



Breathlessness

Everyone feels out of breath at times. It's normal to get out of breath when you exert yourself. This information is for people who feel breathless at other times too and want to find out more.

What is breathlessness?

Feeling short of breath from time to time is healthy and normal – but sometimes it can be a sign of something more serious.

Getting out of breath is normal. It's a natural response when your body needs more oxygen and energy when you do something that requires physical effort. For example, when you run for a bus. Getting out of breath when we exercise is a positive reaction and part of keeping our bodies fit and strong.

But some people get out of breath whether or not they're physically exerting themselves. They unexpectedly find it difficult or uncomfortable to breathe and may feel they can't control their breathing.

Chronic or long-term breathlessness

Sometimes this kind of breathlessness is long term and people experience it most days. This long-term breathlessness is known as chronic breathlessness. It develops gradually and lasts for weeks, months or years. Sometimes people also cough, bring up phlegm or feel wheezy.

To many people, chronic means 'bad'. But it actually means 'long-term'.

Acute breathlessness

If you get out of breath suddenly and unexpectedly, this is called acute breathlessness. Acute breathlessness needs to be tested or treated straight away as it can be a sign of a new medical condition. If you or someone you are with is having difficulty breathing, don't delay getting help. Call your GP for an urgent appointment or NHS 111 if your GP surgery is closed. But in an emergency, call 999 for immediate medical attention.

If you have chronic breathlessness caused by an underlying condition like chronic obstructive pulmonary disease (COPD) or asthma, you may be able to help yourself feel less acutely breathless by starting treatment yourself by following an action plan agreed with your health care professional.

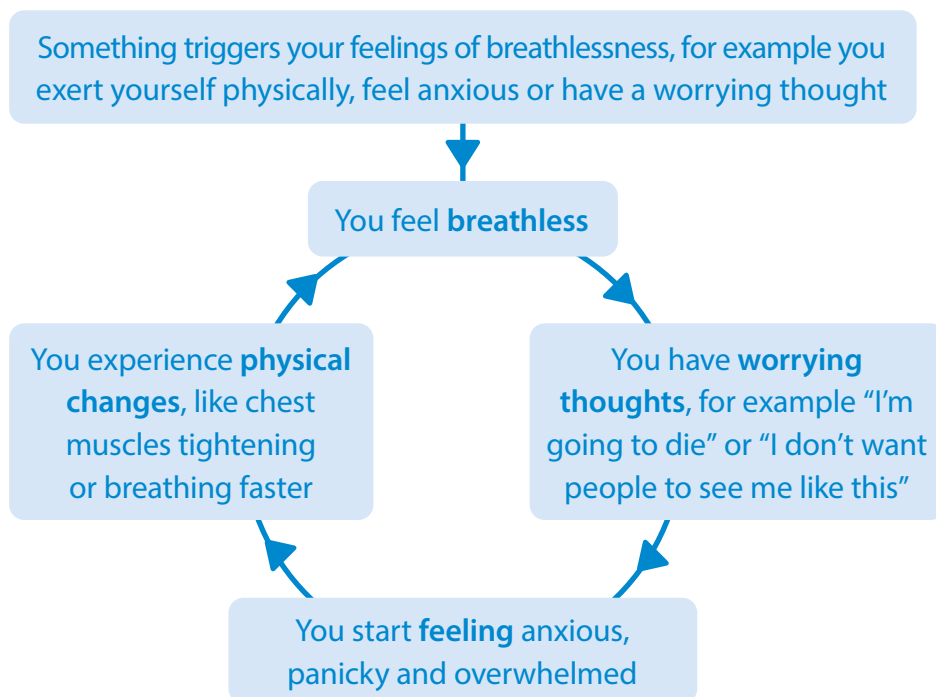
How we feel when we get out of breath

Breathlessness is not only a physical symptom. It's also a feeling that affects the way we think and act. We each feel it differently:

- You may feel hot, panicky or overwhelmed
- Your chest might feel so tight, it feels like you can't breathe in properly
- You might feel you're suffocating, and you need to take deep breaths but can't
- You might feel breathing is very hard work and exhausting

How breathing and thoughts about breathing interact

Getting out of breath can be frightening and make you feel anxious. That anxiety or fear can increase how breathless you feel. As we get more anxious, we may become more aware of our breathing, breathe faster and tense our breathing muscles. This can lead to a panic attack.



Controlling your breathing

To gain control of your breathing, you can:

- Sit down in a quiet place and think about your breathing. Concentrate on slow, regular breathing.
- Use a 're-breathing' technique. Cup your hands together and put them over your nose and mouth. Then, breathe in through your nose and out through your mouth. You can use a paper (never plastic) bag over your mouth and nose, instead of your hands.

