

Original Article

Episodic and Continuous Breathlessness: A New Categorization of Breathlessness

Steffen T. Simon, MD, MSc, Irene J. Higginson, BM, BS, BMedSci, PhD, FFPHM, FRCP, Hamid Benalia, BSc, MA, Marjolein Gysels, PhD, Fliss E.M. Murtagh, PhD, MRCCP, MSc, James Spicer, FRCP, PhD, MB, BS BA, and Claudia Bausewein, PhD, MD, MSc
Department of Palliative Care, Policy and Rehabilitation (S.T.S., I.J.H., H.B., M.G., F.E.M.M., C.B.), King's College London; Cicely Saunders Institute and Division of Cancer Studies (J.S.), King's College London, Guy's and St. Thomas' NHS Foundation Trust, London, United Kingdom; Department of Palliative Medicine and Clinical Trials Unit (01KN1106) (S.T.S.), University Hospital Cologne, Cologne; and Institute of Palliative Care (S.T.S., C.B.), Oldenburg, Germany; and Interdisciplinary Centre for Palliative Medicine (C.B.), University Hospital Munich, Munich, Germany

Abstract

Context. Unlike pain, where the concept of breakthrough and background pain has been widely characterized and defined, breathlessness as a symptom has not yet been fully explored and has been rarely categorized.

Objectives. To explore patients' experiences and descriptions of breathlessness to categorize breathlessness.

Methods. Qualitative study using in-depth interviews with patients suffering from four life-limiting and advanced diseases (chronic heart failure, chronic obstructive pulmonary disease, lung cancer, and motor neuron disease). Interviews were tape-recorded, transcribed verbatim, and analyzed using Framework analysis.

Results. A total of 51 participants were interviewed (mean \pm SD age 68.2 ± 11.6 years; 30 of 51 male; median Karnofsky 60%; mean \pm SD breathlessness intensity 3.2 ± 1.7 of 10). Episodic breathlessness and continuous breathlessness were the main categories, with subcategories of triggered and non-triggered episodic breathlessness and continuous breathlessness for short and long periods. Episodic breathlessness triggered by exertion, non-triggered episodic breathlessness, and continuous breathlessness for a long period ("constant variable") were the most frequent and important categories with a high impact on daily living. Exertional breathlessness occurred in nearly all participants. Participants could differentiate episodic breathlessness (seconds, minutes, or hours) and continuous breathlessness (days, weeks, or months) by time. Episodic breathlessness occurred in isolation or in conjunction with continuous breathlessness.

Address correspondence to: Steffen T. Simon, MD, MSc, Department of Palliative Medicine, University Hospital Cologne, Kerpener Str. 62, 50924 Cologne, Germany. E-mail: steffen@steffensimon.de

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Conclusion. Participants categorize their breathlessness by time and triggers. The categorization needs further verification, similar to that already established in pain, and can be used as a new evidence-based categorization to advance our understanding of this under-researched, yet high impact, symptom to optimize management. *J Pain Symptom Manage* 2013;45:1019–1029. © 2013 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Breathlessness, dyspnea, episodic, continuous, categorization

Introduction

Breathlessness is defined by the American Thoracic Society as “a subjective experience of breathing discomfort that consists of qualitatively distinct sensations that vary in intensity.”¹ Breathlessness is a common and distressing symptom in patients with advanced diseases. It is highly prevalent, for example, in patients with chronic obstructive pulmonary disease (COPD) (90–95%) or lung cancer (78%), two of the most common diseases worldwide.^{2,3} A rich body of qualitative studies describes the burdensome impact of breathlessness on daily life.⁴ However, the management of breathlessness is complex and still insufficient.⁵ In addition, breathlessness is a relevant cost factor for health care systems; it is one of the leading symptoms resulting in emergency admissions.⁶

The presentation of breathlessness varies regarding intensity and the course of breathlessness.¹ Patients describe episodes of breathlessness as an incident or acute event with sudden onset that is unpleasant and often causes panic.⁷ These episodes are often triggered by exertion, for example, climbing stairs, walking, or even talking.⁸ In contrast, breathlessness can be present all the time, even at rest, as a continuous burden to the patient.⁹ Reddy et al.¹⁰ used these dichotomous categories of episodic (or breakthrough) breathlessness and continuous (or constant) breathlessness to describe the length and frequency of episodes of breathlessness and the intensity level of episodic and continuous breathlessness. In this descriptive survey of 70 cancer patients, a screening question (“How often are you short of breath?”) was used and answers were grouped: “all the time” and “most of the time” as continuous breathlessness and “some of the time” and “a little of the time” as episodic breathlessness.¹⁰ The use of dichotomous categories is supported by other

studies.^{1,8} However, it is still unclear how the two main categories can be clearly differentiated from each other based on patients’ experiences and which subcategories exist. To our knowledge, no categorization of breathlessness exists that describes how categories are related to each other. The lack of standardization and well-defined order of categories hinders further developments in clinical care and research of breathlessness. Clinical assessment needs clearly defined and well-described categories and criteria to get an appropriate diagnosis to inform management. In research, the lack of categorization makes the comparison of studies difficult or even impossible and hampers systematic reviews and trials. Therefore, the aim of this study was to explore patients’ experiences and descriptions of breathlessness to categorize breathlessness.

Methods

Study Design

This was a qualitative study with in-depth, face-to-face interviews.

Setting, Participants, and Recruitment

Participant recruitment took place in five outpatient clinics of two university hospitals in south London over six months in 2010. Patients were eligible if suffering from breathlessness as a result of one of the following diseases: COPD (Stages III and IV of the Global Initiative for Obstructive Lung Disease classification), chronic heart failure (CHF) (Stages II to IV of the New York Heart Association classification), lung cancer (LC) (primary and secondary LC, all stages), and motor neuron disease (MND) (all stages).^{11,12} Participants could be on any treatment for the underlying disease or for breathlessness, including chemotherapy or radiotherapy. Patients were

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