow in the major blood vessels to the heart (superior vena cava syndrome), blood clots in your lungs (pulmonary emboli), pneumonia or other respiratory infection, chronic lung disease, anemia (low red blood cell count), or hyperventilation due to anxiety.



Sudden dyspnea or a rapid feeling of air hunger may indicate a medical emergency. Call 911 if you experience severe symptoms. Otherwise, call the Lung Cancer Center staff to discuss your symptoms. Prolonged dyspnea can lead to confusion and weakness, increasing your risk of falls.

What to do:

Non-drug treatments:

- Practice pursed-lip breathing to improve ventilation, release trapped air, and promote relaxation.
- Place a small fan nearby to increase air circulation and create a breeze blowing across (not directly at) your face.
- Open a window to increase air circulation and cool the room.
- Try relaxation therapy, massage, or guided meditation to slow your pace of breathing.
- Attend a National Jewish Health class on stress management/relaxation, oxygen therapy, or lung disease management.

Drug/prescribed treatments:

- Low-dose opiates (e.g., morphine) to ease the work of breathing and decrease anxiety.
- Inhaled treatments with medication to open airways.
- Diuretics to remove fluid in the lung.
- Removal of fluid that has built up around the lung.
- Blood transfusion for anemia.
- Antibiotics to treat infection.
- Blood thinners to help reduce the size of blood clots in the lung.
- Supplemental oxygen.

- Placement of an indwelling pleural catheter through which fluid can be drained.

What not to do:

- Avoid:
 - Smoking and spending time in smoke-filled rooms.
 - Respiratory irritants, such as air pollution and strong smells.
 - Alcohol and caffeine.
 - Strenuous exercise.
- Do not drive yourself to the hospital if you experience chest pain and shortness of breath. Call 911.

Visit our website for more information about support groups, clinical trials and lifestyle information.

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NOTE: This information is provided to you as an educational service of National Jewish Health. It is not meant to be a substitute for consulting with your own physician.

National Jewish Health is the leading respiratory hospital in the nation. Founded 123 years ago as a nonprofit hospital, National Jewish Health today is the only facility in the world dedicated exclusively to groundbreaking medical research and treatment of patients with respiratory, cardiac, immune and related disorders. Patients and families come to National Jewish Health from around the world to receive cutting-edge, comprehensive, coordinated care. To learn more, visit njhealth.org.