Dyspnea is a distressing and debilitating symptom for patients with either primary or metastatic lung cancer that increases in severity with the progression of disease (Escalante et al., 1996; Vainio & Auvinen, 1996). In patients with primary lung cancer, the most common cause of dyspnea is the underlying disease—usually the cancer tumor or chronic obstructive pulmonary disease (COPD). In other cancers, the principle cause of dyspnea is lung metastases from the primary site, such as with breast, esophagus, colorectal, and prostate cancer (Heyse-Moore, Ross, & Mullee, 1991; Vainio & Auvinen). In the advanced stages of primary and metastatic lung cancer, cancer-induced complications such as pleural effusion, pericardial effusion, pulmonary embolus, pneumonitis, and superior vena cava syndrome can be the causes of dyspnea (Cowcher & Hanks, 1990). Management of dyspnea in patients with cancer requires knowledge and understanding of COPD and lung cancer.

**Key Points . . .**

- Dyspnea is a distressing and debilitating symptom for patients with primary or metastatic lung cancer.
- Some causes and complications of dyspnea in patients with chronic obstructive pulmonary disease (COPD) and lung cancer are similar; thus, successful dyspnea management in patients with COPD may be applied to the management of dyspnea in patients with lung cancer.
- Pharmacologic treatment, including morphine, corticosteroids, bronchodilators, antianxiety drugs, local anesthetics, and oxygen, has been used to relieve dyspnea in COPD and lung cancer. Yet not many reports exist of nonpharmacologic treatment, such as breathing exercises, positioning, energy conservation, exercise, dietary modifications, and nutrient supplements, to relieve dyspnea in patients with lung cancer.

**Goal for CE Enrollees:**

To enhance nurses’ knowledge about dyspnea, including interventions found to be effective in chronic obstructive pulmonary disease (COPD) that may prove beneficial in lung cancer.

**Objectives for CE Enrollees:**

1. Describe the mechanisms and causes of dyspnea in COPD and lung cancer.
2. Evaluate the efficacy of pharmacologic and nonpharmacologic interventions for dyspnea and their applicability in COPD and lung cancer.
3. Discuss the implications of interventions for dyspnea for oncology nursing practice.