

Palliative Care And Dyspnea - A Bibliographic Review And Exploratory Qualitative Study

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Abstract:

Background: This article presents a literature review on the intersection between dyspnea and palliative care. The investigation relies on theoretical insights from various scientific works on the same theme, utilizing a contemporary database.

Materials and Methods: In addition to incorporating a qualitative and exploratory approach, the methodology employed includes a bibliographic survey. The study aimed to comprehend the state of the art related to palliative care and dyspnea, considering the context of relevant scientific research.

Results: The focus of the analysis lies in exploring the relationship between these two aspects, prioritizing a deeper understanding of interventions and challenges encountered in the management of dyspnea in palliative care. The bibliographic review provided a robust foundation for the development of ideas and conclusions presented in the article. The qualitative exploratory study contributed to a nuanced understanding of the current landscape, identifying barriers to the implementation of palliative care, such as healthcare professionals' discomfort in openly discussing end-of-life matters. Furthermore, it underscored the importance of personalizing care plans and highlighted promising solutions, such as holistic therapies and integrative practices, which can enhance the well-being of patients with dyspnea receiving palliative care.

Conclusion: In conclusion, this research offers a comprehensive and updated insight into the interaction between palliative care and dyspnea. It also underscores the imperative for ongoing research to discover innovative ways to improve the quality of life for patients receiving palliative care.

Keywords: Palliative care; Dyspnea; Discomfort; Quality of life.

Date of Submission: 29-01-2024

Date of Acceptance: 09-02-2024

I. Introduction

The natural ability of the heart to pump blood efficiently is diminished when structural and functional alterations occur in the myocardium. This leads to the accumulation of blood in the lungs and other regions of the body, causing symptoms such as pulmonary congestion, edema in the lower extremities, orthopnea (shortness of breath when lying down), and dyspnea (shortness of breath).

Pulmonary congestion and leg edema are expressions of these symptoms. Pulmonary congestion complicates the proper exchange of oxygen and carbon dioxide during the respiratory process, resulting in breathlessness. When an individual lies down, fluid accumulates in the lungs, causing difficulty in breathing, a phenomenon known as orthopnea.

The accumulation of fluid in tissues, causing swelling in the legs and ankles, leads to edema in the lower limbs. These symptoms are common in patients with congestive heart failure, a form of heart failure in which fluids accumulate in the lungs and lower extremities. Besides having a significant impact on heart failure, dyspnea is also distressing in oncology patients (especially the elderly) or those with chronic pulmonary diseases.

The overall objective of this study is to comprehend the state of the art related to palliative care and dyspnea, considering the context of relevant scientific research. Therefore, this study focused on researching palliative care related to the management of dyspnea.

Palliative care (PC) constitutes a multidisciplinary approach aimed at improving the quality of life for patients with serious illnesses through symptom control, emotional support, and respect for individual values,

regardless of disease cure. The adoption of palliative care in cases of dyspnea is scientifically grounded. It is worth noting that palliative care can play a crucial role in symptom management, providing emotional support and helping patients make informed decisions about their medical care, even when a cure is no longer a viable option.

Several studies and scientific guidelines recognize the importance of palliative care as a comprehensive approach for patients with advanced dyspnea to improve the quality of life and tailor treatment to each patient's specific needs.

This research is structured into four sections. The first is the introduction; the second explains the methodological procedures; the third develops the analysis and discussion of the results, and the fourth and final section presents the concluding remarks.

II. Material And Methods

The present research investigated bibliographic data, taking into consideration a contemporary foundation. The theoretical data derived from scientific works addressing the same theme under consideration here served as the basis for the development of the opinions articulated in this article. Therefore, the research is characterized as a bibliographic review. According to Marconi and Lakatos (2017, p. 25),

A bibliographic review involves the survey of all previously published literature, including books, journals, individual publications, and written press. Its purpose is to facilitate the researcher's direct engagement with all written material on a specific subject, aiding the scientist in the analysis of their research or the manipulation of their information. It can be considered as the initial step in any scientific research⁵.

Throughout the research, the primary sources investigated were five scientific articles published in journals, scientific magazines, one book chapter, and two dissertations. These sources were classified into two categories: current reading and reference. The ones in the first category were utilized for a thorough reading to enable the researcher to develop a strong theoretical foundation. Meanwhile, documents in the second category were employed for swiftly obtaining data⁸.

The contributions of Albuquerque, Gontijo, and Cortes (2019), Oliveira and Medeiros Junior (2020), Marques (2022), Schwingel et al. (2022), and Santos, Rigo, and Almeida (2023) are noteworthy. Consequently, this researcher was able to conduct a critical and comparative analysis of existing theories and ideas through a well-defined and meticulous reading of the scientific research conducted by the aforementioned authors.

