



# Unravelling the unmet needs of patients with severe dyspnoea: a case for palliative oxygen

Abebaw Mengistu Yohannes 

Dept of Physical Therapy, School of Behavioral and Applied Sciences, Azusa Pacific University, Azusa, CA, USA.

Corresponding author: Abebaw Mengistu Yohannes ([ayohannes@apu.edu](mailto:ayohannes@apu.edu))



Shareable abstract (@ERSpublications)

**There is a great unmet need for palliative oxygen in patients with refractory dyspnoea from advanced non-malignant diseases, which requires further work in the management of this disabling symptom** <https://bit.ly/2RAcIdn>

**Cite this article as:** Yohannes AM. Unravelling the unmet needs of patients with severe dyspnoea: a case for palliative oxygen. *Eur Respir J* 2021; 58: 2100775 [DOI: 10.1183/13993003.00775-2021].

This single-page version can be shared freely online.

Copyright ©The authors 2021. For reproduction rights and permissions contact [permissions@ersnet.org](mailto:permissions@ersnet.org)

Received: 16 March 2021  
Accepted: 2 April 2021

The number of people over the age of 65 years living with chronic diseases is exponentially rising worldwide. In 2008, the World Health Organization estimated physicians diagnosed approximately 210 million people worldwide with COPD and millions of others with another respiratory disease (*e.g.* asthma or interstitial lung disease) [1]. Many among these millions of patients with advanced, chronic non-malignant respiratory diseases often experience disabling (intractable) dyspnoea, cough and pain. Dyspnoea (breathlessness) is an “air hunger” comprising a multifaceted, subjective symptom with significant impact on patients’ quality of life, ensuing disability, increasing social isolation and loneliness [1]. Untreated dyspnoea on exertion creates unprecedented fear and stress of “fighting for breath” to a patient. Furthermore incessant dyspnoea frequently causes patients to impose burdens of worry to their caregivers, and patients experience emergency healthcare utilisation, hospital admissions, and premature mortality [2, 3]. Suffering with dyspnoea may escalate to uncontrollable anxiety [4] and all these adverse consequences create a sea of misery for patients with advanced, chronic non-malignant respiratory diseases.