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Chronic Breathlessness Matters More Than Most People Realize

Analysis by Dr. Joseph Mercola | February 18, 2026

STORY AT-A-GLANCE

- Breathlessness affects more than 10% of adults worldwide and can quietly limit daily life long before a diagnosis is made
- A large Australian study published in the Australian Health Review found that people with chronic breathlessness were admitted to the hospital sooner and stayed longer
- Standardized breathlessness scores recorded in routine primary care visits predicted emergency hospital admission up to four years in advance, revealing breathlessness as an early warning sign long before formal diagnosis
- Overbreathing and disrupted carbon dioxide balance can worsen fatigue, anxiety, and breathlessness symptoms
- Simple, drug-free habits like retraining your breathing, quitting smoking, eating better, and managing stress help take pressure off your body, allowing breathing to become steadier and everyday life easier

When you hear the word breathlessness, you might picture someone catching their breath after a quick climb. But for many adults worldwide, it's more than a momentary lapse: Surveys show that over 10% of adults experience breathlessness,[1] underscoring how common the symptom is across everyday life.

For example, in Australia, researchers estimate that at least one in 300 people becomes housebound due to long-term breathlessness, struggling with basic chores or moving around the home.[2]

With these staunch realities in mind, research groups in different countries are taking a closer look at what drives breathlessness, how people live with it, and how earlier recognition might support better day-to-day health for those affected.

Basic Facts About Breathlessness

Breathlessness, also known as shortness of breath, is the sensation of not getting enough air. Although it's common to breathe more heavily during exercise, persistent or sudden breathlessness may indicate an underlying health problem — particularly if it occurs at rest or during light activity.[3]

Acute breathlessness comes on suddenly and may be caused by a new or serious medical problem, such as an asthma attack or allergic reaction. Chronic breathlessness develops gradually and lasts for weeks, months, or even years.

Breathlessness has many possible causes; It may be linked to conditions like chronic obstructive pulmonary disease (COPD), heart disease, or anxiety. Other causes include:

- Lung diseases like asthma, and interstitial lung disease (ILD)
- Heart conditions, such as heart failure or abnormal heart rhythms
- Obesity, poor physical conditioning
- Smoking
- Long-term exposure to air pollution

Other less common causes include anemia, allergic reactions, and complications of diabetes. Breathlessness feels different for everyone. Symptoms can appear suddenly or build slowly over time. People may notice:[4]

- Feeling like you can't get enough air
- Tightness in the chest
- Wheezing (whistling sound when breathing)
- Rapid or shallow breathing
- Persistent cough
- Fatigue or feeling very tired

Chronic Breathlessness Extends Hospital Stays and Escalates Costs

Research from Flinders University highlights that chronic breathlessness is a major health issue that often goes unnoticed but has serious consequences. Published in the Australian Health Review,[5] the study analyzed data from nearly 12,000 Australian patients and found that ongoing breathing difficulties are one of the strongest predictors of higher hospital use and poorer quality of life.[6]

- **Doctors tracked breathlessness scores and hospital visits —** Researchers compared how severe patients' breathing problems were during routine general practice visits with later hospital records to see whether worse breathlessness led to earlier admissions and longer hospital stays.
- **Chronic breathlessness tied to extended hospital care —** Patients with chronic breathlessness were admitted sooner and spent more time in the hospital, even after accounting for age, comorbidities, and hospital factors. Lead author Professor David Currow, Strategic Professor, Flinders Ageing Alliance, explained:

> *"Longer hospital stays increase costs, reduce bed availability, and intensify emergency department pressures. In Australia alone, chronic breathlessness is estimated to cost more than $12 billion annually in*

healthcare and societal expenses, a figure expected to rise with an ageing population and increasing rates of chronic illness."

- **How does it affect patients?** Chronic breathlessness is not an easy burden to bear and is often overlooked. Currow states that it can disrupt nearly every aspect of daily life, contributing to disability, anxiety, depression, and even reduced ability to work.

  "People often adapt by avoiding exertion, which leads to further physical decline. Yet this symptom remains largely invisible in clinical consultations, often dismissed as an inevitable part of illness rather than a treatable condition," he explained.

- **Priority actions to improve outcomes —** The study recommends four priority actions:

  - **Routine screening and documentation** so chronic breathlessness is consistently identified as a "sixth vital sign" in emergency and inpatient care.
  - **Accurate reporting** in medical records to strengthen data quality.
  - **Early intervention** research to determine whether better primary-care management can reduce emergency admissions.
  - **Hospital process review** to understand why these patients face delays and longer stays.

The findings underscore that chronic breathlessness needs to be considered a serious condition, not an unavoidable side effect of aging or illness. Currow emphasizes that "By recognising and managing it more effectively, we can improve quality of life. Understanding the drivers for these longer lengths of stay is a critical next step."

Can Breathlessness Scores Predict Your Chances of Ending Up in the Hospital?

A U.K. cohort study published in BMJ Open Respiratory Research[7,8] explored whether a simple breathlessness score recorded in primary care could reliably identify people at high risk of emergency hospital visits.