Learning to stay calm when you get breathless will help you to feel in control of your breathing. Breathing techniques help you slow down and control your breathing.

Some of the following thoughts may help you to feel less breathless:

- I have had this feeling before
- I know it will go away
- I am going to lean forward
- I am going to use my handheld fan

- I am going to relax my shoulder and neck muscles and allow them to “flop” and “drop”
- I can do this – I am doing it now and I am OK

You may also find relaxation techniques or **mindfulness** (www.nhs.uk/conditions/stress-anxiety-depression/mindfulness) help to ease your feelings of tension and anxiety. The NHS has a list of things you can try to help with **anxiety, fear and panic** on their website at www.nhs.uk/conditions/stress-anxiety-depression/understanding-panic.

Support for your breathlessness

Getting out of breath can be very frightening. You may feel anxious about it or feel embarrassed that other people might notice. The good news is that you can get help. Your GP can make a plan with you to manage your breathlessness. You can learn to control your breathing.

It’s good to talk to other people about your fears and worries. Your friends and family can help to support you if they understand more about what you’re going through.

There’s also professional help. If your area doesn’t have a dedicated breathlessness clinic that provides this help, ask your GP to refer you to a counsellor or clinical psychologist. You could also ask to be referred to a respiratory physiotherapist. Sometimes medicines can help too, so talk to your GP about this.

Lots of research has linked breathlessness with feelings of anxiety and depression. There’s evidence that therapies such as cognitive behavioural therapy (CBT) help to improve breathlessness, and the anxiety and depression that might be linked to it.

We have information online about **dealing with anxiety and depression if you live with a long-term lung condition** at blf.org.uk/low-mood.

Why am I short of breath?

Breathlessness is a symptom. There are many possible underlying causes. But the main causes are:

- Lung conditions
- Heart conditions
- Anxiety
- Being unfit or having an unhealthy weight

If you get breathless on a regular basis, you might have been diagnosed with one of these causes. Often there’s more than one. And others can develop over time. If you notice changes in your breathing, tell your doctor. Conditions that cause long-term breathlessness can often be treated to some extent, but some cannot be fully reversed. It’s important to learn how to manage long-term breathlessness, so that you can live as well as possible with it.

Lung conditions

Lung conditions cause breathlessness for many reasons. Some conditions cause the airways to become inflamed and narrowed, or fill the airways with phlegm, so it’s harder for air to move in and out of the lungs. Others make the lungs stiff and less elastic so it’s harder for them to expand and fill with air.

Lung conditions that cause long-term (chronic) breathlessness include:

- chronic obstructive pulmonary disease (COPD)
- interstitial lung disease (ILD), including pulmonary fibrosis and sarcoidosis
- bronchiectasis
- industrial or occupational lung diseases such as asbestosis, which is caused by being exposed to asbestos
- lung cancer.

Some lung conditions can also cause short-term (acute) breathlessness. These include:

- a flare-up of asthma or COPD
- a pulmonary embolism or blood clot on the lung
- a lung infection such as pneumonia or tuberculosis
- a pneumothorax or collapsed lung
- a build-up of fluid in your lungs or the lining of your lungs – this might be because your heart is failing to pump efficiently or may be because of liver disease, cancer or an infection.

Heart conditions

Some people may experience long-term breathlessness due to heart failure. This can be due to problems with the rhythm, valves or cardiac muscles of the heart. Heart failure can cause breathlessness. This is because the heart can't increase its pumping strength in response to exercise, or because the lungs become congested and filled with fluid. Often this is worse when lying flat so breathlessness due to heart failure can be worse at night or when asleep.

Heart conditions that cause acute breathlessness include:

a heart attack

an abnormal heart rhythm - you might feel your heart misses beats or you might experience palpitations.

Find out more on the British Heart Foundation website at www.bhf.org.uk/information-support/conditions/heart-failure

Anxiety

Some people feel short of breath when they're anxious or afraid. This is a normal response by your body to what you think is a stressful situation – your body is preparing for action. As you get more anxious, you may start to breathe faster and tense your breathing muscles.

Your physical health can also impact on your mental health, especially if you are living with a lung condition. You might get anxious if you don't feel in control of your condition. And if you have a lung condition, you may have symptoms that make you feel anxious. Sometimes the symptoms - like breathlessness, tightness in your chest or getting tired very easily - are similar to feelings of anxiety.

Panic attacks

When your body's normal response is exaggerated, you get a rapid build-up of physical responses. This is a panic attack. Your breathing quickens and your body also releases hormones so your heart beats faster and your muscles tense.