It is important to note that, in addition to the bibliographic research, a qualitative and exploratory study on the state of the art was conducted, considering the universe of scientific research addressing the same theme discussed here. The focus was primarily on analyzing, in each researched work, the relationship between palliative care and dyspnea. The study followed the PRISMA protocol (Preferred Reporting Items for Systematic Reviews and Meta-Analyses), a set of guidelines used to enhance the quality and transparency in the preparation of systematic reviews and meta-analyses in the health field².

Ferreira (2002, p. 257) asserts that state-of-the-art research is defined

As bibliographic in nature, sharing the common challenge of mapping and discussing academic production in different knowledge fields. It aims to answer what aspects and dimensions have been highlighted and privileged in different times and places, how certain master's dissertations, doctoral theses, publications in journals, and communications in congress proceedings have been produced, and under what conditions. It is recognized for employing an inventory and descriptive methodology of academic and scientific production on the investigated theme, illuminated by categories and facets that characterize each work and the entire set, under which the phenomenon is analyzed⁴.

Santos et al. (2020, p. 02) present a similar understanding:

Exclusively bibliographic in nature, the State of the Art (SoA) expresses itself, in the academic field, as a type of research with specificities and criteria for elaboration and development. The relevance [...] of SoA focuses on the need to understand it as a study modality that transcends mere descriptive mapping of works or understands it solely as an exploratory or review stage of certain studies¹⁰.

The following elucidates the defined strategy of this research specifically concerning the study of the state of the art in question.

Definition of the Research Period and Selection of Scientific Works for Analysis

The research was conducted during the months of November and December in the year 2023. The period for selecting scientific works was established within the timeframe between the years 2019 and 2023.

Inclusion and Exclusion Criteria

The following inclusion criteria were defined: selection of scientific works within the established investigation period, available electronically, freely accessible, written exclusively in Portuguese, and featuring discussions related to the selected descriptors. Works categorized as experience reports, monographs,

undergraduate thesis papers (TCC), or those utilizing the state-of-the-art methodology were excluded from this study.

Database and Selection Procedures

The chosen database for this investigation was the platform of the Brazilian Digital Library of Theses and Dissertations (BDTD). The selection procedures were divided into two stages. The first stage involved searching the platform, which has its own search mechanisms. It sufficed to input the descriptors "palliative care" and "dyspnea" using the boolean operator AND².

In the second stage, a search for the descriptors was performed within the body of each previously selected scientific work. The Adobe Acrobat Reader search system was employed for this purpose. Upon confirming the occurrence of the chosen descriptors in the scientific works, they were selected for further analysis.

III. Analysis and Discussion of Results

From the research conducted on the BDTD, initially, 36 (thirty-six) studies were selected that met at least one of the descriptors. The verification process was conducted up to page 03 of the BDTD search system, as beyond this point, all identified studies did not align with the specified selection period (2019 – 2023).

Out of the initially selected studies, 28 (twenty-eight) were subsequently excluded as none fully met the selected descriptors. Table 1 presents the final selection of studies based on their classification status.

Table 1 – Selection in the Database (BDTD)

THE DATABASE USED	BDTD
Scientific Articles that DID NOT meet all criteria and descriptors	04
Scientific Articles that met all criteria and descriptors	05
Monographs	08
Experience Reports	02
Undergraduate Thesis Papers (TCC)	02
Book Chapters that DID NOT meet all criteria and descriptors	02
Book Chapter that met all criteria and descriptors	01
Dissertations that DID NOT meet all criteria and descriptors	10
Dissertations that met all criteria and descriptors	02
Total Works Collected	36
Total Works Effectively Selected for Analysis	08

Source: Research Data

Following the completion of the selection process, Table 2 was prepared, describing the 5 (five) selected scientific articles, the chosen book chapter, and the 2 (two) dissertations that were effectively analyzed. It is noteworthy that the analysis was conducted through a review of the abstract and methodology of each scientific work, confirming that each selected work indeed made references to palliative care and dyspnea. All methodologies and abstracts were read and interpreted based on the scientific literature relevant to the chosen theme.

Table 2 – Brief Description of Analyzed Scientific Works

AUTHOR	YEAR	TITLE OF THE SCIENTIFIC WORK	TYPE OF SCIENTIFIC WORK	INSTITUTION RESPONSIBLE FOR PUBLICATION
ALBUQUERQUE, E.R.; GONTIJO, E.D.; CORTES, M.C.J.W.	2019	Death of Residents in Long-Term Care Facilities for the Elderly in Belo Horizonte, 2016: The Terminality of Life and Necessary Care.	SCIENTIFIC ARTICLE	Medical Journal Minas Gerais
CARLOS, T. B. M.	2020	Evaluation of Nutritional Status, Dietary Intake, Inflammatory Activity, and Prevalence of Symptoms in Elderly Patients with Cancer in Palliative Care.	DISSERTATION	USP
OLIVEIRA, E. P. de; MEDEIROS JÚNIOR, P.	2020	Palliative Care in Pulmonology.	SCIENTIFIC ARTICLE	J Bras Pneumol.
SOUZA, H. K. D.; SILVEIRA, L. C.; OLIVEIRA, V. R. C. D.	2021	Non-Invasive Ventilation versus Oxygen Therapy in the Final Stage of Oncological Palliative Care: A Systematic Review.	SCIENTIFIC ARTICLE	Medical Journal Minas Gerais

