

has sought to define an identifiable entity of persistent dyspnea in order to develop an approach to improving efforts to address symptom management for this condition. In 2017, an international group of experts defined “chronic breathlessness syndrome” as “the experience of breathlessness that persists despite optimal treatment of the underlying pathophysiology and results in disability for the patient.” Despite an increased understanding of the mechanisms underlying dyspnea, there has been limited progress in treatment strategies for dyspnea. Supplemental O₂ should be administered if the resting O₂ saturation is ≤88% or if the patient’s saturation drops to these levels with activity or sleep. In particular, for patients with COPD, supplemental oxygen for those with hypoxemia has been shown to improve mortality, and pulmonary rehabilitation programs (including some community-based exercise programs such as yoga and Tai Chi) have demonstrated positive effects on dyspnea, exercise capacity, and rates of hospitalization. Opioids have been shown to reduce symptoms of dyspnea, largely through reducing air hunger, thus likely suppressing respiratory drive and influencing cortical activity. However, opioids should be considered for each patient individually based on the risk-benefit profile in regard to the effects of respiratory depression. Studies of anxiolytics for dyspnea have not demonstrated consistent benefit. Additional approaches are under study for dyspnea, including inhaled furosemide that might alter afferent sensory information.

■ FURTHER READING

- BANZETT RB et al: Multidimensional dyspnea profile: An instrument for clinical and laboratory research. *Eur Respir J* 45:1681, 2015.
- FERRY OR et al: Diagnostic approach to chronic dyspnea in adults. *J Thorac Dis* 11(Suppl 17):S2117, 2019.
- JOHNSON M et al: Toward an expert consensus to delineate a clinical syndrome of chronic breathlessness: Chronic breathlessness syndrome. *Eur Respir J* 49:1602277, 2017.
- LAVIOLETTE L, LAVENEZIANA P ON BEHALF OF THE ERS RESEARCH SEMINAR FACULTY: Dyspnoea: A multidimensional and multidisciplinary approach. *Eur Respir J* 43:1750, 2014.