During a panic attack, you might feel you can't breathe and:

- have a pounding heart
- feel faint
- sweat
- feel sick
- have shaky limbs
- feel you're not connected to your body.

Panic attacks can be very frightening if you feel you can't breathe.

If you start to breathe too quickly in response to a panic attack, you may breathe in more oxygen than your body needs. This is called hyperventilation or over-breathing. When you do this, the delicate balance of the gases in your lungs is upset. An amount of carbon dioxide normally stays in the blood. If you breathe in too much air too often, the carbon dioxide is pushed out through the lungs and this affects the messages the brain receives to tell you to breathe.

Being unfit or having an unhealthy weight

When we are unfit, our muscles get weaker. This includes the muscles we use to breathe. Weaker muscles need more oxygen to work, so the weaker our muscles, the more breathless we feel. It's really important to keep active so you can manage your breathlessness better. Being an unhealthy weight can also contribute to make us feel breathless.

- If you're underweight, your breathing muscles will be weaker.
- If you're overweight, it takes more effort to breathe and move around. Having more weight around the chest and stomach restricts how much your lungs can move. If you have a body mass index of 25 or more, you're more likely to get breathless compared to people with a healthy weight.

People who are severely overweight can develop obesity hypoventilation syndrome. This is when poor breathing leads to lower oxygen levels and higher carbon dioxide levels in their blood. Maintaining a healthy weight may help you to manage your breathlessness better and be more active. Read more about **eating well for healthier lungs** at blf.org.uk/eating-well

Other reasons

Other causes of long-term breathlessness include:

- smoking
- conditions that affect how your muscles work, such as muscular dystrophy, myasthenia gravis or motor neurone disease
- postural conditions that alter the shape of your spine, and affect how your ribs and lungs expand - for example scoliosis and kyphosis
- anaemia, when a lack of iron in the body leads to fewer red blood cells
- kidney disease
- thyroid disease.

Diagnosing the cause of breathlessness

Breathlessness is often dismissed as a normal part of ageing, so people don't tell their doctor. Some people feel responsible for causing their illness and don't feel they deserve help. While others don't realise they can get any help for their breathlessness. But getting a diagnosis is very important. If you know what's causing your breathlessness, you can find out what can help. The earlier you get a diagnosis, the better. And you may feel less anxious once you have a diagnosis.

Take our online breath test to measure your breathlessness.
Answer 10 quick questions at blf.org.uk/breathtest

What will happen when I see my doctor?

You may not actually feel out of breath when you see your doctor - you'll be sitting down and may have only walked a short distance. So, think about how you'll describe your breathlessness. If you'd find it useful, you could bring someone with you who can help describe your breathlessness.

Your doctor should show you the MRC breathlessness scale to help describe how breathless you get.

The MRC breathlessness scale

The scale health care professionals usually use to measure breathlessness is the Medical Research Council (MRC) breathlessness scale. This does not recognise other aspects of breathlessness – such as how you think or feel about getting out of breath.

The MRC scale shows what your breathlessness stops you doing. Your grade is the one that describes you when you're at your best.

Grade	Degree of breathlessness related to activities
1	Not troubled by breathlessness except on strenuous exercise
2	Short of breath when hurrying on the level or walking up a slight hill
3	Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace
4	Stops for breath after walking about 100 yards or after a few minutes on level ground
5	Too breathless to leave the house, or breathless when undressing

It's also important to tell the doctor:

- what you used to be able to do that you can't do any more
- what people of your age around you do that you find difficult
- what your personal goals are for your day-to-day activity.

You might find it useful to use local landmarks such as bus stops, shops and hills to help you describe these things.

Tip: If you have a phone with a camera, you could record the sort of activities that make you out of breath so you can show your doctor what it looks or sounds like.

What questions will my doctor ask?

- How long have you been feeling breathless and how quickly did it come on?
- Does it come and go or is it there all the time?
- Is there any pattern to your breathlessness?
- Does it start or get worse at any particular time of day?
- Does it come on or get worse when you lie flat?
- Does anything bring it on? For example, pollen, pets or medication?
- Do you smoke?
- Do you also have a cough or bring up phlegm?
- Do you get chest pain, palpitations or ankle swelling?
- How active are you usually? Don't forget everyday activities, such as walking or DIY.
- What's your job or occupation (both current and previous)?
- Is your breathlessness related to certain times at work?
- Do you have a history of heart, lung or thyroid disease, or of anaemia?
- Do you have any family history of breathlessness?
- Have you made any changes in your life because of your shortness of breath?
- Do you feel worried, frightened, depressed or hopeless?
- What have you done to help you cope with the way you're feeling?

