Understanding dyspnea: Shortness of breath explained.

Tian Lingling*

Department of Thoracic Surgery, Shenzhen Hospital, Southern Medical University, Shenzhen 518101, China

Introduction

Dyspnea, commonly known as shortness of breath, is a distressing sensation characterized by a feeling of breathlessness or difficulty breathing. It is a symptom rather than a disease itself and can arise from a wide range of underlying conditions, ranging from benign to life-threatening [1]. Despite its prevalence and impact on daily life, dyspnea is often misunderstood. In this article, we aim to demystify dyspnea, shedding light on its causes, evaluation, and management, to empower individuals with a deeper understanding of this common respiratory symptom [2].

Dyspnea is a subjective sensation experienced differently by each individual. It can manifest as various sensations, including:

Breathlessness: A feeling of being unable to get enough air.

Tightness in the Chest: A sensation of constriction or pressure in the chest.

Rapid or Shallow Breathing: Increased respiratory rate or difficulty taking deep breaths.

Labored Breathing: A perception of increased effort required to breathe [3].

Dyspnea can be triggered by a multitude of factors, including:

Respiratory Conditions: Chronic obstructive pulmonary disease (COPD), asthma, pneumonia, pulmonary embolism, and interstitial lung diseases are common respiratory conditions associated with dyspnea [4].

Cardiovascular Conditions: Heart failure, coronary artery disease, arrhythmias, and valvular heart disease can impair cardiac function, leading to dyspnea, particularly with exertion [5].

Anemia: Reduced oxygen-carrying capacity of the blood due to anemia can result in dyspnea, especially during physical activity [6].

Obesity: Excess weight can place strain on the respiratory system, leading to dyspnea, particularly when lying flat (orthopnea) or during exertion [7].

Psychological Factors: Anxiety, panic attacks, and stress can exacerbate dyspnea or mimic its symptoms, leading to a sensation of breathlessness.

Diagnosing the underlying cause of dyspnea requires a comprehensive evaluation, which may include:

Medical History: A detailed history of symptoms, exacerbating factors, and associated medical conditions.

Physical Examination: Assessment of respiratory rate, oxygen saturation, lung sounds, heart sounds, and signs of respiratory distress [8].

Diagnostic Tests: These may include chest X-rays, pulmonary function tests, electrocardiography (ECG), echocardiography, arterial blood gas analysis, and blood tests to assess for anemia or infection.

The management of dyspnea depends on its underlying cause:

Treatment of Underlying Conditions: Addressing the root cause of dyspnea, whether it be respiratory, cardiovascular, or another etiology, is paramount [9].

Symptomatic Relief: Supplemental oxygen therapy, bronchodilators, diuretics, and other medications may be used to alleviate symptoms and improve respiratory function.

Lifestyle Modifications: Weight loss, smoking cessation, physical activity, and stress reduction techniques can help improve respiratory function and overall well-being [10].

Conclusion

Dyspnea is a common and often distressing symptom that can significantly impact quality of life. By understanding its diverse causes, undergoing appropriate evaluation, and receiving targeted management, individuals experiencing dyspnea can regain control over their respiratory health and lead fulfilling lives. Moreover, healthcare providers armed with knowledge and expertise can effectively diagnose and treat the underlying conditions contributing to dyspnea, ultimately improving outcomes for patients. Remember, dyspnea is not something to be ignored; it is a signal from the body that warrants attention and intervention.

References

- 1. Pairolero PC, Williams DE, Bergstralh EJ, et al. Postsurgical stage I bronchogenic carcinoma: morbid implications of recurrent disease. Ann Thorac Surg. 1984;38(4):331-8.
- 2. Kaisermann MC, Trajman A, Madi K. Evolving features of lung adenocarcinoma in Rio de Janeiro, Brazil. Oncol Rep. 2001;8(1):189-281.

*Correspondence to: Tian Lingling, Department of Thoracic Surgery, Shenzhen Hospital, Southern Medical University, Shenzhen 518101, China, E-mail: linglingtian@regi.dk

*Received: 29-Feb-2024, Manuscript No. AAIJRM-24-135487; Editor assigned: 04-Mar-2024, Pre QC No. AAIJRM-24-135487(PQ); Reviewed: 18-Mar-2024, QC No. AAIJRM-24-135487; Revised: 20-Mar-2024, Manuscript No. AAIJRM-24-135487(R); Published: 27-Mar-2024, DOI: 10.35841/AAIJRM-9.2.199

- 3. Ichinose Y, Hara N, Ohta M, et al. Is T factor of the TNM staging system a predominant prognostic factor in pathologic stage I non-small-cell lung cancer?: A multivariate prognostic factor analysis of 151 patients. J Thorac Cardiovasc Surg. 1993;106(1):90-4.
- 4. Harpole Jr DH, Herndon JE, Wolfe WG, et al. A prognostic model of recurrence and death in stage I non-small cell lung cancer utilizing presentation, histopathology, and oncoprotein expression. Cancer Res. 1995;55(1):51-6.
- Rodenhuis S, Van de Wetering ML, Mooi WJ, et al. Mutational activation of the K-ras oncogene. N Engl J Med. 1987;317(15):929-35.
- 6. Zheng RS, Sun KX, Zhang SW, et al. Report of cancer epidemiology in China, 2015. Chin J Oncol. 2019;41(1):19-

- 28.
- 7. Chen W, Zheng R, Zhang S, et al. Report of cancer incidence and mortality in China, 2010. Ann Transl Med. 2014; 23:1–10.
- 8. Wang N, Mengersen K, Tong S, et al. Lung cancer mortality in China: spatial and temporal trends among subpopulations. Chest. 2019;156(5):972-83.
- 9. Guo H, Quan G. Tobacco control in China and the road to Healthy China 2030. Int J Tuberc Lung Dis. 2020;24(3):271-7.
- 10. Zhou Q, Fan Y, Wang Y, et al. China National Lung Cancer screening guideline with low-dose computed tomography (2018 version). Chin J Lung Cancer. 2018;21(2):67-75.