

# Breathlessness in older adults

Breathlessness is common among older people but is often under-reported or hidden as a normal part of ageing. More than 9% of Australian adults report breathlessness. Many older people may have limited or blunted perception of their breathlessness and may develop various coping strategies to minimise the burden on daily activities. The terms breathlessness and dyspnoea are often used interchangeably.

## Definitions

Dyspnoea is defined as a "subjective experience of breathing discomfort". Breathlessness or shortness of breath (SOB) is more commonly used to describe breathing difficulty or discomfort. Other words commonly used include chest tightness, air hunger or unsatisfied inspiration.

Breathlessness is now classed as a disease, defined by duration of symptoms: acute (hours to 3 weeks), subacute (3-8 weeks), chronic (more than 8 weeks). Chronic breathlessness is breathlessness at rest. Orthopnoea is shortness of breath experienced within 30 seconds of bending over at the waist. Bendopnoea is often associated with heart failure.

Paroxysmal nocturnal dyspnoea (PND) is attacks of severe shortness of breath and coughing that occur on lying down.

It is usually associated with heart failure

- obesity
- anxiety and depression
- severe kidney dysfunction
- anaemia
- sarcopenia
- frailty

Over 80% of patients with COPD experience some degree of orthopnoea. Obesity is associated with exertional dyspnoea, possibly

In addition, frailty and poor performance in a single chair stand test is often associated with exertional dyspnoea. The single chair stand test assesses leg strength and endurance, with the person standing up from a chair five times without using arms or stopping in between.

## Assessment

The modified Medical Research Council breathlessness scale (mMRC) is used widely to assess the functional impact or severity of breathlessness during daily activities, particularly in relation to COPD. The mMRC scale is composed of four statements describing the range of disability because of breathlessness from grade 1 to 4:

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0 I only get breathless with strenuous exercise

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I get short of breath when hurrying on level ground or walking up a slight hill

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2 On level ground, I walk slower than people of the same age because of breathlessness, or I have to stop for breath when walking at my own pace on the level

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3 I stop for breath after walking 100 metres or after a few minutes on level ground

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I am too breathless to leave the house or I am breathless when dressing or undressing

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A score of 2 or more indicates clinically important breathlessness. Clinically important breathlessness is associated with poor quality of life, depression and anxiety.

In an acute situation, red flags for further medical assessment include central chest pain, stridor or marked breathing effort with fatigue, new confusion or increased drowsiness, signs of hypoxaemia (e.g., shortness of breath, rapid breathing, fast heart rate) and haemoptysis (coughing up blood).

## Management

Optimisation of treatment of heart and respiratory