those who may be suffering anxiety. There is evidence to suggest that over time, people with respiratory disease can accurately identify the severity of an exacerbation based on their anxiety level (Janson-Bjerklie et al, 1992). For these individuals, nurses may include anxiety as an indicator of illness severity to determine the support and care that may be required.

The vicious cycle of breathlessness and anxiety described by participants in this study fits with the conceptualised “dyspnoea-anxiety-dyspnoea cycle” relationship outlined by Bailey (2005), which suggests patients’ emotional response to breathlessness exacerbates their perception of breathlessness. This cycle can be illustrated by the cognitive-behavioural model of dyspnoea, hyperventilation and anxiety (Fig 3) (Smoller et al, 1996). This positive feedback cycle states that individuals may misinterpret physical sensations such as dyspnoea, leading to anxiety, further autonomic arousal and increased dyspnoea.

Evidence from this study suggests anxiety has a significant impact on daily living in the form of incessant planning, avoidance of activities and isolation. This may help to explain why those with anxiety perform so poorly on measures of quality of life and functional status (Di Marco et al, 2006). Participants described how they avoided breathlessness, which was seen to be a trigger for panic attacks. It is likely these individuals will experience the downward spiral of deconditioning associated with avoidance of exertion, leading to further decreases in tolerance to exercise and breathlessness (Fig 3).

In such cases, pulmonary rehabilitation should be recommended. By repeatedly exposing the person to breathing discomfort under safe, monitored conditions, patients may be desensitised to the fear associated with sensations of dyspnoea (Carriere-Kohilman et al, 1996). Participants in this study highlighted how prompt referral to rehabilitation or specialist services can be an important step towards breaking this deconditioning cycle.

This study also confirms that confusion is experienced in differentiating between symptoms of anxiety and those of COPD. Participants’ experiences showed how unnecessary hospital admissions can occur as a result of misinterpreted symptoms. This may help to explain the increased risk of readmission associated with comorbid anxiety (Gudmundsson et al, 2005).

The importance of identifying anxiety promptly cannot be overestimated and nurses can play an important role in screening those who may be suffering from comorbid anxiety. For this group, screening should focus on the non-somatic elements of anxiety, such as fear, rather than somatic symptoms such as breathlessness, which can be confused with the symptoms of COPD (Fig 1). In the absence of a validated respiratory-disease specific screening tool, scales such as the Hospital Anxiety and Depression scale or the Geriatric Anxiety Inventory may prove most appropriate.

The study also revealed simple yet effective management strategies employed by participants. Breathing control and focusing are learnt techniques that can help to manage episodes of acute anxiety. These techniques are regularly taught as part of rehabilitation, but few people are enrolled on such programmes as a part of their management. Nurses can play an important role in the educating and demonstrating these management strategies.

Limitations
One limitation of this study was its small sample size. But we believe the participants are representative of a typical outpatient population in terms of age, sex, years since diagnosis and household situation. We also feel this study captured a fair representation of patient experiences, as interviews continued until no new themes emerged.

Conclusion
Anxiety is a common and distressing comorbidity among people with COPD. Panic attacks are particularly traumatic experiences that can have a long-term detrimental impact upon the quality of life of COPD patients and their families. Nurses can help patients by screening for and managing anxiety, and educating them in simple, effective strategies to control and prevent panic episodes. NT

References