South Central Priorities Committees
(Buckinghamshire/Milton Keynes PCTs)

Policy Statement 77: **Short Burst Oxygen Therapy for the relief of breathlessness**

RefTV 114

Date of Issue: **July 2008**

The South Central Priorities Committees have reviewed the evidence for the use of Short Burst Oxygen Therapy (SBOT) for the management of breathlessness and in line with the NHS Home Oxygen Service commissioning framework[1], consider the use of SBOT to be a LOW PRIORITY due to the limited evidence of clinical effectiveness and evidence that its use is therefore not cost effective.

Patients should only be considered treatment with SBOT for the relief of episodic breathlessness

- If all other treatment options have been tried and
- When the diagnosis is clear and the underlying condition is already being treated optimally and
- Following objective assessment including a record of oxygen saturation by a clinician with a special interest and training in the management of respiratory diseases
- Existing patients on SBOT will need to be properly reviewed and assessed by a Specialist Respiratory Assessment Service so that the home oxygen therapy that they receive is the most appropriate for their condition, for the right period of time and with appropriate flow rates to obtain optimal benefits and reduce the chance of adverse effects. Specialist assessment is essential prior to any changes in oxygen therapy service being suggested or implemented. These changes may mean that some patients are assessed for LTOT/ambulatory oxygen therapy.

Since the NICE guideline on COPD was published in 2004, no new studies indicate that SBOT is clinically effective for the management of breathlessness rather than hypoxia. There is no new evidence to show that SBOT has a significant impact on an individual's ability to perform activities of daily living (ADL). Some studies showed a small improvements e.g. in recovery times post ADL tasks (38seconds), walking distance (c.6metres further) but despite the many numbers of patients using SBOT, the trials have involved only very small numbers of patients who might not have been representative of oxygen users in general and who received oxygen under laboratory-type conditions. Furthermore, the studies are all of poor quality with differences in trial design, different outcome measures, exercise regimens and methods of oxygen delivery.

Short burst oxygen *(SBOT): refers to "the intermittent use of supplemental oxygen at home usually for periods of about 10 to 20 minutes at a time to relieve dyspnoea. Often the resting PaO2/SaO2 may be normal. Some would argue that there is a large placebo effect, due to the cooling effect of the oxygen on the face: a similar effect may be achieved using a fan."[1] SBOT is differentiated from the provision of continuous oxygen with exercise and termed ambulatory oxygen therapy. "[3]*

NOTES:

1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy will be reviewed in light of new evidence or guidance from NICE.*
3. *Buckinghamshire/Milton Keynes Priorities Committee policy statements can be viewed at* http://www.miltonkeynes.nhs.uk/default.asp?ContentID=548