**Dyspnoea (shortness of breath)**

Ideally, referral to a specialist respiratory physician should take place early in the disease course and regular assessment initiated. Dyspnoea is one of the most frightening symptoms of MND and there are a number of strategies that help to address this symptom and sensations of breathlessness.

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**Additional management strategies for dyspnoea**

When more severe shortness of breath appears the following measures are indicated:

- consult with a palliative care physician
- relieve anxiety - reassurance, meditation and/or medication
  - correct posture in chair and bed
  - recliner chairs and beds with adjustable back and leg supports may be helpful
  - a semi-recumbent position may be most comfortable - this position allows the intercostal muscles and the diaphragm to work to greatest advantage
  - consult physiotherapist and occupational therapist
- improve secretion control
  - retained secretions in the mouth and pharynx accompanied with weakened cough further compromise the airway and add to the person’s discomfort and panic
  - the physiotherapist may also be able to reduce anxiety by teaching controlled breathing exercises and assisted coughing techniques

Non-invasive positive pressure ventilation should be considered to treat respiratory insufficiency both to lengthen survival and to slow the rate of forced vital capacity decline (Miller and others 2009a).