Dyspnea is defined by the American Thoracic Society as a subjective experience of breathing discomfort that is comprised of qualitatively distinct sensations that vary in intensity and involve interactions of multiple physiologic, psychological, social, and environmental factors. While the most common causes of dyspnea are respiratory or cardiac in nature, dyspnea can also be related to psychological factors, including anxiety, depression, pain, or anger. Contributing psychological factors must also be addressed along with any physiologic factors if a patient’s dyspnea is to be successfully managed.

PATIENT HISTORY

A 35-year-old female with a past medical history of sickle cell disease, tracheomalacia, pulmonary embolism, selective mutism, conversion disorder, major depressive disorder, and generalized anxiety disorder presented to internal medicine clinic with a long history of dependence on supplemental oxygen due to dyspnea of unknown etiology. Over the span of a decade, the patient had been evaluated by both primary care and pulmonology for dyspnea that had not improved despite the use of supplemental oxygen. It was ultimately decided that supplemental oxygen was not indicated. However, the patient continued to present with complaints of dyspnea and made frequent requests for a portable oxygen concentrator.

REFERENCES