Breathlessness often appears early in illness, yet it has rarely been used as a structured clinical tool. This study aimed to change that by examining how a standardized breathlessness assessment relates to future hospital use.

- **A large study using routine clinical records —** Researchers analyzed health data from 16,948 adults whose breathlessness was formally graded using the Medical Research Council (MRC) Breathlessness Scale. They focused on 11,911 people who eventually experienced an unplanned hospital admission, examining how breathlessness severity tracked with later healthcare use.
- **How the MRC breathlessness test works —** The study utilized this test, which, unlike a laboratory test or imaging scan, measures breathlessness based on functional ability. Each grade corresponds to a specific, easy-to-understand description:[9]
    - **Grade 1 —** Breathless only with heavy exercise
    - **Grade 2 —** Breathless when hurrying or walking uphill
    - **Grade 3 —** Walks slower than peers or stops after a mile
    - **Grade 4 —** Stops after 100 meters due to breathlessness
    - **Grade 5 —** Too breathless to leave the house
- **Higher breathlessness scores predicted earlier hospitalization and longer stays —** Adults with milder symptoms (MRC 1) went about 1,167 days before their first unplanned admission, while those with MRC 5 were admitted in about 615 days, nearly half the time. Once hospitalized, people with higher scores also stayed longer, even after adjusting for age, body mass index (BMI), smoking status, comorbidities, and deprivation.

- **Higher scores revealed clear risk profiles —** Severe breathlessness was closely linked with older age, obesity, smoking or past smoking, greater comorbidity burden, and living in more deprived neighborhoods. These factors likely interact over time, making breathlessness a visible signal of deeper health and social challenges.

- **Many diagnoses emerged only after admission —** Among those eventually given a definitive diagnosis, cardiorespiratory conditions were the most common. COPD accounted for 56% of diagnoses and asthma for 33%, with smaller numbers tied to heart disease, interstitial lung disease, pleural disorders, or lung cancer. For many patients, breathlessness appeared long before these conditions were identified, suggesting missed opportunities for earlier detection.

While the MRC scale had potential, the study authors recognized that more research is needed into this area. "This is the first study to identify an association between recording breathlessness intensity and time to a person's first unplanned hospital admission and longer inpatient length of stay. Future work must focus on whether interventions can change people's health service use," they noted.[10]

Breathing Exercises to Manage Breathlessness

Breathlessness can be scary, especially if you have a lung condition, a heart problem, or chronic anxiety. But there are small, practical steps you can take to help you feel more in control. The Association of Chartered Physiotherapists in Respiratory Care (ACPRC) offers a patient guide that teaches simple breathing techniques designed to reduce anxiety, ease symptoms, and make everyday activities feel more manageable.[11]

- **Breathing control resets panic and tension —** The most basic technique is called breathing control. It helps you calm down during or after a breathless episode by focusing on gentle, relaxed breathing. Sit or lie down in a supported position, breathe in through your nose and out through your nose or mouth, and let go of tension as you exhale.

Try to make each successive exhale longer than the inhale. Closing your eyes can help you focus. Practicing this daily can make your breathing steadier and easier to recover after activity.

- **Pursed-lips breathing slows your exhale and eases air trapping —** When experiencing shortness of breath, especially with conditions such as COPD, exhaling can seem more difficult than inhaling. Pursed-lips breathing aids by prolonging your exhale, helping prevent air from becoming trapped.

  Inhale gently through your nose and then exhale slowly through pursed lips, like blowing out a candle. This technique makes breathing less exhausting and improves the movement of oxygen in and out of your lungs.

- **"Blow as you go" helps with lifting, reaching, or standing —** This everyday tip reminds you to exhale during effort. Breathe in before the action (like lifting a bag or climbing stairs), then blow out as you move. Exhaling during effort engages your core and reduces strain, much like how athletes exhale while exerting force.

- **Paced breathing matches movement with breath —** If walking or climbing stairs leaves you breathless, paced breathing may help. Try coordinating your breath with each step — for instance, inhale for one step and exhale for two. Adjust the rhythm to what feels comfortable.

- **Deep breathing before activity prevents flare-ups —** Instead of waiting until you're breathless, practice slow, deep breathing to prepare your lungs. Before engaging in activities that normally trigger symptoms — like bending, reaching, or walking — take slower, deeper breaths to help your lungs keep up.

These techniques are most effective with regular practice; that's why the ACPRC recommends practicing daily. The more familiar you become with them, the more effectively you'll use them when breathlessness occurs.

How Overbreathing Disrupts the Brain and Body

As people retrain their breathing to support the spine and core, it's helpful to know that more breath isn't always better. Pushing deep or frequent breaths can tip the body out of balance.

