



EDUCATIONAL RESOURCES

Cough and Dyspnea in Serious Illness

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 HOME HEALTH



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Objectives

- Review cough and dyspnea, including symptom progression during illness trajectories
- Discuss cough and dyspnea etiologies and associated treatment options
- Highlight education and management of cough and dyspnea during advanced illnesses

Cough

- Explosive expiration, consciously or via reflex response
- Defense mechanism
- Debilitating
 - Sleeplessness, fatigue, pain, fractures , social impairments, incontinence
- Chronic cough lasts > 8 weeks

Dry Cough

- No sputum production

Productive Cough

- Cough with sputum raised

Hemoptysis

- Sputum contains blood

Massive Hemoptysis

- Expectoration of 100-600 mL blood

Cough: Patient History

Duration

Type

Triggers

Timing
Pattern

Severity

QOL
Impact

Past
Medical
History

Heart
Failure

Cough: Non-Malignant Causes

Acute

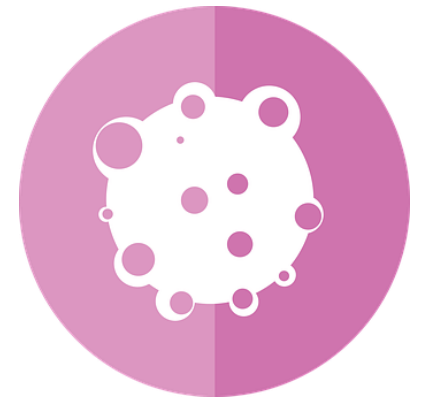
- Laryngitis or Bronchitis
- Aspiration
- Infections
- COPD
- Environmental Irritants

Chronic

- Medications
- Bronchitis
- GERD
- Heart Failure
- Lung Disease
- Smoking

Cough: Malignant Disease

- Malignancies of the airways, lungs, pleura, and mediastinum
- Metastases to the thorax
- Present in ~90% of patients with advanced lung or head and neck cancers
- Direct and indirect causes

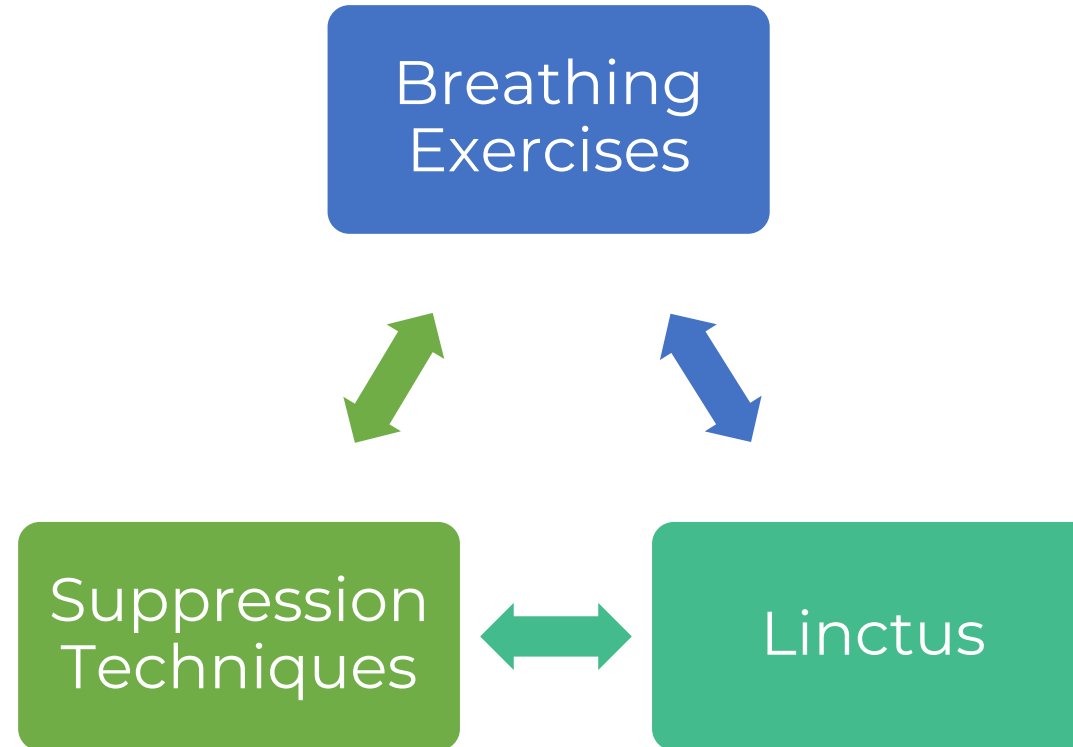


Cough: Ineffective Swallowing

- Multiple attempts to clear secretions
- Inability to coordinate effective swallowing
- Indicators: Drooling, coughing when eating/drinking
- Bedside swallowing evaluation
 - Chewing, swallowing, breathing
- Goals of care



Cough: Nonpharmacologic Treatment



Cough: Mild Symptoms

- Nonpharmacologic therapies
- Peripherally acting antitussives

Demulcents

- Increased saliva and swallowing
- Protective barrier
- Examples: pectin, glycerin

Benzonatate

- Anesthetizes vagal stretch receptors
- 100-200mg po tid prn cough
- Limited data

Inhaled Local Anesthetics

- Suppresses irritant induced cough
- Nebulizer
- Higher doses can cause constriction
- Eating precautions