Your answers are important because they will help your doctor to understand what's causing your breathlessness. It would be a good idea to take your answers to these questions with you to your doctor's appointment.

What tests will my doctor do?

Your doctor is likely to do some tests to help diagnose what's causing your breathlessness. They may:

- do some breathing and lung function tests
- check the number of breaths you take every minute, listen to your chest, and look and feel how your chest moves as you breathe
- check your heart rate and rhythm, and check if fluid is building up in your ankles or lungs
- check your blood pressure and temperature
- check your height, weight, waist and body mass index
- examine your head, neck and armpits to see if your lymph glands are swollen
- look at your eyes, nails, skin and joints
- check your blood oxygen levels with a pulse oximeter.

If your doctor spots signs that you're anxious or depressed, they may also ask you to do a short questionnaire.

You might be referred for more tests at your GP surgery, a local testing centre or hospital. For example:

- a chest X-ray
- a spirometry test
- an electrocardiogram or ECG - if your breathlessness is intermittent, you might be asked to wear a portable recorder for 24 hours or seven days to record your heart's electrical activity
- an echocardiogram - this is a non-invasive ultrasound of your heart which can tell how well it's working
- blood tests to detect anaemia, allergies or any thyroid, liver, kidney or heart problems.

How long will it take to get a diagnosis?

Getting a diagnosis for the cause of long-term breathlessness can take some time. Your health care professional must consider all possible causes. You may need to take repeated tests and try various treatments before the cause is identified.

Treating breathlessness

Your GP can prescribe treatments or refer you to services to improve your breathlessness.

Pulmonary rehabilitation

If you have a lung condition, your health care professional may suggest a pulmonary rehabilitation (PR) course. If you have chronic heart failure, PR may also help. If you have other heart problems there are cardiac rehabilitation services too. These classes help you control your breathlessness, make you fitter and are fun. There's good evidence PR helps to reduce breathlessness and improves your general wellbeing.

For more about PR and keeping active more generally, visit blf.org.uk/keep-active

Inhaled medication

Some breathlessness is treated with inhalers. If you're prescribed inhalers, it's very important you use your inhaler correctly to get the full benefit. Make sure your health care professional teaches you how to use your inhaler, and once a year checks you use it correctly. You can also check how to use your inhaler online on our sister charity's website Asthma UK at www.asthma.org.uk/advice/inhaler-videos

Ask your pharmacist, nurse or doctor to write down how to manage your condition with inhalers and use them as prescribed. Ask to try different types if you feel the one you have isn't helping.

If you're given a spacer to use with your inhaler, try to use it. Spacers – large empty plastic containers you fix to your inhaler – help to get more medication straight into your lungs.

Tablets, capsules and liquids

Medicines that you swallow, in the form of tablets, capsules or liquids can work for some lung conditions, but may have side effects such as nausea, vomiting or constipation. Make sure you have a clear written plan from your health care professional to explain what you are taking and why.

Some tablets help to open up the airways, some may help you clear sputum and some control allergic processes that contribute to your lung condition. Medicines can control your blood pressure or heart rhythm, increase the pumping strength of your heart or help your body to get rid of excess fluid. If your breathlessness is due to heart failure, you might need to adjust your treatment according to your weight and how much your ankles swell.

Rescue packs

If you have a lung condition like chronic obstructive pulmonary disease (COPD) or bronchiectasis, you might have a rescue pack of medication to keep at home. This is to help you to start treatment quickly if your symptoms flare up. A rescue pack may contain antibiotics to treat bacterial infections that cause your sputum to change colour and steroid tablets to tackle the inflammation in your lungs.

Your health care professional will explain when and how to take this rescue pack. Agree a written plan with them. Let your doctor or respiratory team know as soon as you start the pack and get an appointment to be seen.

Stopping smoking

If you smoke, the best thing you can do for your breathlessness is to quit. Your health care professional and pharmacist can help you find ways that make it easier for you. You're around three times as likely to quit with help from support services and medication. We have more information online to help you quit smoking.

Get your vaccinations

Flu and pneumonia vaccines aim to reduce the risk of a chest infection.

- Get a flu jab every year
- Ask your doctor about getting the one-off pneumonia jab

Can oxygen help?

