

Living with Pulmonary Fibrosis



Cough and breathlessness



Centre of Research Excellence in
Pulmonary Fibrosis

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Introduction

This booklet contains information to help you understand the causes of cough and breathlessness and to help you manage these symptoms. The information has been written mainly for people diagnosed with Pulmonary Fibrosis. However, many of the suggestions for symptom management can be used in other types of chronic lung disease.

The information has been developed by healthcare professionals from the Centre of Research Excellence in Pulmonary Fibrosis. There are many different types of Pulmonary Fibrosis. This booklet provides information that is common across the different types. It is a general guide and does not replace the information provided by your healthcare team.



What causes breathlessness in Pulmonary Fibrosis?

Breathlessness is a common sensation for many people with Pulmonary Fibrosis (PF). In fact, it can be a common feeling for everyone - it is normal to get breathless when you have overexerted yourself. It is your body's way of meeting your energy needs when you exercise.

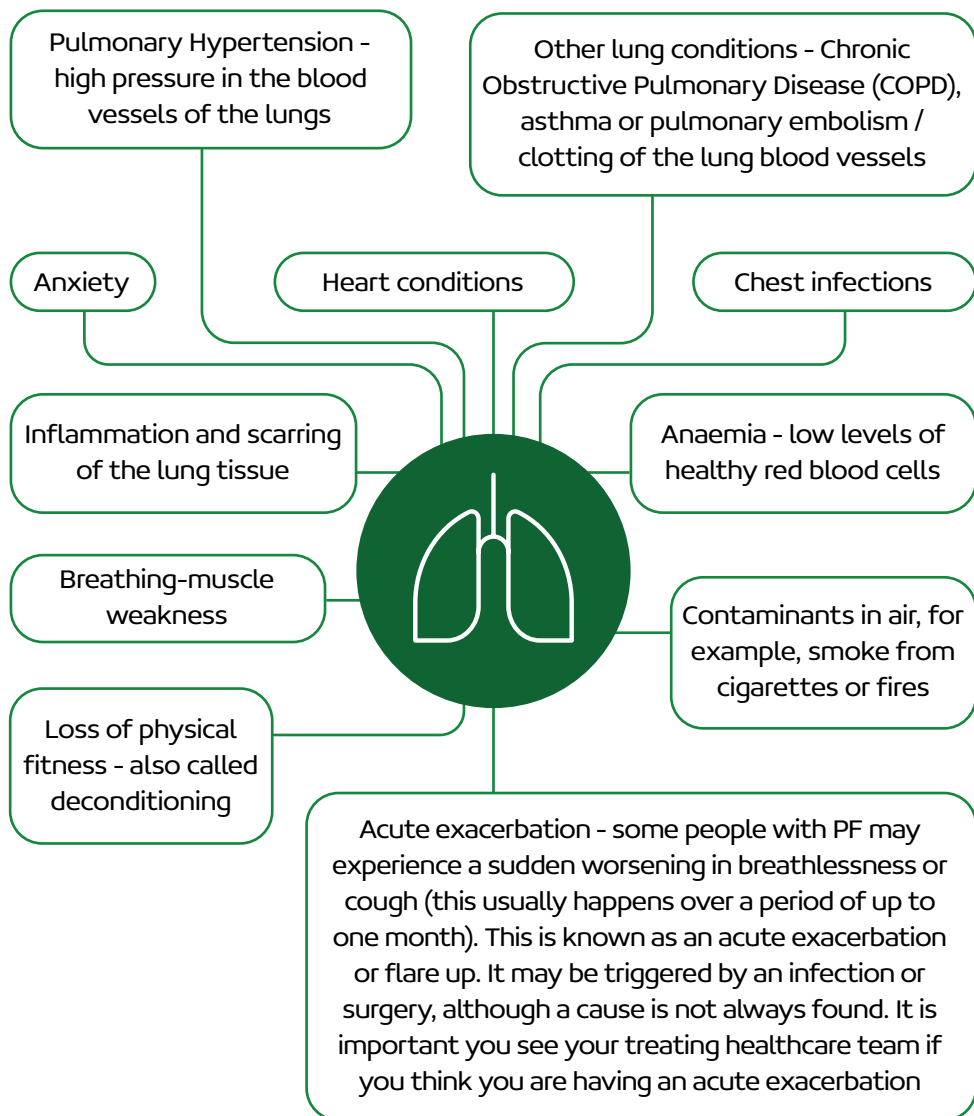
Breathlessness reflects your effort to breathe, which can increase in people with PF. Some people with PF can feel breathless even when they are not physically active.

Your treating doctor may use the word 'dyspnoea' to describe the feeling of being breathless or out of breath.