MARQUES, K. B.	2022	Protocol for the Management of Pain and Dyspnea in End-of-Life Patients.	DISSERTATION	UNIFOR
SCHWINGEL, R. C.; VOLKWEIS, F. D.; SOUSA, M. R.; GAUZA, A. M.; ROSIN, B. E.; SANTOS, L. O.; SCHWINGEL, F. L.	2022	Management of Dyspnea in Patients Undergoing Palliative Care: A Literature Review.	BOOK CHAPTER	Scientific Digital Publisher LTD.
SANTOS, L. N.; RIGO, R. S.; ALMEIDA, J. S.	2023	Management in Palliative Care.	SCIENTIFIC ARTICLE	Research, Society and Development
SILVA, L. N. da; SOARES, J. H. R.; BOARETTO, J. P.; OKAMURA, C. T.; MARTINS, E. A. P.	2023	Integrative and Complementary Health Practices in Palliative Care: An Integrative Review.	SCIENTIFIC ARTICLE	Peer Review

Source: Research Data

It is noteworthy that nothing has been modified, and respect for copyright has not been altered. The reading order of the selected research followed a chronological approach (from the oldest to the most recent). Therefore, the first research analyzed was the scientific article by Albuquerque, Gontijo, and Cortes (2019)¹.

The work by Albuquerque, Gontijo, and Cortes (2019) focused on palliative care for the elderly residing in long-term care institutions in Belo Horizonte (MG). The authors observed the occurrence of dyspnea in more than half of the elderly individuals and found no records of acceptable therapeutic treatment. Additionally, the authors noted a scarcity of family support¹.

In their conclusion, the authors recommended training in palliative care, specifically targeting the management of dementia and major geriatric syndromes. This approach, they argued, is crucial to providing support and some comfort to patients who experienced dyspnea and, due to the lack of necessary palliative care, ultimately passed away in a state of suffering¹.

Carlos (2020) asserted in his dissertation, which focused on symptoms in elderly cancer patients, that dyspnea and a lack of well-being are the most significantly reported symptoms by patients. Therefore, palliative care is intensified for elderly oncological patients who participated in the investigation³.

Carlos (2020) further claimed that the higher the degree of inflammation, the greater the complaint of dyspnea, and consequently, there is a need to expand palliative care resources to maintain constant and reevaluated palliative assistance³.

Oliveira and Medeiros Junior (2020), in their study on palliative care in pneumology, emphasized the barriers to palliative care. The authors considered that, in addition to dyspnea, the main obstacle to implementing palliative care is the discomfort of healthcare team members in having an open conversation about end-of-life care with their patients⁷.

Oliveira and Medeiros Junior (2020) highlighted the uncertain short-term prognosis that many patients with advanced lung diseases present as a major cause. The low number of qualified healthcare professionals in palliative care, along with ethnocultural and ethical issues associated with these care practices, are other obstacles encountered⁷.

Souza, Silveira, and Oliveira (2021) state that with knowledge of all factors involved in managing the discomfort (resulting from dyspnea) of patients receiving palliative care, it is evident that making such a complicated decision is impossible without considering various questions. For example: Will this strategy alleviate or exacerbate the patient's suffering? Are there other ways to treat this symptom? How long will this measure prolong the patient's life? Thus, therapy must offer the maximum comfort possible while also respecting the moral limits and self-control of the patient¹³.

The authors particularly emphasize the use of non-invasive ventilation (NIV). They assert that compared to traditional mechanical ventilation, this type of ventilation offers advantages as it reduces the risk of complications (such as ulcerations, edema, submucosal hemorrhage, and, in extreme cases, airway stenosis), does not interfere with oral feeding and speech, and does not require sedation¹³.

The dissertation elaborated by Marques (2022) investigated the association of dyspnea with pain in end-of-life care patients. In her investigation, Marques (2022, p. 16) states that:

Regarding dyspnea, it is a symptom that reduces the functional activities of the individual, being one of the most incapacitating symptoms. Dyspnea is a subjective symptom and difficult to quantify accurately, as each patient feels it differently, and often what is perceived by the examiner is not the same sensation as that of the patient⁶.

