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The Pulmonary Rehabilitation Advice
Booklet

Living With Breathlessness:

Many people suffer from shortness of breath. It is disabling, but not a life threatening condition.

The way in which you breathe can make a big difference to how you feel, particularly if you suffer with shortness of breath or a troublesome cough.

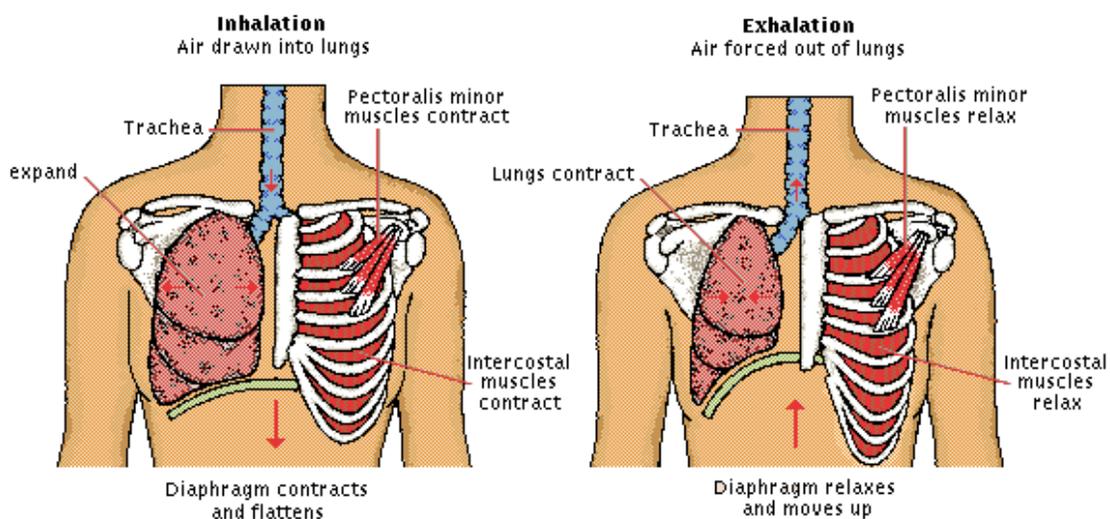
When you feel breathless, the automatic response is to breathe more heavily. Unfortunately, breathing more heavily is seldom a helpful response to breathlessness. In many situations it will make you feel more breathless which may cause you to panic. Heavy breathing can dry out your airways and cause irritation which may make you cough more often.

If you have COPD or asthma, your lungs will expand quite well as you breathe in but they are not so good at letting all the air back out again! If you breathe too much air in, it will get trapped inside your lungs making it more difficult for you to breathe any more air in.

The diaphragm:

The diaphragm is the main muscle of breathing. It is a dome shaped muscle that is attached to the under surface of the lungs. As the diaphragm contracts, it flattens down from its “dome” shape to a saucer” like shape. As a consequence of this, the lungs lengthen and expand downwards into the abdominal cavity. If the lungs expand fully (which is not required for normal relaxed breathing) the chest and ribs will also expand.

Anything that makes it harder for the lungs to expand can increase the “work” or “effort” of breathing and can make you feel more breathless.



Things that can make your breathing worse:

- Stress
- Being over weight
- Poor posture
- Holding your stomach in too much (bracing)

What is the best way to breathe?

The most efficient way to breathe is slowly and gently through the nose with the mouth closed. If you stick to this advice and slow down or stop if you can no longer breathe through the nose whilst walking, you are less likely to lose control of your breathing and experience problems.

Problems occur when you push yourself too much, gulping air in through the mouth as you struggle on. Air gets trapped inside the lungs and there is no room for any fresh air.

Advice for good breathing:

- Try to breathe **in and out** the nose (mouth closed)
- Aim to keep your breathing slow and gentle.
- Keep your breathing quiet.
- Relax the upper chest, and let the belly swell as you breathe in and flatten down as you breathe out, if you are able to.
- Spend slightly longer breathing out than breathing in.
- Try to pause momentarily after you exhale, before you inhale again. This helps to slow the breathing down.
- Keep your mouth closed and breathe through the nose.
- If you are very breathless, it may help to blow out gently through the mouth (rescue breathing). Still try to breathe in through the nose.

