

MANAGEMENT OF DYSPNOEA IN TERMINAL CANCER - SUMMARY

<u>CAUSE</u>	<u>TREATMENT</u>	<u>COMMENT</u>
1. CORTICAL		
Anxiety	1. Tranquillisers eg Diazepam 2. Relaxation exercises	Under-diagnosed
2. CARDIOVASCULAR		
Anaemia	Transfusion < 10.0 g/dl	
Congestive cardiac failure	ACE inhibitors and diuretics	
3. LUNGS		
Infection	Antibiotics in appropriate cases 250 mg tds Amoxycillin	Don't forget anaerobic infection
Effusions	Pleural tap with/without pleurodesis	
Lymphangitis carcinomatosa	Dexamethasone 4 mg bd	Under-diagnosed
Lung tumour Primary or secondary	1. Radiotherapy 2. Chemotherapy 3. Hormones	Usually had these treatments before referral
Bronchial secretions	1. Atropinics eg Hyoscine Butylbromide SC 20 mg 4 hourly or via syringe driver - 180mg/24h. 2. Opiates 3. Physiotherapy	
Symptomatic relief of dyspnoea	1. Opiates - Morphine 2.5 to 5 mg 4 hourly 2. Nebulised Morphine Sulphate 10 to 20 mg 4 hourly in 2 ml saline 3. Oxygen	Respiratory depression not a problem in practice Usually not needed
Bronchospasm	1. Nebulised Bronchodilators B2 agonists Anticholinergics Theophylline 2. Nebulised Steroids	No problem of long-term use
Pneumothorax	Leave to resolve spontaneously if possible	Very rarely symptomatic
4. MISCELLANEOUS		
Exercise dyspnoea	Modification of life-style	Some patients find this hard to accept - helpful booklets available
Unknown mechanism	1. Cold air via fan 2. Nabilone	
Physiotherapists	Modify techniques in breathing and expectoration	
Mouth care	Particularly if mouth breathing	