The author believes that, during palliative care, evaluating pain and systematically recording its intensity are essential to monitor the patients' progress and make necessary changes in treatment⁶.

According to Schwingel et al. (2022), when it comes to palliative care, all approaches that can improve the well-being and clinical condition of patients should be considered. The authors report that positive connections are increasingly being discovered between holistic therapies such as acupuncture and auriculotherapy. They also emphasize that using reflexotherapy through skin stimuli, these strategies reduce blood pressure, heart rate, and peripheral saturation to improve dyspnea¹¹.

Moreover, Schwingel et al. (2022) assert that simple methods to improve the dyspnea of palliative care patients include patient and family education, opening windows, proper posture using posture techniques, energy conservation, and muscle relaxation. Additionally, studies have shown that cognitive-behavioral and self-management techniques, such as relaxation exercises, mindfulness, and distraction techniques, are useful for patients with dyspnea and anxiety¹¹.

These methods provide patients with greater awareness of their triggers and a chance to overcome them, thereby reducing cases where dyspnea is directly influenced by anxiety¹¹.

The research developed by Santos, Rigo, and Almeida (2023) was centered on palliative care in patients with cancer, heart failure, and lung disease, all with the occurrence of dyspnea. The authors report that by proceeding with palliative care after obtaining a comprehensive view of the patient, it was possible to specify personalized care plans for each case⁹.

They also emphasize that this planning contributed to effective communication in the interdisciplinary team, strengthening the planned actions for each patient according to their progress. The care plans supported not only the patients but also their families permanently. The study indicates that patients with dyspnea received constant clinical assistance⁹.

Silva et al. (2023) assert that the use of integrative and complementary practices, such as therapeutic massage, acupuncture, reiki, aromatherapy, spirituality, and religion, generally improves the well-being of palliative care patients and enhances the management of their symptoms¹².

The synthesized and analyzed evidence by Silva et al. (2023) shows that these practices can be effective and promising in treating a variety of oncological symptoms, especially pain, anxiety, and dyspnea in patients with cancer receiving palliative care. However, considering the subjectivity of each individual and the complexity of each organism, the study concludes that there is still much to be studied on the topics of palliative care and dyspnea¹².

IV. Conclusion

The analysis of scientific research on dyspnea and palliative care presented here provides a comprehensive overview of the challenges and opportunities in this domain. Based on the gathered and analyzed information, several important considerations stand out:

Firstly, it is evident that training in palliative care is an urgent need. This need is underscored by the study of Albuquerque, Gontijo, and Cortes (2019), revealing that elderly individuals with dyspnea lack adequate palliative care in long-term care institutions. An essential solution to enhance the quality of life for these patients is the recommendation of specific training in palliative care focused on dementia and geriatric syndromes¹.

Another crucial consideration is associated with the challenges in implementing palliative care, as highlighted by Oliveira and Medeiros Junior (2020). Their study identifies significant obstacles to the implementation of palliative care in pneumology, including the discomfort of healthcare teams when openly discussing palliative care for individuals nearing the end of life. Additionally, the uncertain short-term prognosis for patients with advanced lung diseases emphasizes the importance of proactive approaches and effective communication⁷.

Furthermore, the expansion of resources for palliative care in oncology is extremely necessary. According to Carlos's research (2020), dyspnea and a lack of well-being are common among elderly cancer patients. To meet the needs of these patients, additional resources in palliative care are required, given that inflammation increases in tandem with complaints of dyspnea³.

In dyspnea management, systematic assessment is crucial. According to Marques (2022), dyspnea is a subjective symptom, and careful evaluation of pain during palliative care is fundamental. This underscores the importance of a regular and personalized approach to monitor and adjust treatment according to the patient's evolution⁶.

The works of Schwingel et al. (2022) and Silva et al. (2023) emphasize the importance of holistic approaches and integrative practices to improve the well-being of palliative care patients. Results from these studies indicate that therapies such as acupuncture, reflexotherapy, and cognitive-behavioral techniques are effective in reducing dyspnea, highlighting the significance of a comprehensive approach to address these symptoms^{11: 12}.

Santos, Rigo, and Almeida's (2023) research highlights the value of personalized care plans for patients with dementia, cancer, heart failure, and lung disease. The comfort and well-being of dyspneic patients depend on constant communication and clinical assistance⁹.

The conclusion of Silva et al.'s (2023) study demonstrates the efficacy of integrative practices. They also emphasize the ongoing need for research on dyspnea and palliative care¹².

In conclusion, due to the complexity of these topics and individual variability, continuous investigation of new strategies and their effectiveness is necessary. These studies collectively reinforce the need for comprehensive approaches, professional training, communication, and personalized care to address the challenges associated with palliative care in dyspneic patients. To continually improve the quality of treatment for these patients, a commitment to ongoing research and evidence-based practice is essential.

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