CAUSES OF BREATHLESSNESS IN PEOPLE WITH PF



Treatments for breathlessness

If you are feeling out of breath, it is important to talk with your treating healthcare team. They can prescribe treatments to help you manage your condition and feel at your best. Ways to manage breathlessness may include:



PULMONARY REHABILITATION

People with PF may do less activity as time goes on, resulting in a loss of muscle strength and fitness, and which can contribute to breathlessness. Pulmonary rehabilitation is a supervised program involving exercise training and health education to help you improve your fitness and teach you breathing techniques to manage the feeling of breathlessness. Getting breathless with exercise is expected. However, don't overdo things; pacing yourselves and taking short breaks are also important parts of exercise.

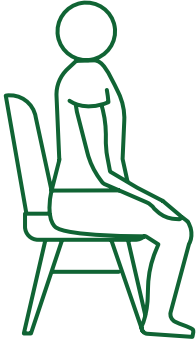


PRACTISE BREATHING TECHNIQUES

Breathlessness can be frightening and make you feel anxious. The more anxious you feel, the faster you may breathe, making your breathing less efficient. Some people find it helpful to use breathing techniques such as concentrating on slow, regular breaths to control your breathing, which can also help overcome the feeling of panic.

You can learn breathing techniques at a pulmonary rehabilitation program or from a respiratory physiotherapist. You should practise your breathing exercises when you are not breathless, so you know how to use them when the time comes.

USE DIFFERENT BODY POSITIONS



Sit upright in a firm chair. Rest your arms on your thighs or on the arms of the chair and let your wrists and hands go limp.



Lie on your side with your pillows under your head and shoulders. Slightly bend your hips and knees and use pillows to support your neck.



OXYGEN THERAPY

If your oxygen levels are low, your treating doctor may prescribe oxygen. You may need oxygen all the time, only at night or when exercising. Your treating doctor will guide you on your needs.



MORPHINE AND ANTI-ANXIETY MEDICATIONS

If you have more advanced PF, your treating doctor may prescribe opiates (such as morphine) to reduce the sensation of breathlessness or benzodiazepines (such as lorazepam) to reduce the feeling of anxiety associated with breathlessness.



PALLIATIVE CARE

Specialist palliative care teams can help you manage distressing or disabling breathlessness. To learn more, see our [fact sheet on palliative care in PF](#).



COGNITIVE BEHAVIOURAL THERAPY AND PSYCHOLOGICAL THERAPY

Cognitive behavioural therapy is a common type of talk therapy which has been shown to be effective in other lung diseases. It may help relieve some of the emotional distress caused by breathlessness in people with PF.

Psychological therapy can support you with the emotional aspects of living with breathlessness.



OTHER THERAPIES

Some other therapies may improve breathlessness and general wellbeing in people with PF.

- Using a hand-held fan over the lower part of the face may improve the sensation of breathlessness. In one research study, 82% of people with long-term breathlessness felt a benefit when they used a fan.
- Music therapy, which may involve singing or playing a musical instrument, can help with breathing control.
- Yoga, a form of gentle exercise that focuses on breathing control, flexibility and strength.



Additional things you can do to help manage your breathlessness

There are a range of other things that you can do to help you feel better and more in control.



MAINTAIN A HEALTHY WEIGHT

Being overweight or underweight can contribute to breathlessness. More weight around the stomach restricts the lung's ability to take a full breath. Being underweight can lead to weaker breathing muscles. That is why it is so important for you to maintain a healthy diet according to your specific dietary requirements.



QUIT SMOKING

Cigarette smoke contains particles and chemicals that can cause lung damage and can reduce your lung's ability to fight against infection. If you are having trouble quitting smoking, talk to your treating healthcare team about medications and support to help you quit for good.



BE PHYSICALLY ACTIVE

Be as active as possible within your own capabilities. This will help maintain your strength and fitness, which is important for minimising breathlessness.



HAVE A BREATHLESSNESS PLAN

Know what works for you and be prepared. If a hand-held fan works, make sure you take it with you when you go out. If you want to use breathing techniques, make sure you know which ones work for you.

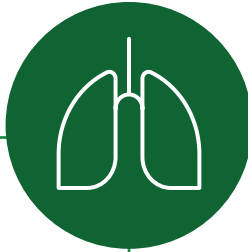
What causes cough in Pulmonary Fibrosis?

A cough may be one of the first symptoms you experience if you have PF – for most people, it is a dry cough that does not respond to antibiotics or inhalers. There are a variety of reasons for cough in PF:

THE FIBROSIS ITSELF



You might find that your cough gradually gets worse if the fibrosis (scarring) of your lung tissue progresses.



EXACERBATION

Your cough may suddenly worsen if you have an acute exacerbation or flare up of your fibrosis. For example, if you develop a chest infection (with fever, increased amount of sputum or change in colour of sputum and fatigue).



ANOTHER MEDICAL CONDITION

About 50% of people who have PF and a cough have another medical condition that contributes to the cough. In these cases, the cough may respond to specific treatments.

