



Better Treatments for Breathlessness in Palliative and End of Life Care

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DISCLOSURE

- Name: Irene Higginson
- Affiliation: King's College London
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Why severe breathlessness in advanced illness?

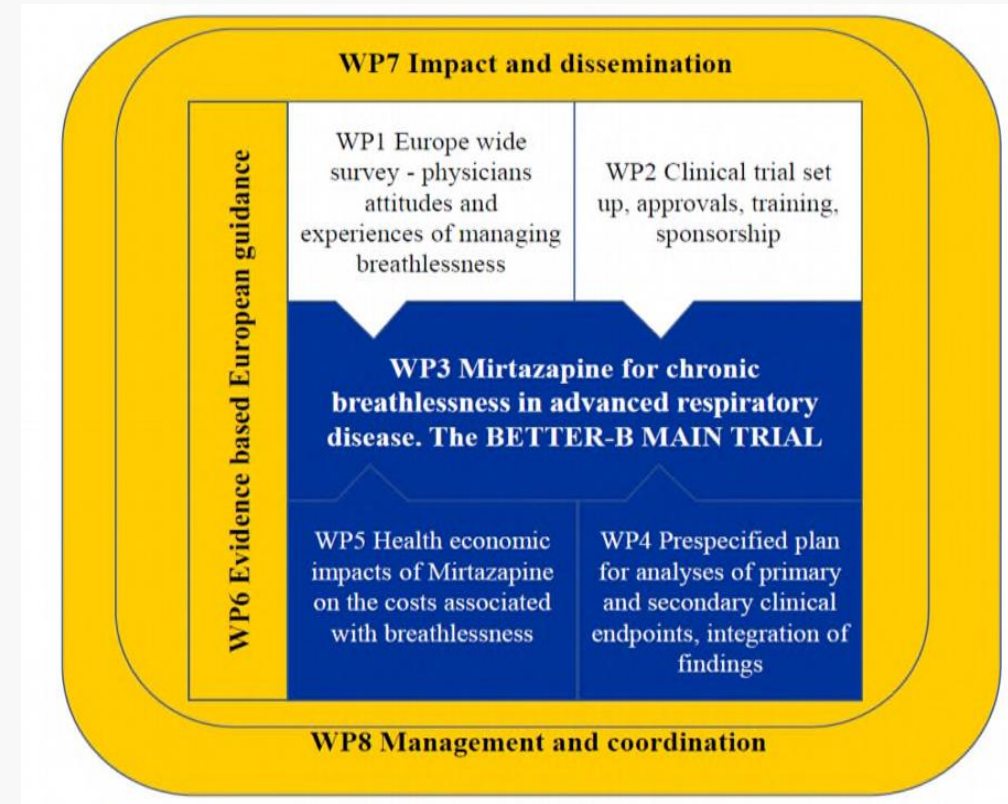
- A **subjective** experience of breathing discomfort that consists of qualitatively distinct sensations that vary in intensity
- Becomes **chronic** or **refractory** when it persists despite optimal treatment of the underlying condition and results in disability
- Also called dyspnoea/dyspnea
- **Affects >15 million people in Europe, 75 million world wide**
- **Burdensome and common** in advanced COPD and other lung diseases, heart failure, cancer, neurological diseases
- People with breathlessness in advanced illness **typically have 13-14 other symptoms**
- Frequent **cause of** emergency hospital **admission**
(1 in 5 ambulance presentations)



The BETTER-B Project

Objectives:

- Explore current practice and experiences of palliative and respiratory clinicians across Europe on the management of breathlessness in lung disease
- Test the effectiveness and cost-effectiveness of mirtazapine for the relief of chronic breathlessness in patients with chronic obstructive pulmonary disease (COPD) or interstitial lung diseases (ILD)
- Produce and disseminate accessible European wide multi-lingual guidance on the management of breathlessness in palliative and end of life care



BETTER-B consortium brings together: respiratory, palliative, geriatric and rehabilitation clinicians; statisticians, trialists, health economists, health service researchers and patient and consumer groups across **Poland, Germany, Italy, Ireland, Switzerland, UK and Australia...**

Case series and feasibility study: results informed BETTER-B programme

Use of mirtazapine in patients with chronic breathlessness: A case series

Natasha Lovell¹ , Sabrina Bajwah¹, Matthew Maddocks¹, Andrew Wilcock² and Irene J Higginson¹ 

Palliative Medicine

2018, Vol. 32(9) 1518–1521

Patients took mirtazapine for 2 weeks to 5 months, reported feeling more in control of breathlessness, quicker recovery from episodes.

BETTER-B Feasibility Results

- No differences between arms for tolerability or safety
- Worst breathlessness ratings day 28, 7.1 (95%CI 6.2-7.9, placebo), 6.3 (95%CI 5.6-7.0, mirtazapine)

Brief communication



OPEN ACCESS

Randomised, double-blind, multicentre, mixed-methods, dose-escalation feasibility trial of mirtazapine for better treatment of severe breathlessness in advanced lung disease (BETTER-B feasibility)

Irene J Higginson ¹, Andrew Wilcock ², Miriam J Johnson ³, Sabrina Bajwah,¹ Natasha Lovell,¹ Deokhee Yi,¹ Simon F Hart,⁴ Vincent Crosby,⁵ Heather Poad,⁶ David Currow ⁷, Emma Best,⁶ Sarah Brown,⁶ on behalf of BETTER-B Feasibility Trial Group

Thorax 2020;75:176-179.

