

Dyspnea Management Experiences among Patients with Chronic Obstructive Pulmonary Disease: A Qualitative Study

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Background & purpose

Dyspnea is the primary chief complains for patients with chronic obstructive pulmonary disease (COPD). Dyspnea refers to the subjective perception of illness used to describe “a subjective experience of breathing discomfort that consists of qualitatively distinct sensations of varying intensity”. This experience is derived from the influences of physiological, psychological, social, and environmental factors and results in physiological and behavioral reactions. For patients with COPD, dyspnea is a subjective body feeling that often creates enormous distress for patients. However, most of dyspnea health examination and measurement are from objective data. The aim of this study was to explore the dyspnea management experiences among COPD patients.

Methods

A qualitative descriptive study examining 7 purposively sampled outpatients with COPD .

Results

Through content analysis of the interview data, six themes regarding the dyspnea experiences are found in this study (table1).

Conclusions

When COPD presents, patients experience discomfort, identify the risk factors of deterioration, and devise methods to address their symptoms. Most patients experience a loss of mobility that inconveniences their daily life. These patients begin repositioning themselves. The goal of the medical staff and patients is to maintain existing functions and health of patients. The findings in this study can serve as references for medical teams in developing self-management plans.

Table 1: Themes and sub-themes of dyspnea management experiences

Theme/ Sub-themes
An internal emergency signal resulting from inability to breathe on the verge of death 1. Constriction in the chest & throttled 2. Breathing obstruction resulting from the inability to inhale 3. Indescribable distress
Triggering & straining 1. Rapid or strenuous physical movements 2. Agitated emotional responses 3. Poor weather or environmental conditions 4. Respiratory tract infections
Constraints in life resulting from insufficient inhalation 1. Loss of the ability to work 2. Inability to manage daily activities 3. Reduction in or loss of social and recreational activities 4. Inability to sleep on the back, resulting in insufficient sleep
Immediate self-rescue strategies 1. Halting ongoing activity & changing poses or sitting down 2. Taking inhaled medications & adjusting the breathing 3. Inhaling oxygen 4. Calm the emotion
Self-care awareness in daily life 1. Regularly visiting a doctor and following medical advice 2. Changing dietary habits and avoiding irritating or overly nutritious foods 3. Taking herbal medicines 4. Keeping the body warm 5. Quitting smoking and alcohol drinking
Coexist with the disease and self-repositioning -- accepting fate and being optimistic 1. Accepting misfortune and waiting for the end of life 2. Changing the mindset and being optimistic 3. Being incompetent, like a dead person, or a fool who has nothing to do

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