

What Causes Shortness of Breath?

DISCLAIMER: Please note I am not a medical professional. My background is 6 years as caregiver for my mom, until her passing in 2009. I have since been a PF Advocate for Patients & Families, as well as moderator & owner of the Breathe Support Network of Groups. Information provided is from personal experience, combined with years of learning through interaction with patients, other caregivers, & medical professionals in the field of PF/IPF

If you are having new or worsening shortness of breath, please contact your doctor immediately or seek emergency medical attention!

For those with PF/IPF, shortness of breath becomes part of life. Because it becomes so much a part of their being, it is also easy to just say to oneself “*It’s just the PF*”. The reality is, there are many things that cause shortness of breath and you shouldn’t ignore it, especially if it is new or worsening from your norm.

Another situation making it easy for someone with PF/IPF to ignore shortness of breath is when their oxygen saturation is staying above 90%. The mindset is “*My saturation is fine so I must be okay*”.

What causes shortness of breath?

Low Oxygen Saturation (below 90% - for some they will experience shortness of breath when their saturation is even around 94% - 95%)

- The first, most common cause, of shortness of breath in PF/IPF patients is a low oxygen saturation due to the need for supplemental oxygen.
- For those already using supplemental oxygen, it may be the need for a higher liter flow.

There are other causes of shortness of breath that should not be overlooked. The ones listed below are problems PF/IPF patients tend to deal with frequently. ***This list is not all inclusive. If you are having new or worsening shortness of breath, you should see a doctor.***

Anxiety

Shortness of breath and anxiety are very closely linked. When people experience shortness of breath, a common reaction is to become anxious. Unfortunately, becoming anxious also leads to more breathlessness. For this reason, some people can find themselves entering into a vicious circle of anxiety and shortness of breath.

Emphysema/COPD (another group of lung diseases)

Exercise/Exertion

Heart Problems

- Congestive Heart Failure
- Arrhythmia
- Other heart problems

Lung Cancer

- PF/IPF patients are at higher risk of this disease.
- Lung cancer diagnosis can be dangerous for those with existing PF/IPF because it often requires a biopsy of some kind. Lung biopsy can cause many side effects, from ongoing pain afterward to more serious problems such as pneumothorax, excessive bleeding, infection, and even death. It is important to take this into consideration when weighing the risk/benefit of a confirmed diagnosis.
- Cancer treatment is a known cause of PF/IPF and can easily exacerbate the spread of fibrosis in someone with PF/IPF. It is important to take this into consideration when weighing the risk/benefit of treatment.

Obesity

It is important to maintain an ideal body weight. If you are having difficulty, you can ask your physician to order a consult with a Nutritionist.

Pneumothorax (collapsed lung)

- PF/IPF patients are at higher risk of this problem.
- Pneumothorax can be life threatening and requires medical attention quickly.

Pulmonary Embolism (blood clot/s in the lung/s)

- PF/IPF patients are at higher risk of this problem.
- Pulmonary Embolism symptoms can be mistaken for a cardiac event.
- Tests used to diagnose a pulmonary embolism are a blood test called a D-Dimer and/or a lung CT with Contrast. Because a D-Dimer can often return a “false negative” even when clotting exists, it is important to proceed with the CT with Contrast to confirm a pulmonary embolism does not exist.
- Pulmonary Embolism is very dangerous, even more so in someone with compromised lungs. It requires medical treatment quickly.
- It's important to know that typical blood thinning medications (Lovenox injections, oral Coumadin/Warfarin) do not do anything to treat existing emboli. These medications only help prevent other clots from forming (and that is still no guarantee other clots will not form). If clots are not severe, medical intervention may not be taken to remove them. The body will eventually absorb them over time. (Though some of the clot may remain lifelong.) If clots are severe, medical intervention may be taken to break them up using IV medications called “clot busters” or surgical intervention may be taken to remove them. These procedures can be dangerous so are only used when necessary.
- Typically, pulmonary emboli stem from a clot somewhere else in the body that has broken off and traveled to the lung/s. Usually the clots are in the deep veins of the leg/s (called a DVT). It is important to find the cause of the pulmonary emboli. A simply doppler venous ultrasound can be performed on the legs to look for existing DVT.

- DVTs are at their most dangerous early on. This is when there is a much higher risk of a clot breaking away and traveling to the lung/s. For this reason, patient's activity may be reduced, limiting exercise, etc. to reduce the risk of more emboli.
- Oral blood thinning medication is often prescribed for a period of at least 6 months to reduce the risk of further clotting. Sometimes blood thinning medication may be lifelong (if the patient is found to have a clotting disorder for instance).

Pulmonary Hypertension (high blood pressure of the lungs)

- PF/IPF patients are at high risk of this disease.
- The best way to stave PH off as long as possible is by using supplemental oxygen when saturation is dropping below 90%.
- PH secondary to PF is highly UNTreatable. For some reason, it does not tend to respond well to traditional medication when secondary to PF.
- PH is another incurable lung disease.
- PH often increases one's need for supplemental oxygen.
- Heart attack is a higher risk factor for someone with PH.

Respiratory Infection

- Pneumonia
- Pleurisy
- Bronchitis
- Flu/Influenza
- Allergies

Rib Fracture

- Those with PF/IPF who have problems with excessive coughing may have fractured a rib during a coughing spell.

Sarcoidosis of the lungs (another lung disease)

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Prepared by:

Taleena Koch
 Pulmonary Fibrosis Advocate for Patients & Families
 Breathe Support Network
breathewithpf@gmail.com
www.BreatheSupport.org



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