- **Balance, not "more air," drives efficient breathing —** Peter Litchfield, Ph.D., a leading expert in breathing physiology, teaches that effective breathing is about balance, not volume. Real efficiency depends on the natural reflex that already regulates breathing. Problems begin when stress, trauma, or long-held tension override that reflex. Over time, many people develop patterns such as:
    - Upper-chest breathing
    - Chronic sighing
    - Overventilation (breathing too deeply or too often)

    These habits disturb the normal balance between oxygen and carbon dioxide (CO_2), and can produce the very fatigue, anxiety, and imbalance people are trying to fix.
- **CO_2 helps keep vessels open and energy steady —** CO_2 is one of the body's most reliable vasodilators — it helps blood vessels stay relaxed and open. When CO_2 drops from overbreathing, blood vessels constrict, energy dips, and the brain gets less oxygen — the opposite of what "big breaths" are meant to achieve.
- **Brain chemistry changes can spark sudden waves of emotion —** When your brain isn't getting enough oxygen and glucose, it shifts into a less efficient way of making energy. This builds up lactate and changes your brain chemistry, which Litchfield says can trigger "disinhibition" — those sudden rushes of fear, anger, or panic that seem to come out of nowhere.

    These emotional bursts can feel strangely relieving in the moment, which makes your brain more likely to repeat the same overbreathing pattern. Later, when stress or old memories get stirred up, your body can fall right back into that rhythm, lowering CO_2 again and restarting the whole cycle.

- **A quick rescue to reset after overbreathing —** Litchfield recommends a quick method to determine if low CO_2 levels are behind your symptoms: Gently breathe into a paper bag (never use plastic). The bag should not be too small or too large; an ideal size is 6 inches by 15 inches, or 15 centimeters by 38 centimeters.

  Breathe into the bag with your mouth and nose covered until you feel better. With each exhale, you expel CO_2. By rebreathing the CO_2 inside the paper bag, you effectively raise your CO_2 level. CO_2 plays a direct role in easing breathlessness and panic by stabilizing blood chemistry, oxygen delivery and nervous system signaling.

  When CO_2 levels drop too low, distress rises. When it returns to a normal range, symptoms often calm. This is not a long-term solution, but it can help restore balance in acute situations when you're feeling out of breath or panicked.

Since each person takes approximately 20,000 breaths a day, understanding proper breathing is crucial. Read practical tips in "**How Proper Breathing Builds Better Strength and Lasting Power**."

Drug-Free Habits That Support Better Breathing

Simple daily choices can either strain your lungs and nervous system, or help them recover. These foundational lifestyle shifts work with your body, not against it.

1. **Quit smoking once and for all —** Did you know that smoking just **two cigarettes a day** is associated with a 50% increased risk of heart disease? Smoking constantly irritates and inflames the airways, making every breath more effort than it needs to be. Avoiding cigarettes — or even exposure to secondhand smoke — takes a huge load off your lungs, allowing them to repair and breathe more freely over time.

2. **Improve your diet so you can breathe easier —** A good diet is one of the easiest ways to support your breathing. It keeps your energy up and can help control conditions like diabetes or anemia that worsen breathlessness.

One helpful change is to cut back on seed oils like soybean, canola, corn, sunflower, safflower, which are high in linoleic acid (LA) and can fuel inflammation. Keep your LA intake low — ideally below 5 grams a day — and choose more stable fats like ghee, coconut oil, or beef tallow.

3. **Try rhythmic yoga breathing to settle your system —** Rhythmic breathing is simply inhaling and exhaling at a steady pace. It gives your nervous system something predictable to follow, which helps your heart rate slow down, and your muscles release some of their tension.

4. **Use mindfulness techniques to help you relax —** Stress and anxiety can make breathlessness feel much worse, so learning ways to calm your system can really help. Techniques like Emotional Freedom Techniques (EFT) and tai chi, a slow, flowing movement practice, can ease tension and help you feel more in control of your breath.

Frequently Asked Questions (FAQs) About Chronic Breathlessness

Q: What is breathlessness?

A: Breathlessness, also called shortness of breath, is the feeling that you can't get enough air. It can happen during activity or at rest and often means your lungs, heart, metabolism, or nervous system are under strain.

Q: Why is chronic breathlessness a serious health issue?

A: Chronic breathlessness means breathing difficulty that lasts for weeks or longer. Studies show it's linked to disability, anxiety, depression, and longer hospital stays, even when other diseases are already being treated.

Q: Can breathlessness show up before a diagnosis is made?

A: Yes. Research found breathlessness often appears years before conditions like chronic obstructive pulmonary disease (COPD), asthma, or heart disease are formally diagnosed, making it an early warning sign that's often missed.

Q: What is the MRC breathlessness scale?

A: The Medical Research Council (MRC) Breathlessness Scale is a simple tool doctors use to grade breathlessness based on daily activity, from breathless only with heavy exercise to being too breathless to leave the house.

Q: Why can breathing too much make symptoms worse?

A: Overbreathing lowers carbon dioxide (CO_2) levels in the blood. CO_2 helps keep blood vessels open, so when levels drop, less oxygen reaches the brain, which can trigger fatigue, dizziness, anxiety, and panic.

Sources and References

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