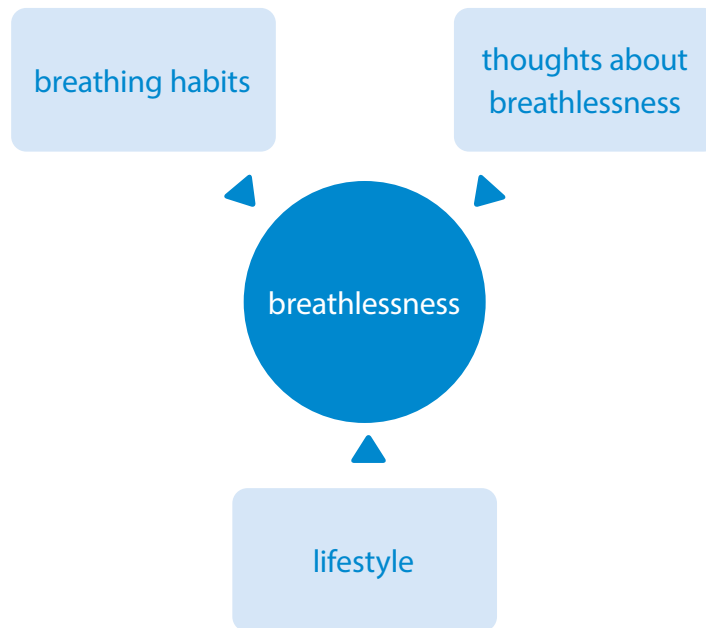
Oxygen treatment won't help your breathlessness if your blood oxygen levels are normal. But if the level of oxygen in your blood is low, your GP can refer you to a specialist team to assess your needs. Never use oxygen without specialist advice.

To find out more about treatments for:

- › lung conditions, visit [blf.org.uk/support](https://www.blf.org.uk/support)
- › heart conditions, visit [bhf.org.uk](https://www.bhf.org.uk)

How can I manage my breathlessness?

Evidence suggests that how breathless you feel doesn't always match up that well with the results of lung function tests and scans. This is because it's not just lung function that affects how out of breath you feel. Breathlessness is also affected by the way you breathe, your lifestyle and how you think and feel about your breathing:



How you think and feel about your breathing is important. For example, a worrying thought can make you feel anxious and make you feel breathless. This could perhaps make you feel panicky and bring on physical symptoms such as a tight chest or fast breathing.

When you have a long-term lung condition, you can feel anxious. Because being anxious interacts with your physical symptoms and can increase your feelings of breathlessness. It's important to talk to your health care professional about what help is available for you. Read more about coping with anxiety and a lung condition at [blf.org.uk/low-mood](https://www.blf.org.uk/low-mood)

Breathing habits

Unhelpful breathing habits will make you feel more out of breath.

When you're out of breath, you may feel like you need more air. So you may start to take more air into your lungs or breathe faster. You might then not take the time to fully empty your lungs as you breathe out. This means you use the top of your chest more to breathe, instead of using your whole lungs. Breathing like this is more work – your muscles will get tired more quickly, and you'll feel even more out of breath.

The good news is there are breathing techniques you can use to breathe more efficiently and to feel in control of your breathing. If you practise these techniques and use them every day, they'll help you when you're active or if you suddenly feel short of breath.

Breathing control

Breathing control means breathing gently, using the least effort. It will help when you're short of breath or feeling anxious. The technique below is sometimes taught in yoga.

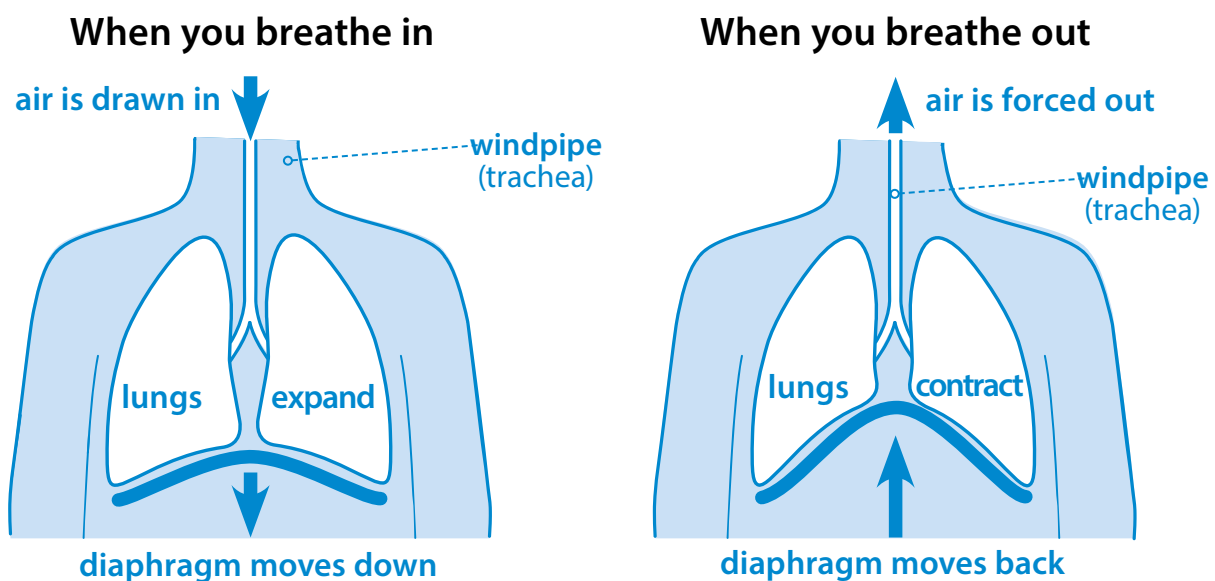
To get used to breathing control, it helps to practice when you are sitting, relaxed and not out of breath.

