

Using the Breathing, Thinking, Functioning model to reduce negative emotions related to breathlessness



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Background

- Breathlessness is a distressing symptom for patients/families with advanced chronic disease¹.
- Chronic breathlessness is challenging to manage and pharmacological options are limited^{2,3}.
- The Breathing, Thinking, Functioning (BTF) clinical model is an evidence-based educational tool that facilitates chronic breathlessness management⁴.

Aim

To implement the Breathing Thinking Functioning (BTF) clinical model at Princess Alice Hospice and evaluate the impact of the new service on patients’ emotional health.

Methods

Two Princess Alice Hospice nurses attended the Cambridge BTF training and then a ‘train the trainer’ model was used to train Princess Alice Clinical Staff. Patients were referred to the BTF programme via Princess Alice Hospice@Home team or by external colleagues.

Eligible participants: Patients in receipt of palliative care with breathlessness from any cause (malignant/non-malignant).

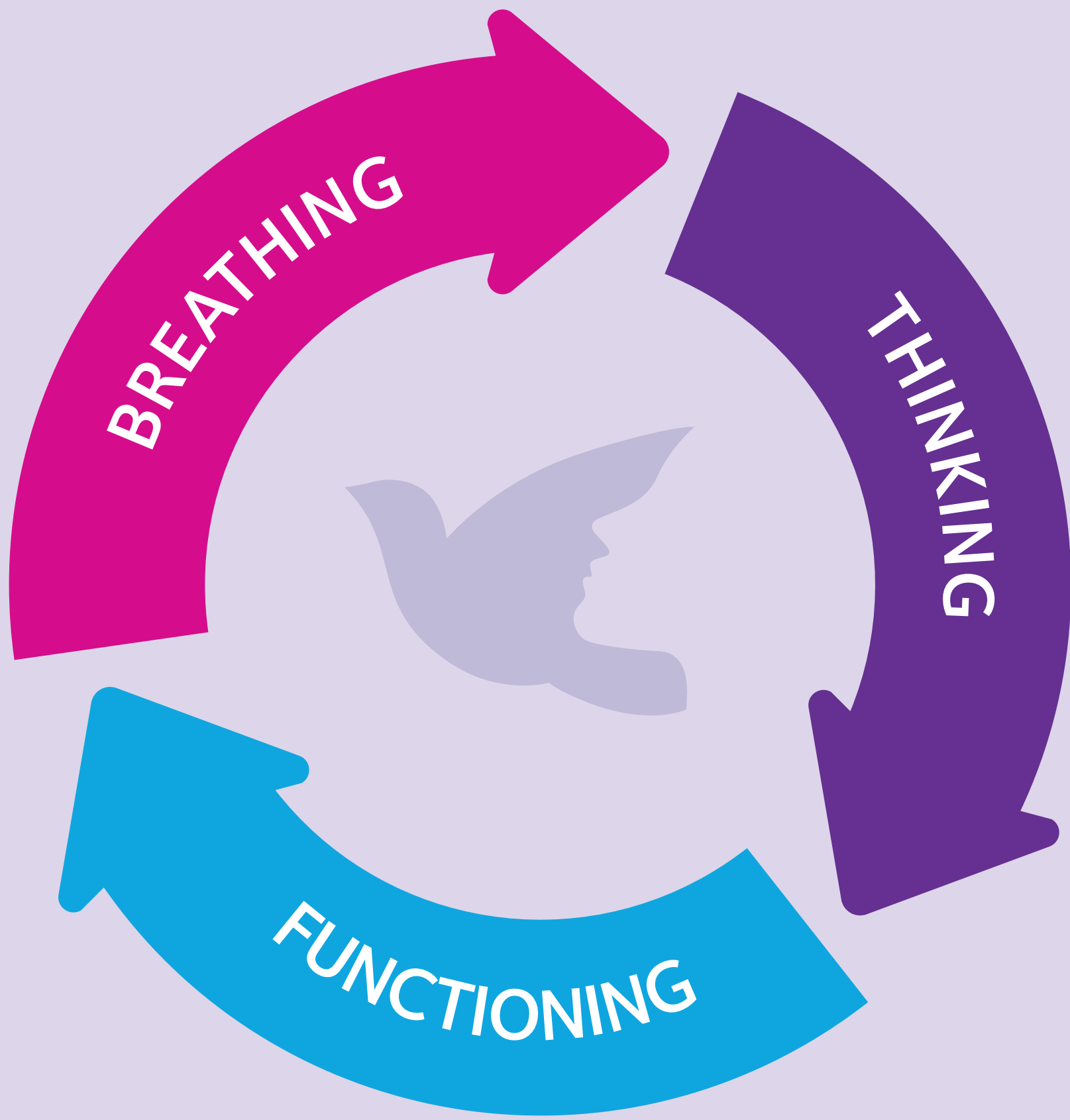
Programme: 3-week course, weekly 1-hour sessions offered flexibly in person or online

BTF facilitators: Princess Alice Palliative Nurse, Physiotherapist, Occupational Therapist.

Topics Covered:

- Week 1:** Breathing Cycle
- Week 2:** Thinking Cycle & Medication
- Week 3:** Functioning Cycle

Evaluation: Dyspnea-12 questionnaire used at baseline and follow-up one month post-programme.



Results

Data collected: July 2023 to April 2025

- 128 patients completed the programme.
- 71 patients completed both pre- and post-programme questionnaires:

Demographics

- Male N=38, Female N=33
- Average Age 75 (range 61–89 years)
- Malignant N=44 Non Malignant N=27

Symptom	Number of patients who reported an improvement (N=71)
My breathing is making me feel depressed	21 (30%)
My breathing is distressing	23 (32%)
My breathing is making me agitated	23 (32%)

Conclusion

Our results demonstrate that some patients experience an improvement in negative emotions associated with breathlessness at one month after completing the BTF clinical model. This has encouraged us to continue to offer this clinical model to our patients and other patients experiencing chronic breathlessness.

References:
¹ Johnson et al 2014. Prevalence and assessment of breathlessness in the clinical setting. *Expert Review of Respiratory Medicine*. 2014 Jan 22;8(2):151–61
² Higginson et al 2024: Mirtazapine to alleviate severe breathlessness in patients with COPD or interstitial lung diseases (BETTER-B): an international, multicentre, double-blind, randomised, placebo-controlled, phase 3 mixed method trial. *The Lancet Respiratory Medicine* 12.10 (2024): 763–774
³ Ferreira D et al, 2023. Understanding persistent breathlessness: Impact on patients and optimal approaches to symptomatic reduction – an overview. *Expert Review of Respiratory Medicine*. 2023 May 4;17(5):365–79
⁴ Spathis A et al 2017, The Breathing, Thinking, Functioning Clinical model: a Proposal to Facilitate evidence-based Breathlessness Management in Chronic Respiratory Disease. *Primary Care Respiratory Medicine*. 2017 Apr 21;27(1)