Nasal problems:

Breathing through the nose with the mouth is closed is best, but from time to time the nose can become blocked which makes this difficult.

Take all steps possible to keep your nose clear.

Things that may help clear your nose:

- Over the counter steroid nasal sprays (speak to your pharmacist)
- GP prescribed nasal sprays (if your problem is more severe)
- Over the counter or GP prescribed anti histamine sprays.
- Allergy avoidance (consider whether certain food or drink causes you nasal symptoms, runny nose, blocked nose or sneezing). Take action if this applies to you
- Keep your home well ventilated and free from dust. Too much clutter in the home can be a dust trap

Cough problems:

If you have a persistent cough with **little or no mucus** then your cough problem may be related to a combination of mouth breathing and habit.

Coughing is a bit like scratching; it feels good at the time, but can actually make things worse. The more you cough the more you want to cough!

Stop Cough Technique:

- At the 1st sign of a tickle, put your hand over your mouth and swallow
- Keep your hand over your mouth throughout
- Take a small breath in and out, pinch your nose
- Hold your breath for 5-10 counts
- Release the nose but leave the hand over the mouth
- Breathe small, careful breaths through the nose for 30secs
- All the time resist the urge to cough
- Take a slow steady breath in and out of the nose
- Repeat the practice twice more, or until the tickle has subsided

(Swallow, Smother, Stop, Small is a good way to remember the stop cough sequence)

Exacerbations/“Lung attacks/”Flare Ups”:

All of the above are words used to describe a short term worsening of your lung condition and are problematic as they will cause an overall worsening of your general health and your lung function. It is essential that you try your best to avoid exacerbations or if you do

suffer from one, that you take action as soon as possible. It is important that you get to know what your normal symptoms are; then you will be able to know when things are changing, as prompt action is important.

Signs of an exacerbation:

Two or more of these symptoms indicate a problem:

- More shortness of breath than usual
- Sputum (phlegm) changes colour (green/brown)
- More sputum (phlegm) than usual
- Worsening of your cough with difficulty coughing up sputum
- Cold symptoms-runny nose, sore throat etc
- Swollen ankles/legs
- Extra tired
- Reduced mobility

What to do when you are feeling bad or are having an exacerbation:

- Use a small battery operated hand held fan to gain relief when feeling particularly short of breath

- Use your blue inhaler more frequently (as advised by your HCP) or your nebuliser if you have one. If that does not work consider whether you need to take antibiotics or steroids for your problem
- Ask your GP or Health Care Professional (HCP) for your own supply of standby antibiotics & steroids so you are able to start treatment straight away. If your sputum has changed colour (darker) this is a really good indicator that you need to start your antibiotics (as prescribed) immediately
- It is recommended that you always use your blue inhaler with a spacer device during an exacerbation
- If your condition doesn't improve within 2 days or if it worsens, see your GP, community matron or practice nurse
- Even if your condition improves make sure you see your GP or HCP within 5 days to get a replacement course of standby medication
- Do not take to your bed for long periods; try to alternate rest with a little activity
- Try to drink fluids normally and eat small amounts of food as able

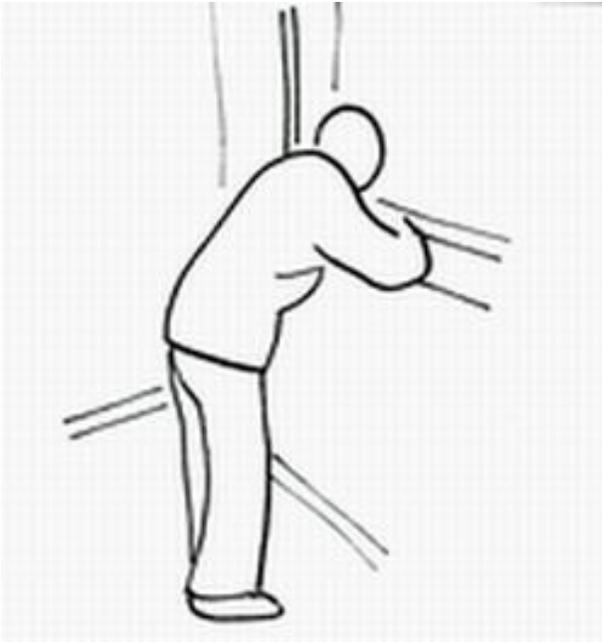
- Keep a stock of easy to prepare food in the freezer or store cupboard

If you feel particularly breathless it may help to:

- Lean forward in sitting with your elbows on your knees or forward onto a table with a pillow



- Lean forward in standing with your hands on your legs
- Lean forward in standing with your elbows on a kitchen worktop height table



These positions help the diaphragm to function more effectively. Blow out gently through the mouth to gain control over your breathing (rescue breathing). Close your mouth as soon as you are able to and breathe slowly and gently through the nose.