Breathing control is about the best use of your main breathing muscle - your diaphragm. The focus is on reducing tension and using your shoulder and neck muscles to get into the best position for you to breathe easily. Your diaphragm contracts when you breathe. This pulls the lungs down, stretching and expanding them. It relaxes back – into a dome position – when you breathe out, reducing the amount of air in your lungs.

Get into a comfortable position, with your arms supported. Let your shoulders and body be relaxed and loose.

- Put one hand on your chest and the other on your abdomen
- Close your eyes to help you relax and focus on your breathing
- Slowly breathe in through your nose, with your mouth closed. If you're relaxed, the air will reach low in your lungs. Your abdomen will move out against your hand. If your breathing is controlled, the hand on your chest will hardly move
- Breathe out through your nose. Your abdomen will fall gently. Imagine all the tension in your body leaving as you let the air out
- Try to use as little effort as possible and make your breaths slow, relaxed and smooth. With every breath out, try to feel more relaxed and calm. Gradually try to breathe more slowly

When fully in control of your breathing, your out breath should be longer than your in breath. There should be a natural pause at the end of your out of breath.



Remember the three Rs

Breathing control is sometimes known as relaxed tummy breathing. Try to remember the three Rs:

- **Rise** the tummy as you breathe in
- **Relax** the breath out
- **Rest** and wait for the next breath to come

Breathe a rectangle

Once you've mastered the relaxed tummy breathing technique, you might find it useful to imagine or look at a rectangle. Wherever you are, there is often a rectangle to be seen, whether this is a book, TV, computer, tablet screen, door, window, tabletop, or even a picture on the wall. Follow the sides of the rectangle with your eyes as you use relaxed tummy breathing. Gradually slow the speed at which your eyes move around the edge of the rectangle to slow your breathing.

Breathing techniques

Use breathing control combined with any of the breathing techniques below. Some people find some techniques suit them better than others. Give them all a go and see what works well for you.

Breathing technique	How do I do it?
Pursed-lips breathing can be used at any time to help you control your breathing. This helps to empty all the air out of your lungs and is particularly useful for people with COPD as the narrowed airways can trap air in the lungs.	Breathe in gently through your nose, then purse your lips as though you're going to blow out a candle. Blow out with your lips in this pursed position. Imagine blowing out a candle when you breathe out. Blow out only for as long as is comfortable – don't force your lungs to empty.
Blow-as-you-go helps make tasks and activities easier. Use it while you're doing something that makes you breathless. You can use it with pursed-lips breathing.	Breathe in before you make the effort. Then breathe out while you're making the effort. For example, when standing up, breathe in before you step or stand up, and then blow out as you stand up. Try pursing your lips as you blow out.
Paced breathing is useful when you are active, for example, walking or climbing stairs. You pace your steps to your breathing. You can use it at the same time as pursed-lips breathing and blow-as-you-go.	Count to yourself as you walk or move. For example, breathe in for one step and then take either one or two steps as you breathe out. Take more steps as you breathe in or as you breathe out, if that feels better for you. Try different combinations to find what works best for you - for example, two steps in, two steps out.

Talk to a physiotherapist to find the best techniques for you. If you don't already have one, ask your doctor to refer you.

Positions to help you recover from breathlessness

Use these positions to help you practise your breathing control, or to recover your breath when you get breathless.

Stand leaning backwards or sideways against a wall

Have your feet slightly apart, about one foot or 30cms away from the wall. Relax your hands down by your sides. If you prefer, rest your hands or thumbs in your waistband or belt loops, or across the shoulder strap of your handbag.

This position can be helpful for most people with a lung condition. Other helpful positions vary depending on whether you have an obstructive or a restrictive lung condition.