Miscellaneous

- Leukotriene receptor antagonists
- Menthol

Cough: Moderate to Severe Symptoms

- Nonpharmacologic therapies
- Centrally acting antitussives

Opioids

- Mainstay
- Routes, formulations, frequency
- Anticholinergic potential

Gabapentin, Pregabalin

- GABA analogs
- Gradual dose escalation
- Sedation
- Nonspecific evidence

Combination Therapies & Adjuvants

- Adverse effects
- Start sequentially

Dextromethorphan

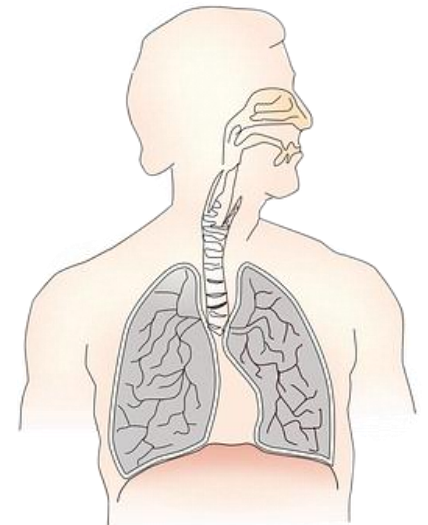
- Mixed data
- Non-productive cough
- Combination products available

Cough: Pearls & Education



Dyspnea

- Subjective breathing discomfort
 - Air hunger, increased breathing effort, chest tightness, rapid breathing, suffocation
- Multidimensional
- Commonly experienced in end of life
 - Cancer, AIDS, heart disease, COPD, renal disease
- Psychologic factors
- Clinical characteristic

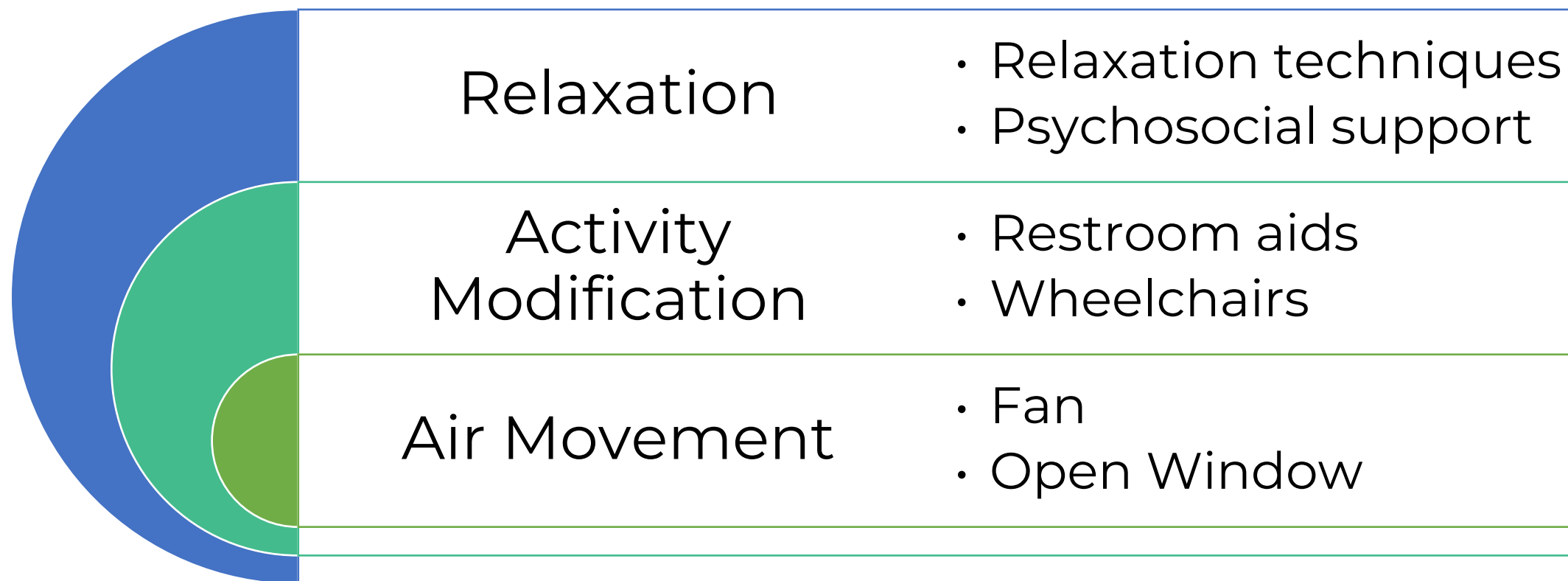


Dyspnea: Management

- Goal: Reduce distress
- Treatment of underlying disease
- Nonpharmacologic Interventions
 - Oxygen
 - Opioids
 - Anxiolytics
 - Acupuncture
 - Palliative Sedation



Dyspnea: Nonpharmacologic Measures



Dyspnea: Pharmacologic Measures

- In combination with nonpharmacologic measures

Opioids: Naïve Patients

- Morphine 5mg
- Titration
- Routes
- Schedule

Opioids: Tolerant Patients

- Calculate total daily dose
- Dose increase
- Breakthrough dose

Anxiolytics*

- Benzodiazepines
- Co-prescribed with opioids

Uncertain Benefit

- Cannabis
- Nebulized Opioids
- Helium/Oxygen
- Promethazine

*Dyspnea-associated anxiety

Dyspnea: Pearls & Education





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Thank you

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