Exercise and keeping fit:

- Research has shown that the more active you are, the less likely you are to suffer from exacerbations, which in turn reduces your likelihood of being admitted to hospital.



Walking:

- Walking is an excellent form of exercise and is to be encouraged whenever possible.
- Start off walking for just a few minutes at a time, or even less if this is all you can manage. Try to go for a walk, at least every other day. Build up your stamina.
- Walk until you feel **moderately breathless**. Stop if you need to, get your breath back and start again. It is okay to get breathless and you will improve if you push yourself a little. Keep control of your breathing by breathing through the nose.
- Try not to talk when you are walking- especially if you are trying to control your breathlessness.
- Think about your breathing control when you walk. Breathing should still be fairly slow and only a little deeper. Emphasise

slightly the outward breath and pause if you can before you breathe in again.

- If you are prescribed oxygen via an oxygen concentrator, then use your oxygen when walking.
- When walking try to keep your mouth closed and breathe in through the nose. Nose breathing warms and filters the air, causing less irritation to the lungs. It is also more difficult to hyperventilate with the mouth closed. It may take practise to breathe through the nose. Persevere wherever possible.
- If the weather is bad, wrap up, or drive to a shopping centre and do your walking there.
- Invest a stopwatch or a pedometer to keep track of your progress.



Relaxation:

- Practise your breathing control to help you relax
- Practise either in lying or in sitting
- Working from your toes upwards, spend some time thinking about all the different parts of the body. How do all your muscles and joints feel? This technique works by switching off certain parts of the brain, helping you to relax in the process
- Close your eyes and visualise a special place. E.G. by the seaside, a meadow or beside a lake
- Think of a place that is magical for you. Imagine a slow walk to your special place. Hear all the sounds, smell the smells and see the colours.
- Really work on slowing your breathing down by lengthening the pause after you exhale.
- Let your breathing become quiet, slow and shallow
- Have some quiet music in the background if you like



Diet:

We learn early in life that food and air are basic to our survival. They are so basic in fact, that to describe the importance of eating and breathing seems unnecessary—too simplistic for words.

For people with chronic lung disease, eating should be treated as importantly as breathing. A well-nourished body will help you to fight infections, and it may help to prevent illness and cut down on hospitalisations.

Food is fuel and the body needs fuel for all of its activities, including breathing.

Good nutritional support helps maintain the ventilatory functions of the lungs; whilst improper nutrition can cause wasting of the diaphragm and the other respiratory muscles.

These are general guidelines only: your dietician is your best source of information on diet.

- Eat a balanced diet. Choose foods from the basic food groups such as; fruit and vegetables, dairy, cereals and grains and proteins such as meat/fish/quorn etc.

- Limit your salt intake. Too much salt can cause water retention, which may interfere with your breathing.
- Limit your intake of caffeinated drinks. Caffeine can interfere with some of your medications and may make anxiety worse. Choose decaffeinated options if possible.
- Choose food that is easy to prepare. Don't waste all of your energy preparing a complicated meal. Quick, simple meals can be just as nutritious. Try to rest for a while before you sit down to a meal.
- You may find it helps to eat 6 small meals, rather than 3 large ones. Too much food or air in your stomach can make you more breathless.
- Eat in a relaxed atmosphere and make your meals enjoyable and attractive wherever possible.
- Discuss other dietary needs such as weight loss/weight gain/digestive problems with your doctor or dietician.
- If you are using long-term oxygen via an oxygen concentrator, be sure to wear your nasal cannula when eating, as well as after eating. Eating and digestion requires energy, which in turn requires more oxygen.

A proper diet will not cure your disease, but will make you feel better. You will have more energy and your body will be more able to fight infection. Good nutrition and a balanced diet are essential to everyone's health, but patients with lung disease must be even more careful than most about following good nutritional guidelines.