Obstructive and restrictive lung conditions

Obstructive or restrictive lung diseases both cause breathlessness, but they result from different processes in your lungs:

- obstruction refers to how quickly you can move air in and out
- restriction refers to the total amount of air you can get into your lungs

If a healthy person takes a big breath in and then blows out as hard, they will be able to get over 70% of the air out of their lungs in one second.

In **obstructive** lung disease, such as COPD, asthma or bronchiectasis, it takes longer to empty your lungs. The airflow is slower because the disease makes your airways narrower or lungs less elastic. Because breathing out is slower, the person may need to breathe in again before they have emptied their lungs. This makes breathing uncomfortable.

In **restrictive** conditions, you cannot fill your lungs with air because your lungs are restricted from fully expanding. This happens when the lungs themselves are stiff or because there is a problem with the chest wall or breathing muscles. The most common restrictive lung conditions are interstitial lung disease, such as IPF, others are obesity or a curved spine.

Some people find it difficult to breathe because they have lots of phlegm in their airways. This happens with lung conditions such as bronchiectasis. If you have lots of sputum, clearing your sputum may help you feel less out of breath. Find out more at [blf.org.uk/bronchiectasis](https://www.blf.org.uk/bronchiectasis)

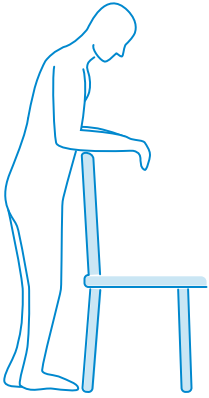
Over the page are some suggestions to try. They are based on what physiotherapists find works – but everyone is different, so see what works for you. Your physiotherapist can help.

Positions for obstructive lung conditions

In obstructive lung disease, such as COPD, asthma or bronchiectasis it takes longer to empty your lungs. The airflow is slower because the disease makes the airways narrower or the lungs less elastic.

Because breathing out is slower, the person may need to breathe in again before they have emptied their lungs. This is called hyperinflation or gas-trapping and makes breathing uncomfortable.

Stand leaning forward: Lean from the hips, with your forearms resting on something at the right height, such as a chair or kitchen work surface.



When you're out and about, you could lean on a walking stick or a frame with wheels. If you're shopping, use your supermarket trolley.

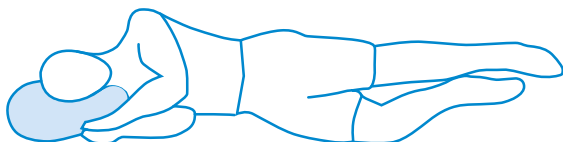
Sit leaning forward: lean resting your elbows on your knees.



Sit leaning forward at a table: Rest your head and arms on pillows on a table when you're really short of breath.



Side lying with leg on the floor bent at knee. Lie on your side with pillows under your head. Make sure the top pillow supports your neck. Slightly bend the knee of the leg you're lying on, with your top leg straight.



This can help when you're breathless when you're resting, such as when your symptoms flare up.

Positions for restrictive lung conditions

In restrictive lung disease, you cannot fill your lungs with air because your lungs are restricted from fully expanding.

This happens when the lungs themselves are stiff or because there is a problem with the chest wall or the breathing muscles. The most common restrictive lung conditions are interstitial lung disease, such as IPF. Others are obesity or a curved spine.

Sit upright in a firm chair: If your chair doesn't have arms, rest your arms on your thighs. Let your wrists and hands go limp.



High side lying: Lie on your side with pillows under your head and shoulders. Make sure your top pillow supports your neck. Slightly bend your knees, hips and top leg.



