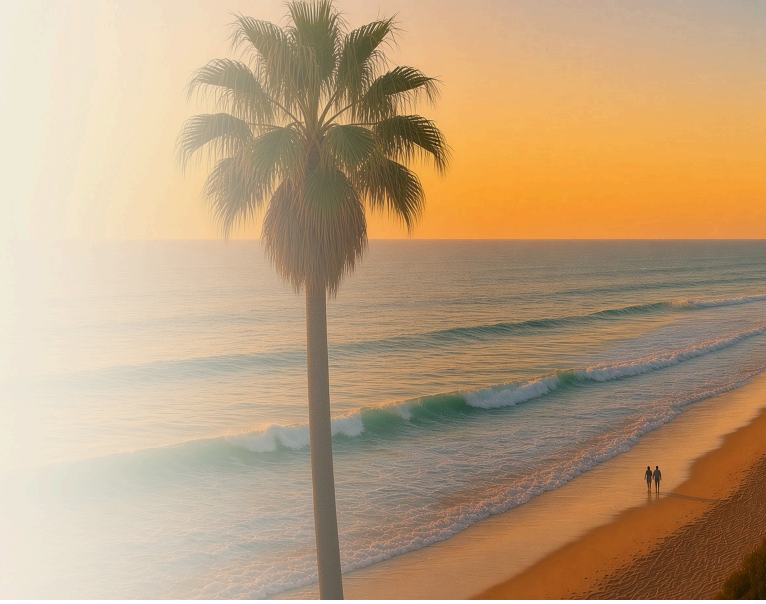
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DAMIAN RASCH, D.O.

ENCINITAS · LA JOLLA, CALIFORNIA



Shortness of Breath and Your Heart

How heart-related breathlessness feels, the warning signs that travel together and when to call 911.

5
warning signs that, together over a few weeks, point to heart failure until proven otherwise

2 or 3
pillows at night, where one used to be enough, is a change worth reporting

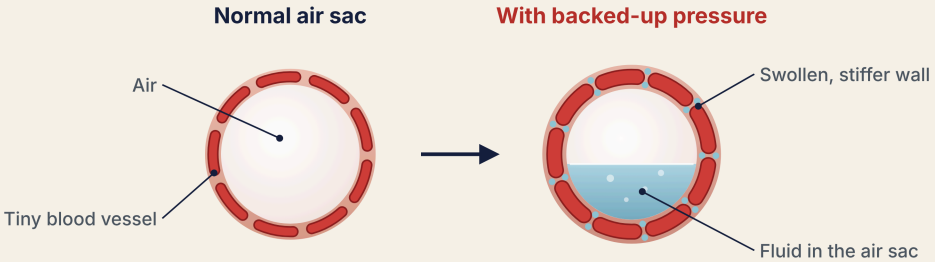
20 to 30%
less blood pumped in some people when atrial fibrillation (AFib) is new or poorly controlled

WHAT'S HAPPENING

When the heart backs up into the lungs

How the heart causes it

1. **The left side of the heart** can't empty the lungs fast enough
2. **Pressure backs up** in the lungs' tiny blood vessels
3. **Fluid seeps out** into the lung tissue, then the air sacs
4. **Breathing can't keep up** and you feel winded, first with effort



Causes include a weak pump, a stiff heart that can't relax and fill, valve disease, narrowed heart arteries and AFib. Lung disease, anemia, being out of shape and anxiety can also cause shortness of breath, and some people have more than one cause. Sorting out which one is the work of the visit.

SIGNS THAT TRAVEL TOGETHER

Five signs to tell your doctor about

Breathless with effort
Winded by stairs or a walk you used to manage easily, better with rest.

Worse lying flat
Needing more pillows. Sleeping in a recliner because you can't lie flat needs urgent care.

Waking up gasping
Sudden breathlessness an hour or two after lying down.

Leg swelling
Swelling in the legs that's new or getting worse.

Weight gain
Recent weight gain, especially alongside the other signs.

Any one of these alone has many possible causes. All five together over a few weeks is heart failure until proven otherwise. A cough that comes on when you lie down can come from the same problem.

Get it checked

Most shortness of breath turns out to have a manageable cause. Heart failure caught early responds well to treatment, and the workup is straightforward and inexpensive.

HOW FAST TO ACT

Call 911, go in today or book a visit

CALL 911 NOW

don't drive yourself

Severe at rest	Severe shortness of breath at rest, especially if it came on suddenly.
With chest pain	Shortness of breath that comes with chest pain.
Pink or frothy cough	Coughing up pink or frothy sputum.
Can't finish a sentence	You can't speak in full sentences without pausing for breath.
Blue lips or feeling faint	Lips or fingernails turning blue, or feeling faint.
A sudden change	You have known heart artery disease or heart failure, and your breathing suddenly changes from your usual.
Allergic emergency	Sudden shortness of breath with hives, or swelling of your lips, tongue or throat. Use your epinephrine auto-injector if you have one.

GO TO THE ER OR URGENT CARE WITHIN HOURS

New and moderate	New shortness of breath that's moderate.
New wheezing	Wheezing without an obvious asthma trigger.
One swollen leg	Shortness of breath with new swelling in one leg, which can mean a blood clot.
With palpitations	Shortness of breath with a racing or pounding heartbeat.
Cancer, surgery or a long flight	New shortness of breath after a recent cancer diagnosis or surgery can be a clot in the lungs. After a long flight, go to the ER, especially with leg swelling, calf pain, chest pain or a fast heart rate.

BOOK A VISIT WITHIN DAYS

Gradual and stable	Breathlessness with effort that came on gradually, while you're comfortable at rest.
Slowly more pillows	Trouble lying flat that's slowly getting worse.
Tired and mildly winded	Fatigue with mild shortness of breath on exertion.
Known asthma	New wheezing when you already have asthma.
Only with hard effort	Shortness of breath that comes on only with hard exertion.

WHEN IN DOUBT, GO

Fluid filling the lungs and blood clots in the lungs are both time-sensitive. An ER visit that turns out fine costs much less than a missed clot. Paramedics can give oxygen, check your rhythm and start treatment on the way.

READ THE FULL ARTICLE

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shortness-of-breath-cardiac

For education only, and not a substitute for advice from your own physician. Sources include the 2022 AHA/ACC/HFSA and 2021 ESC heart failure guidelines, the 2019 ESC pulmonary embolism guidelines and the empagliflozin and dapagliflozin trials in heart failure with preserved ejection fraction (NEJM 2021 and 2022).

DR. DAMIAN RASCH, D.O. · BOARD-CERTIFIED INVASIVE CARDIOLOGIST · ENCINITAS AND LA JOLLA, CA

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