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# Abnormal Breathing Patterns: A Clinical Manifestation of Dyspnea

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Opinion Article

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## DESCRITPION

There are a many number of Clinical manifestations commonly observed in examination of the patient with respiratory disease. The patient often demonstrates an abnormal ventilator pattern, the use of accessory muscles of inspiration, the use of accessory muscles of expiration, purse lip breathing, substernal or intercostal retractions, nasal flaring, splinting of the chest, abnormal chest shape, clubbing of the toes or fingers, a non-productive cough and the appearance of cyanosis. Some of these commonly clinical manifestations can be objective such as observed nasal flaring or the use of accessory muscles of inspiration where as other clinical observations can be more subjective. The normal ventilator pattern in an individual's normal breathing pattern is composed of a tidal volume, a ventilatory rate and an inspiratory to expiratory ratio. In normal adults, the tidal volume is about 500 ml, the ventilator rate is about 15 breathes per minute and the inspiratory to expiratory ratio is about 1:2. In patients with respiratory disorders however an abnormal ventilator pattern is often present.

The abnormal ventilatory patterns in an individual will be undergone physical examination, there are several abnormal breathing patterns frequently seen in the patient with respiratory problems. Thus the respiratory therapist must be strongly proficient in the ability to identify and differentiate such ventilator patterns as bradypnea, tachypnea, apnea, hypoventilation, hyperventilation, cheyne-stokes respiration, kussmauls respiration and biot respirations. In addition, the respiratory therapist must have a strong understanding of the meaning and use of the word dyspnea.

Dysnea means breathelessness or shortness of breath or the laboured or difficult breathing, felt and described only by the patient. Although the onset of dyspnea should be ignored and it is always a good reason to seek by the respiratory therapists impression of the patient breathing pattern alone. The symptoms of dyspnea are sensations that can be experienced only by the patient who is having breathing difficulties not by the observation of the hospital care staff. Some-times patients complain that they just cannot seem to get air into my lung or every time they lie down they get very short of breathe where these are clear sensations or signs of dyspnea include audibly labored breathing, hyperventilation and tachypnea, retractions of intercostal spaces use of accessory muscles, a distressed facial expression, flaring of the nostrils, paradoxical movements of the chest and abdomen and gasping. These signs of dysnea are strong indicators of inadequate ventilation and insufficient amount of oxygen in the blood. All of these clinical indicators of inadequate breathing reflecting the patients reduced capability to breathe should be documented in the patients chart. Common types of dyspnea include positional dyspnea which occurs only when the patient is in the reclining position and is also known as orthopnea, Cardiac dyspnea which is labored breathing caused by heart disease, Exertional dyspnea which is by physical exercise or exertion, paroxysmal nocturnal dyspnea which is a form of respiratory distress related to posture (especially reclining while sleeping) and is usually associated with congestive heart failure with pulmonary oedema and renal dyspnea which is difficulty in breathing as a result of kidney disease.