

An evaluation of a new service for patients who present with persistent breathlessness

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Abbreviated abstract: The Breathing Matters service is a group educational approach to the non-pharmacological management of persistent breathlessness. It combines the Breathing, Thinking, Functioning clinical model* with goal-setting and a “toolbox” of strategies to empower patients to self-manage their breathlessness. Before running the service as a standard practice we undertook an evaluation. Dyspnea-12 scores reveal consistent reductions in emotional distress associated with breathlessness, whilst Emotional Touch Points and Evaluation Form feedback highlight the importance of peer support. Early results indicate that this service enhances patient quality of life, in a cost-effective way.

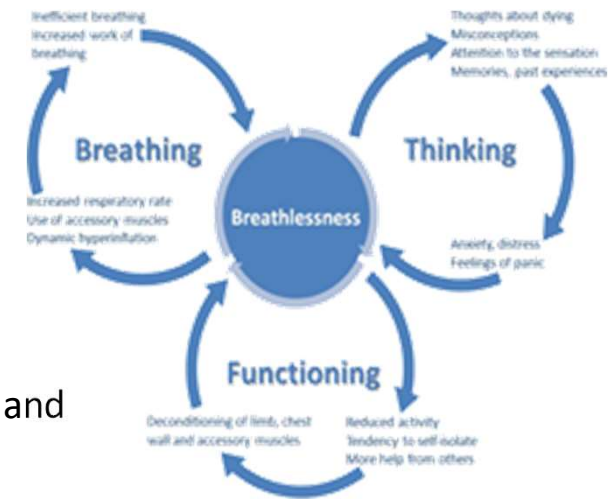
Related publications:

– *A. Spathis et al, Primary Care Respiratory Medicine 27(1)

Previous work, the challenge & our approach

Previous Work - Our service is a fusion of the latest research and current thinking around breathlessness management, drawing inspiration from the work of:

- The Cambridgeshire Breathlessness Intervention Service, offering 1 to 1 treatments, underpinned by the Breathing, Thinking, Functioning clinical model,
- The FAB (Fatigue, Anxiety and Breathing) format of bringing together groups of patients and
- The goal-setting work of Sally Boa.



The Challenge -To establish a breathlessness management service based on non-pharmacological principles, whilst determining its effectiveness - in improving the quality of life for our patients, in a cost-effective way.

The Approach -We adopted The Breathing, Thinking, Functioning clinical model – empowering patients to use strategies to self-manage and in so doing, blunting their perceptions of breathlessness. We brought our patients together in small groups - so they could learn from each other. We included 1:1 time including goal-setting, recognising that goal-setting can reverse the cycle of physical de-conditioning associated with breathlessness. We collected qualitative and quantitative data to determine the impact of this new service on our patients.

Techniques & Methods



An enabling programme - understanding symptoms, learning strategies, peer support & goal-setting. Once a week for 5 weeks. 2 hours per week – one hour of group education, one hour 1:1 goal setting with relaxation. A maximum of 6 patients per group, with up to 3 staff (depending on group size) Informal setting,(including drop-in complementary therapy service for carers).

Evaluation

Based on 3 cohorts of patients – 15 patients in total (October 2019 - February 2020).

Dyspnoea 12 questionnaire completed weeks 1 & 5 – a multi-dimensional measure of the physiological and affective impact of breathlessness. High scores (Maximum36) indicating severe breathlessness.

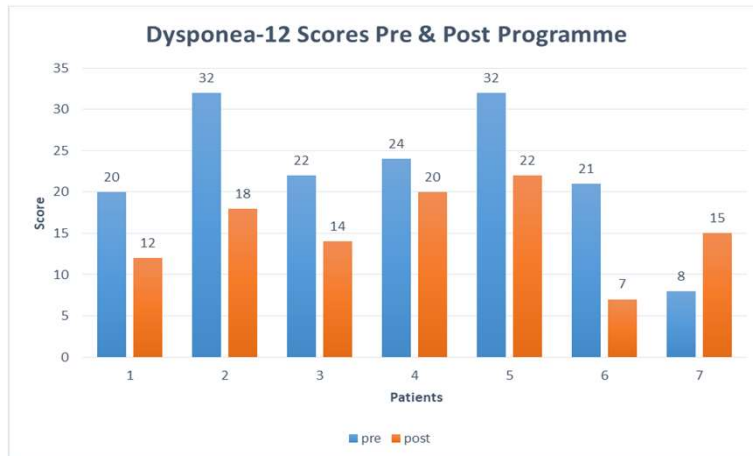
Evaluation Forms – written feedback from patients, completed on week 5.

Emotional Touch Points (ETPs) – creating narrative and feedback around key areas of the service.

Staff feedback – written feedback to staff who participated in the programme.

Results & Conclusion

Results



From the 3 cohorts, 7 patients completed the entire programme. The graph indicates a downward trend in scoring in 6 out of 7 patients, with the biggest improvements in those patients scoring highest for emotional distress (patients 2 & 5).

Patients also tell us subjectively through ETP's and written feedback how breathing strategies and peer support have helped.

Conclusion

The Dyspnoea 12 scores support the premise of The Breathing, Thinking, Functioning clinical model, that empowering patients blunts their perceptions of breathlessness. The various sources of feedback point to the power of peer support and the need for some small adjustments, before opening the service to external referrals. The programme is cost-effective when compared to existing 1:1 interventions. Plans are now underway to launch the service using a virtual platform.