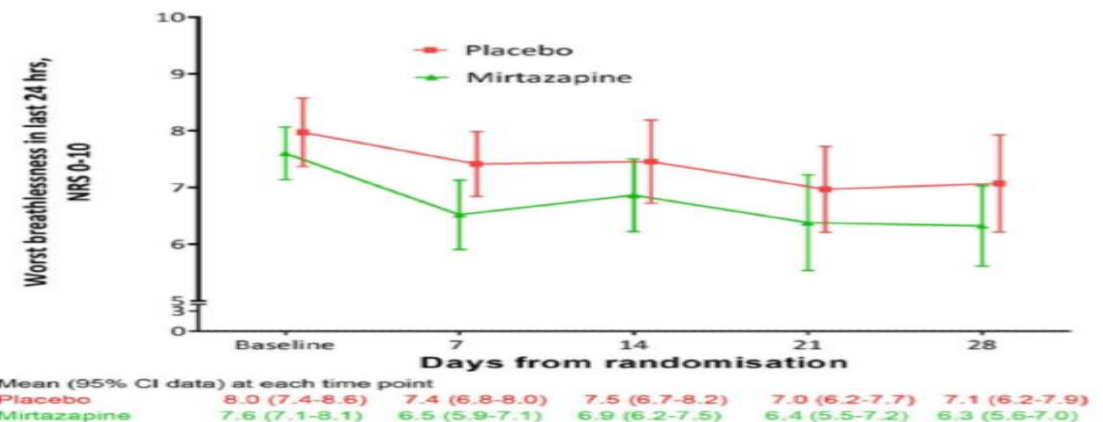


Figure 2 Mean (95% CI) breathlessness at worst and average over 24 hours during the 28 days of the study, by study arm.

Better-B Main Trial Objective

- To determine whether mirtazapine is an effective treatment for the reduction of self-reported worst breathlessness (as measured by a numerical rating scale (NRS)) at 56 days post start of treatment compared to placebo in patients with COPD or ILD.

BETTER-B Main Trial

- **Design:** International, multi-centre, randomised, placebo controlled, pragmatic Phase III trial
- **Participants:** COPD, ILD patients with Modified Medical Research Council Dyspnoea Scale grade 3-4
 - Grade 3 (I stop for breath after walking about 100 yards or after a few mins on level ground) or
 - Grade 4 (I am too breathless to leave the house or I am breathless when dressing or undressing)
- **Procedures:** Randomised 1:1 to oral mirtazapine 15mg/day or placebo, assessments at baseline, day 7, 14, 28, 56, 180
- **Clinical end points (at 56 days)**
 - 'Worst' and 'average' breathlessness over the past 24 hours using NRS
 - Chronic Respiratory Questionnaire (CRQ)
 - Integrated Palliative care Outcome Scale (IPOS)
 - Hospital Anxiety and Depression Scale (HADS)
- **Qualitative interviews & health economics**


Overview of Progress So Far

- All deliverables and milestones to date have been met.
- WP1 survey has been completed and results disseminated at the EAPC and ERS conferences. The main paper is published (Krajnik et al BMC Pulm Med. 2022; 22, 41)
- Trial recruitment and follow-up ended with **272 UK/EU participants** (205 patients/67 caregivers) and **28 Australian participants** (20 patients/8 caregivers), making this the largest trial of mirtazapine in our patient population.
- We worked collaboratively alongside and through many challenges not least Covid-19 and its recurrent waves:
 - Participating countries de-prioritised non-Covid research
 - Fear of infection by participants/reluctance to visit hospital
 - Staff diversion to COVID-related work/staff shortage/overworked staff

BETTER-B Conference on the 4th of Dec 2023 covered...

- Ethical aspects of the BETTER-B programme by Professor Bobbie Farsides
- Use of benzodiazepines in breathlessness management by Dr Sabrina Bajwah
- Meditative movement for breathlessness in advanced COPD or cancer by Dr Claire Nolan

https://betterbreathe.eu/

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IMPROVING THE SITUATION OF PEOPLE AFFECTED BY BREATHLESSNESS

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HOME

Breathlessness is the feeling of being out of breath as your lungs work harder to draw in more oxygen. Persistent breathlessness is when this persists long-term, despite treatment of the underlying condition. It is a frightening symptom that leads to increased distress for patients, families and carers.

Research has shown it is often neglected or under-treated. Our international partners have worked to improve its visibility by growing the knowledge base for treatments which work to improve breathlessness self-management and quality of life, and those that don't.



Because of its link between mind and body, persistent breathlessness is best targeted with a range of treatments to suit the individual. These can focus on non-drug treatments like breathlessness toolkits, however sometimes optimising treatment of the underlying disease plus non-drug treatments are not enough, and so drug treatments sometimes become necessary.

International breathlessness experts from respiratory, palliative care and rehabilitative specialisms are joining in 2019 for a European Commission funded trial to test whether an antidepressant can be repurposed to help in managing breathlessness where non-drug treatments cannot be effectively used.

Dr J. Randall Curtis

We are deeply saddened to share the news of the death of our valued colleague Dr J. Randall Curtis, who has recently passed away.

Dr Curtis was a valued member of the BETTER-B programme, acting as scientific advisor. He has greatly supported this first international trial of mirtazapine for breathlessness, and has left a significant personal impact on the field of palliative care and critical care in serious illness.

Our thoughts and sympathies are with Randall's family and those close to him. You can read further about his professional legacy in a special issue in the Journal of Pain and Symptom Management [here](#).

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News

GENERAL

BETTER-B FINAL CONFERENCES 4TH AND 11TH DECEMBER

28 Nov *Category: General*

We would like to cordially invite you to the BETTER-B programme's final conferences, which will take place online