Living well with breathlessness

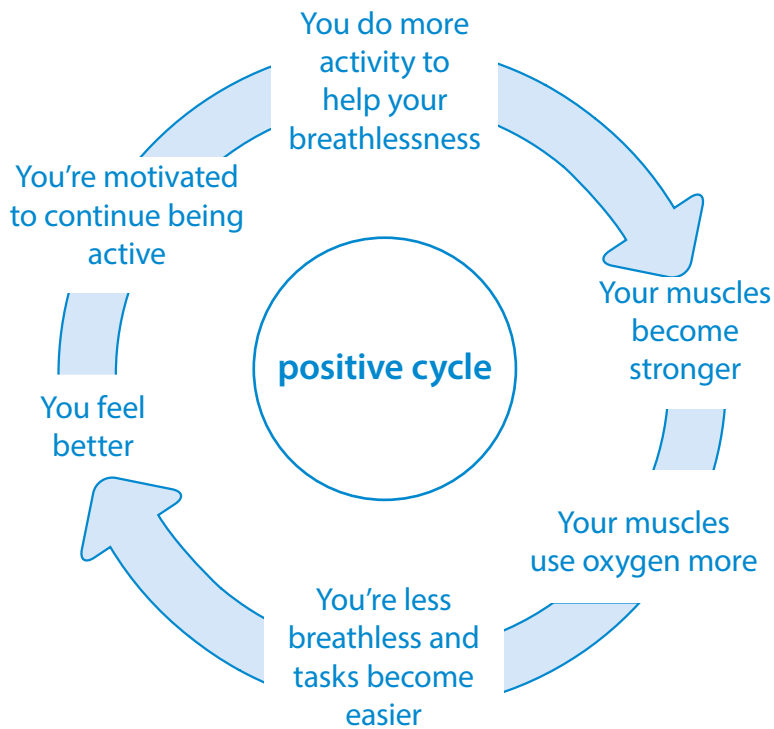
Living well with breathlessness involves adapting how you do things to be as independent as possible, while also accepting that at times you may need support from others. A few changes in your everyday habits can make a big difference and help you cope.

Be more physically active

It's normal to get out of breath when you exercise. If you avoid activity that makes you get out of breath, this will make your breathlessness worse. Your muscles will get weaker and need more oxygen to work. As your muscles recover after exercise, they adapt to use oxygen more efficiently. So, with regular exercise, you'll need to breathe less to do the same activity.

Over time, doing physical activity that makes you a little bit out of breath will help you feel less out of breath doing everyday activities. Physical activity includes walking, gardening and doing housework, as well as activities like swimming, playing sport and going to a gym.

When you're being active, pace yourself so you don't get tired too quickly, and use breathing control to help. Aim to be as independent as you can. This helps keep you active. If you get breathless doing things like washing, dressing or cooking an occupational therapist may be able to help. They can give you information and equipment to make tasks easier. If you think this could benefit you, ask your GP to refer you to an occupational therapist.



Remember: Getting out of breath when you're active is good for you!

Take up singing

Some people find that joining a singing class for people with lung conditions helps with their breathing.

› There is a network of established quality assured singing groups around the UK. Have a look at **blf.org.uk/singing**

Eat healthily and manage your weight

Your weight can affect your breathing. If you're overweight, it takes more effort to breathe and move around, and it can be more difficult to control your feelings of breathlessness. If you're underweight, your breathing muscles will be weaker. Your health care professional can help you to work out your healthy weight and to find healthy eating support services.

› For more information, go to **blf.org.uk/eating-well**

Sex and breathlessness

Living with a condition that leaves you short of breath can get in the way of sex and relationships.

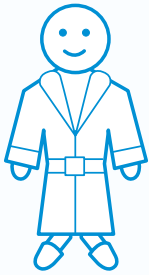
› You can read more about how to manage your breathlessness during sex at **blf.org.uk/sex**

Support for carers

It can be distressing seeing someone you care for struggling to breathe. And when they feel breathless, it can be hard to do everyday things and to keep active. You can read more about caring for someone who gets breathless in our information for carers at **blf.org.uk/carers**

You can also get support from Supporting Breathlessness at **supporting-breathlessness.org.uk**

Top tips for living well with breathlessness



- Plan your day in advance and pace yourself to make sure you have plenty of opportunities to rest.
- Break down your activities into smaller tasks that are more manageable.
- Find simple ways to cook, clean and do other chores. You could use a small table or cart with wheels to move things around your home, and a pole or tongs with long handles to reach things.
- Use a towelling robe after showering or bathing, as you'll use less energy than drying off with a towel.
- Hold a handheld battery fan near your face (about 6 inches) – this should help you feel less breathless.
- Put items that you use frequently in easy-to-reach places.
- Keep your clothes loose, and wear clothes and shoes that are easy to put on and take off.
- Use a wheeled walking frame with a seat to help you be more active.
- Don't be afraid to ask for support when you need it.
- Be patient with yourself and give yourself time to do things. Try to recognise the things you are achieving.

Get in touch with us to find support near you.

Helpline: **03000 030 555**

Monday to Friday, 9am-5pm

Ringing our helpline will cost the same as a local call.

helpline@blf.org.uk

[blf.org.uk](https://www.blf.org.uk)

Code: BK29 **Version:** 3

[blf.org.uk/breathlessness](https://www.blf.org.uk/breathlessness)

Last medically reviewed: November 2020

Due for medical review: November 2023

We value feedback on our information. To let us know your views, and for the most up to date version of this information and references, call the helpline or visit **blf.org.uk**