

Practical management of chronic breathlessness webinar 21 Jan 26: follow up Q+A

Q1: Can you please provide the links to the studies mentioned in the presentation as well as research regarding opioid use.

General

[Brighton et al.](#) Holistic services for people with advanced disease and chronic breathlessness: a systematic review and meta-analysis. *Thorax* 2018;0:1-12. *Services can reduce distress in people with advanced disease and may improve psychological outcomes of anxiety and depression.*

[Holland A et al.](#) European Respiratory Society Clinical Practice Guideline on symptom management for adults with serious respiratory illness. *European Respiratory Journal*. 2024; <https://doi.org/10.1183/13993003.00335202> *Meta-analyses support use of multicomponent symptom-directed services, handheld fan, breathing techniques, but not opioids, for chronic breathlessness.*

[Spathis A et al.](#) Multicomponent services for symptoms in serious respiratory illness: a systematic review and meta-analysis. *European Respiratory Reviews* 2025;33(174). doi:10.1183/16000617.0054-2024 *Multicomponent services for breathlessness improve breathlessness mastery and health-related quality of life, with minimal risk.*

Non-pharmacological approaches

[Burge A et al.](#) Breathing techniques to reduce symptoms in people with serious respiratory illness: a systematic review. *European Respiratory Reviews* 2024 Oct 30;33(174):240012. *PLB, diaphragmatic breathing and yoga improve breathlessness and quality of life.*

[Johnson M et al.](#) A randomised controlled trial of three or one breathing technique training sessions for breathlessness in people with malignant lung disease. *BMC Medicine* 2015;13:213. *A single one-hour session was as effective and cost-effective as three one-hour sessions at weekly intervals.*

[Swan F et al.](#) Airflow relieves chronic breathlessness in people with advanced disease: an exploratory systematic review and meta-analyses. *Palliative Medicine* 2019;33(6):618-633. *Three meta-analyses suggest airflow can relieve breathlessness: a) fan at rest, b) medical air via nasal cannulae at rest, c) medical airflow during exercise.*

[Tan S et al.](#) The effect of a 20-minute mindful breathing on the rapid reduction of dyspnoea at rest in patients with lung diseases: a randomised controlled trial. *Journal of Pain and Symptom Management* 2019 doi: 10.1016/j.jpainsymman.2019.01.009. *People with lung cancer, COPD and asthma receiving a single 20-minute mindful breathing session had a significant reduction in dyspnoea compared to a control group.*

Pharmacological approaches

[Smallwood N et al.](#) Opioids for the palliation of symptoms in people with serious respiratory illness: a systematic review and meta-analysis. *European Respiratory Reviews* 2024; 33: 230265 *Although opioids improved exertional breathlessness in exercise studies, when used in daily life, they had no impact on breathlessness, cough or quality of life. Significant adverse events, include hospitalisation and death.*

[Johnson M et al.](#) Morphine for chronic breathlessness (MABEL) in the UK: a multi-site, parallel-group, dose titration, double-blind, randomised, placebo-controlled trial. *Lancet Respiratory Medicine* 2025 [https://doi.org/10.1016/S2213-2600\(25\)00205-X](https://doi.org/10.1016/S2213-2600(25)00205-X) *143 participants receiving 5-10mg oral long-acting*

morphine twice daily for 56 days. No improvement in breathlessness or other measures except cough at 56 days. More serious adverse events with morphine than placebo.

[Simon S et al.](#) Benzodiazepines for the relief of breathlessness in advanced malignant and non-malignant disease. Cochrane Database of Systematic Reviews 2016;10:CD007354. *Meta-analysis found no significant benefits, and more drowsiness, compared to placebo.*

Q2: Is the evidence base against morphine use for both respiratory and cardiac (heart failure) patients in breathlessness.

The studies I mentioned in the webinar are focused on people with respiratory conditions, and only very small numbers of people with heart failure were included. However a meta-analysis of opioids for breathlessness in heart failure was published in 2023 (below) and, as with respiratory conditions, no benefit was found in heart failure.

[Gaertner J et al.](#) Effects of opioids for breathlessness in heart failure: a systematic review and meta-analysis. Heart 2023;0:1-8 doi: 10.1136/heartjnl-2022-322074. *Seven studies were included in the meta-analysis, and no study found differences between intervention and placebo. Increased risk of nausea, vomiting, constipation and study withdrawal with opioids.*

Q3: What would you consider the best next steps to start to identify and support these patients with personalised management where we do not have specific breathlessness services, but see many of these patients across respiratory, palliative and long covid services.

I'm sorry not to have a simple answer to this as it is very dependent on local arrangements. The forthcoming NHS Wales Performance and Improvement Breathlessness Pathway will provide support for the patients you describe, particularly for those early in their journey needing the cause of their breathlessness diagnosed. I think the most important point is to proactively identify people experiencing breathlessness. Many people do not mention it as they feel it's inevitable with their condition and 'nothing can be done'. So some kind of routine screening question (eg mMRC scale) could be of value.

In my experience, the form of support is almost completely determined by the availability of interested health professionals. For example, in one area where a Long COVID service could not provide breathlessness support, an AHP working in another service agreed to deliver a small number of sessions for a patient group. In palliative care services, breathlessness management often works well in Day Therapy. Joint respiratory clinics, with concurrent respiratory and symptom management (the latter delivered by anyone with the skills), are a promising way forward.

Other links mentioned during the webinar:

- Chronic breathlessness e-learning module on the NHS Learning Hub <https://learninghub.nhs.uk/catalogue/chronic-breathlessness>
- Cambridge Breathlessness Intervention Service patient information leaflets <https://www.cuh.nhs.uk/our-services/breathlessness-intervention-service/patient-information-leaflets/>
- Information about the BTF model and resources <https://www.btf.phpc.cam.ac.uk/>