

RESPIRATORY CARE FOR ALS

Appropriate and timely respiratory care is an important part of the treatment protocol for ALS. Attention to this aspect of care improves an individual's ability to participate in daily activities and helps to prevent complications such as pneumonia.

Awareness of symptoms that can signal the beginning of respiratory problems is essential. Any significant or bothersome changes should be called to your physician's attention. Some signs of breathing problems include: shortness of breath, daytime sleepiness, frequent yawning or sighing, morning headache or confusion, difficulty sleeping or interrupted sleep.

Studies show that early treatment of respiratory problems is advantageous. Among the reported benefits are: improved sleep quality, decreased secretions, stronger cough production, less daytime fatigue, and less shortness of breath.

Helpful Hints to Reduce Shortness of Breath and Respiratory Complications

- Use pillows or a foam wedge to elevate your head at night for sleeping
- Conserve energy. Set aside time between activities to rest. Sit instead of stand; ride instead of walk. Plan activities for that part of the day when you have the most energy.
- Breathing exercises help to maintain lung function. Deep breathing with or without an incentive spirometer should be done several times a day. This should be accompanied by air-stacking and cough techniques.
- Avoid eating large meals which can increase abdominal pressure. Multiple small meals are better. Do not lie down immediately after eating. Try to remain in an upright position for about an hour after eating.
- Avoid people who have symptoms of a cold or flu.
- A cool cloth on the forehead and/or the breeze from a small fan can help to reduce anxiety related to shortness of breath.

Other Helpful Hints

- A "sleep study" is not needed for someone with ALS in order to qualify for Non-Invasive Positive Pressure Ventilation (NPPV also known as Bi-PAP). Medicare guidelines require documentation of progressive neuromuscular disease and maximal inspiratory pressure (MIP) or forced vital capacity (FVC) measurements.
- Flu vaccine (yearly) and pneumonia vaccine are strongly recommended.
- Check with your physician regarding breathing exercises, alternative therapies, and the use of medication to control excessive secretions,

Respiratory Assistive Devices Used in the Treatment of ALS

- Non-Invasive Positive Pressure Ventilation (NPPV also known as Bi-Pap)
- Suction (portable or standard) to clear mouth and throat secretions
- "The Vest" (Theravest) is used to help with airway secretion management. It helps to dislodge mucous so that it can be removed by coughing or suctioning.

- Cough assist devices can be used to help clear secretions.
- Invasive ventilation requires insertion of a tracheostomy tube.