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Breathless When You Lie Down

More pillows, a gasp that wakes you, a cough when you lie flat. Together they can be early signs the heart is struggling.

1 to 2 hours
into the night is about when a PND episode typically wakes you

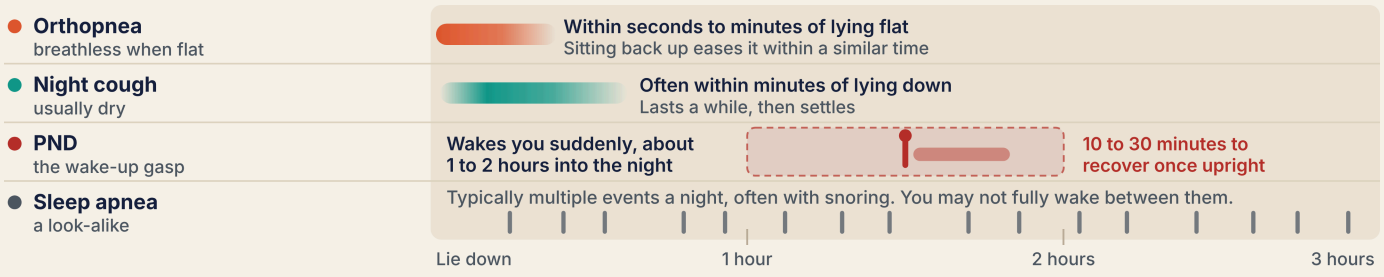
10 to 30 min
to recover from a PND episode once you are sitting upright

3 to 5 lb
gained over a few days is highly suggestive of fluid retention

THREE SYMPTOMS THAT TRAVEL TOGETHER

What to notice at night

After you lie down
when each symptom tends to show up



When you lie down, more blood returns to the heart, and a stiff or weak left ventricle (the main pumping chamber) can't keep up. Pressure builds in the lungs' small blood vessels and fluid leaks into the lung tissue. **Orthopnea** is shortness of breath that gets worse lying flat and improves when you sit up. **Paroxysmal nocturnal dyspnea (PND)** is waking suddenly, severely short of breath, and having to sit up. A **position-dependent night cough** often gets blamed on allergies, postnasal drip, asthma or reflux. Sometimes that's right, and sometimes it's the first hint that the lungs are getting wet.

THE PILLOW TEST

How many pillows do you sleep on?

One	Two	Three or more	Can't lie flat
Normal	Suspicious if it's a recent change, especially if the second pillow is doing real work	Or a recliner because flat is impossible. Highly suggestive of heart congestion	Usually serious heart failure (NYHA Class III or IV) that warrants prompt evaluation

The change is the signal. If you've always slept on two pillows and you feel fine, that's preference.

Bring it up

If these symptoms are new, or have been quietly getting worse, mention them at your next visit. A BNP blood test, an EKG, a chest X-ray and an echocardiogram sort out the great majority of patients within a week.

HOW FAST TO ACT

When to call, and what else it could be

CALL 911 IMMEDIATELY

Severe shortness of breath at rest	Call 911 immediately if you have severe shortness of breath at rest, especially if it's accompanied by chest pain, by cough producing pink or frothy sputum, by waking up gasping in a way that doesn't ease when you sit up, by fainting, by confusion or extreme fatigue, by oxygen saturation below 90 percent if you have a pulse oximeter, or by symptoms that are dramatically worse than your baseline.
Pink, frothy sputum	Pink frothy sputum in particular is the hallmark of acute pulmonary edema and demands an ambulance ride, not a drive to the ER.

CALL YOUR CARDIOLOGIST THE SAME DAY

caught early, usually a phone-call water pill (diuretic) adjustment

New orthopnea	You didn't need extra pillows before, and now you do. Or existing orthopnea is worse, with more pillows than usual.
A true PND episode	You woke up suddenly, severely short of breath, had to sit up, and it eased.
Weight and swelling	You've gained three to five pounds over a few days with any of these symptoms, or developed a new night cough with leg swelling.
Known heart failure	Any of these symptoms that is new or worsening almost always means your heart failure is getting worse (decompensation).

CLINIC VISIT WITHIN ONE TO TWO WEEKS

Milder patterns	Long-standing mild orthopnea you're now wondering about, a position-dependent cough without other symptoms, mild fatigue or breathlessness you suspect might be the heart, or a family member noticing you sleep more upright than you used to.

LOOK-ALIKES WORTH CHECKING

ACE inhibitor cough	Lisinopril, enalapril, ramipril and benazepril (ACE inhibitors) cause a persistent dry cough in five to twenty percent of patients. It isn't position-dependent. Don't stop the medicine on your own. Call your prescriber, who can usually switch you to an ARB such as losartan or valsartan.
Sleep apnea	Typically multiple events a night, with snoring a bed partner notices. PND is usually one event, well into the night. The two can coexist, and an echocardiogram plus a sleep study sorts out almost everyone.
Cardiac asthma	Wheezing from fluid around the small airways. It sounds like asthma, but bronchodilators (airway-opening inhalers) don't really help and water pills do. If bronchodilators aren't helping and your symptoms are positional, ask whether the diagnosis should be revisited.

START TRACKING NOW

Most people with new orthopnea, PND or a position-dependent night cough do not need 911. New orthopnea or a wake-up gasp that eased when you sat up needs a same-day call to your cardiologist. Start tracking your weight and symptoms so the trend is clear by the time you're seen.

READ THE FULL ARTICLE

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orthopnea-pnd-night-cough

For education only, and not a substitute for advice from your own physician. Sources include the 2022 AHA/ACC/HFSA heart failure guideline, the Framingham Study (NEJM 1971), Wang and colleagues (JAMA 2005), the PRIDE study (2005) and the 2021 ESC heart failure guideline.

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