



### 3. **Definition:**

“Dyspnea is the subjective sensation of difficult or uncomfortable breathing.”  
(Gift, 1990, p.955)

“...dyspnea is a term used to characterize a subjective experience of breathing discomfort that consists of qualitative distinct sensations that vary in intensity. The experience derives from interactions among multiple physiological, psychological, social, and environmental factors, and may induce secondary physiological and behavioral responses.” (American Thoracic Society, 1999, p.322)

“The sensation of dyspnea is subjective and includes both the perception of labored breathing by the patient and the reaction to that sensation. Like pain, dyspnea is a sensory experience that is perceived, interpreted and rated solely by the patient himself.” (Carrieri, Janson-Bjerklie, and Jacobs, 1984, p.436)

Breathlessness may differ from dyspnea in that breathlessness is the sensation felt during exercise or excitement and may not be unpleasant. The unpleasant sensation of labored breathing usually associated with disease could be labeled “pathological” breathlessness, whereas the sensation felt by healthy subjects during exercise or excitement would be called “physiological” breathlessness (Carrieri & Janson-Bjerklie, 1986, p.191). However, in this document, both terms are used interchangeably as is consistent with the published work on dyspnea.

### **References:**

Carrieri, V. K., Janson-Bjerklie, S., & Jacobs, S. (1984). The sensation of dyspnea: a review. *Heart Lung, 13*, 436-447.

Carrieri-Kohlman, V. L., & Janson-Bjerklie, S. (1986). Dyspnea. In V. K. Carrier, A. M. Lindsey & C. M. West (Eds.), *Pathophysiological phenomena in nursing* (pp. 191-217). Philadelphia: W.B. Saunders.

Dyspnea. Mechanisms, assessment, and management: a consensus statement. American Thoracic Society. (1999). *American Journal of Respiratory Critical Care Medicine, 159*, 321-340.

Gift, A. G. (1990). Dyspnea. *Nursing Clinics of North America, 25*, 955-965.