Other medical conditions that may cause cough include:

- Infection in the chest
- Gastro-oesophageal reflux disease or heartburn
- Hay fever, sinusitis or post-nasal drip
- Heart disease
- Use of Angiotensin-converting Enzyme (ACE) inhibitor medications to treat high blood pressure or kidney disease
- Lung conditions such as asthma, Chronic Obstructive Pulmonary Disease, bronchiectasis or lung cancer

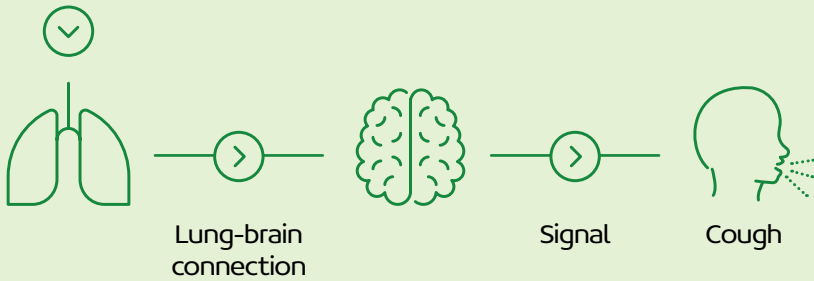


COUGH-REFLEX SENSITIVITY

Scientists who study cough suggest in some people, there is an overactive connection between the brain and the lungs that signals a cough. This is known as cough-reflex sensitivity and it means your cough may be triggered by exposure to certain things in your environment.

Some triggers for cough include:

- Smoke
- Perfumes
- Throat irritation
- Fumes
- Talking a lot
- Cold or dry air
- Eating



Treatments for cough



TREATMENTS FOR COUGH CAUSED BY PF

If you have a dry cough that is caused by your PF, there are some treatments that may help. After evaluation by a doctor, you might be prescribed specific cough-suppressant medications to reduce your cough reflex. As well, it is important to treat the possible underlying causes. Treatments might include:

- Your doctor prescribing either immunosuppressive or anti-fibrotic medication to treat your PF. By treating your PF, your cough may also improve.
- Cough syrups - talk to your treating healthcare team, some are available over the counter while others require a prescription.
- In severe cases, low-dose opiates such as morphine (some of the brands you may receive include shorter-acting Ordine liquid, long-acting MS Contin or Kapanol tablets) or codeine (Pholcodine linctus) can be used to help suppress your cough. It doesn't work for everyone, but if it is going to be helpful, it will usually work within 1-2 weeks.



TREATMENTS FOR SPECIFIC CAUSES OF COUGH

If another medical condition is causing your cough, your treating doctor may prescribe a treatment specific for that condition. For example, if your cough is caused by asthma, it may improve with inhalers (relievers or preventers), while a cough caused by hay fever may improve with nasal sprays. If your cough is caused by gastro-oesophageal reflux disease, acid-suppressant medication may help.

If you have a wet cough with excess mucous, it may improve with antibiotics, and/or mucolytics (medications that break up mucous). Chest physiotherapy exercises may also help to clear the mucous.



TIPS TO CONTROL COUGH

- Sip water frequently throughout the day
 - Try sipping every 15–30 minutes to keep your throat moist
- Avoid over coughing every time you have a tickle – try swallowing instead
- Avoid caffeine and alcohol, which can dry out your throat
- Try steam inhalation for 10–15 minutes, or as long as you can tolerate every day
- Breathe through your nose to reduce dry air contacting your throat
- Try sucking on non-medicated throat lozenges or honey
- Avoid speaking for long periods of time or take breaks as needed
- Avoid cough triggers such as cigarette smoke or strong perfume.





Centre of Research Excellence in Pulmonary Fibrosis

Funded in 2017 by the Australian National Health and Medical Research Council, the Centre of Research Excellence in Pulmonary Fibrosis (CRE-PF) aims to build research capacity in the area of Pulmonary Fibrosis. The CRE-PF enables a nationally coordinated, clinically focused research program to address the urgent need for more effective, personalised approaches to identify and better manage fibrotic lung disease, as well as to educate the public and train future generations of researchers in Pulmonary Fibrosis.

For more information on CRE-PF, visit cre-pf.org.au.



Lung Foundation Australia

As Australia's leading lung health charity, Lung Foundation Australia funds life-changing research and programs to reduce the prevalence of lung disease and improve support and care for all Australians. Lung Foundation Australia collaborates with the CRE-PF, working together to drive patient and clinician involvement in Pulmonary Fibrosis research and trials via the Pulmonary Fibrosis Australasian Clinical Trials (PACT) Network and the Australasian Interstitial Lung Disease Registry.

For more information on PACT, visit pact.lungfoundation.com.au.

LUNG FOUNDATION AUSTRALIA SERVICES

- Information and Support Team
- Lung disease information resources
- Education webinars
- Support groups
- Peer-to-peer connections
- Referral to pulmonary rehabilitation and Lungs in Action exercise programs
- E-newsletter

EXTERNAL LINKS

- Pulmonary Fibrosis Foundation
www.pulmonaryfibrosis.org
- Canadian Pulmonary Fibrosis Foundation
www.cpff.ca

CONNECT WITH LUNG FOUNDATION AUSTRALIA

Contact us to find out more and access additional information and resources and to connect with support services and guidance:

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