Nonpharmacologic Interventions for Breathlessness
in Advanced Stages of Malignant and Nonmalignant Diseases

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Objective
To assess the effectiveness of nonpharmacologic and noninvasive interventions for relieving breathlessness in patients with advanced stages of diseases.

Type of Review
An intervention review to assess the benefits of the intervention used in health care.

Relevance for Nursing
Breathlessness is a common and distressing symptom for patients in the advanced stages of diseases, particularly with lung cancer, chronic obstructive pulmonary disease, and chronic lung and heart diseases. Pharmacologic interventions alone often are not able to relieve breathlessness. Therefore, nurses should be updated on the best practice related to nonpharmacologic interventions in managing the symptoms effectively for providing comfort.

Summary of Key Evidence
Strong evidence exists that neuro-electrical muscle stimulation and chest wall vibration relieve breathlessness. Moderate evidence exists that use of walking aids and breathing training relieve breathlessness. Little evidence exists that acupuncture or acupressure relieves breathlessness. No significant evidence was found to support the use of music to relieve breathlessness. Finally, insufficient evidence exists to evaluate the effectiveness of relaxation, fans, counseling and support with and without breathing-relaxation training, case management, and psychotherapy in managing breathlessness.

Practice Recommendations
Neuro-electrical muscle stimulation, chest wall vibration, use of walking aids, and breathing training are recommended to manage breathlessness among patients with advanced-stage disease.

Research Recommendations
A high-quality research design with adequate sample size and power calculation is needed to establish the effectiveness of nonpharmacology and noninvasive intervention for managing breathlessness in the palliative-care setting. Qualitative research study is needed to explore patients and caregivers’ acceptance and feasibility to the type of intervention used.

Bibliography

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