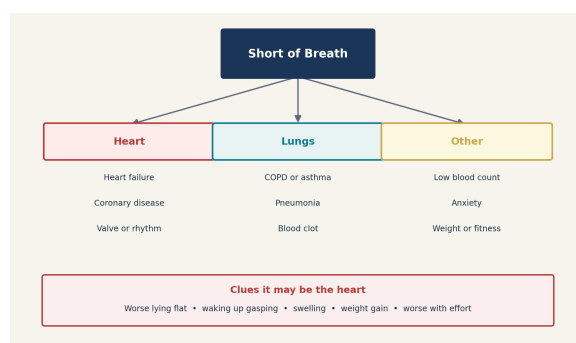


Shortness of Breath and Your Heart

Why Am I Breathless — Is It My Heart?

Shortness of breath has many causes. Some come from the heart, some from the lungs, and some from neither. This guide explains the clues that point to the heart, the tests that find the cause, and the red flags that mean call 911.



Online: <https://go.riasalimd.com/sob-guide>

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Names & Terms You Will Hear

Term	Meaning
Shortness of breath	Feeling like you cannot get enough air. Doctors call it dyspnea. It is a symptom, not a diagnosis. Many different problems can cause it.
Dyspnea	The medical word for breathlessness. It can come on suddenly or build up slowly over weeks.
Orthopnea	Shortness of breath that gets worse when you lie flat. You may need extra pillows or to sleep sitting up. This is a strong clue that the heart may be involved.
Paroxysmal nocturnal dyspnea (PND)	Waking up gasping for air, usually an hour or two after falling asleep. You may sit up or open a window to catch your breath. This points toward the heart.
Exertional dyspnea	Breathlessness that comes on with effort, such as stairs or walking. It eases when you rest. A common early sign of a heart or lung problem.
Angina equivalent	When breathlessness, not chest pain, is how poor blood flow to the heart shows up. Common in older adults, women, and people with diabetes.

Call 911 — red flags. Sudden, severe shortness of breath. Breathlessness with **chest pain or pressure. Blue or gray lips or face.** Being **breathless while sitting still at rest, or gasping and unable to speak in full sentences.** Sudden breathlessness with a **swollen, painful leg or coughing up blood** can be a lung clot. Call 911 and do not drive yourself.



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Shortness of Breath and Your Heart?

- Shortness of breath means feeling like you cannot get enough air. Doctors call it dyspnea. It is a symptom, not a disease by itself.
- Everyone gets breathless with hard effort. That is normal. The concern is breathlessness that is new, gets worse, or comes with less and less effort.
- The causes fall into three groups: the heart, the lungs, and 'other.' Heart and lung causes are the most common in adults.
- Heart causes include heart failure, poor blood flow to the heart (coronary disease), valve problems, an abnormal rhythm, and high pressure in the lung arteries (pulmonary hypertension).
- Lung causes include COPD, asthma, pneumonia, and a blood clot in the lung. A clot is a true emergency.
- Other causes include a low blood count (anemia), anxiety, being out of shape (deconditioning), and carrying extra weight. These are common and often treatable.
- The good news: most causes can be found with a few simple tests and most can be treated. The first job is to find the source.

Where Breathlessness Comes From — Heart, Lungs, or Other

Heart Causes	Lung Causes	Other Causes
Heart failure <i>Worse lying flat; swelling</i>	COPD <i>Long-term smoker's cough and wheeze</i>	Anemia <i>Low blood count; pale, tired</i>
Coronary disease <i>An angina-equal: effort breathlessness</i>	Asthma <i>Wheeze; triggers; comes and goes</i>	Anxiety <i>Air hunger; sighing; tingling</i>
Valve disease <i>Tight or leaky valve; effort limits</i>	Pneumonia <i>Fever, cough, sudden over days</i>	Deconditioning <i>Out of shape; improves with fitness</i>
Arrhythmia <i>Fast or irregular beat tires you</i>	Blood clot (PE) <i>Sudden; sharp pain; emergency</i>	Obesity <i>More work to breathe</i>
Pulmonary hypertension <i>High lung-artery pressure</i>		

Where breathlessness comes from. Heart causes (red) include heart failure, coronary disease as an angina equivalent, valve disease, arrhythmia, and pulmonary hypertension. Lung causes (teal) include COPD, asthma, pneumonia, and a blood clot. Other causes (gold) include anemia, anxiety, being out of shape, and extra weight. The workup sorts which group your breathlessness belongs to.



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Heart Causes — When the Pump Is the Problem

- Heart failure. A weak or stiff heart cannot keep up, so fluid backs up into the lungs. Breathlessness is worse lying flat and may wake you at night. See our heart-failure guides.
- Coronary disease as an angina equivalent. When blood flow to the heart muscle is poor, some people feel breathless instead of chest pain — often with effort.
- Valve disease. A tight or leaky valve makes the heart work harder and can leave you breathless, usually with effort.
- Arrhythmia. A fast or irregular rhythm, such as atrial fibrillation, can make the heart pump less well and cause breathlessness.
- Pulmonary hypertension. High pressure in the lung arteries strains the right side of the heart and causes breathlessness with effort. See our pulmonary-hypertension guide.



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Why It Matters

- Breathlessness is one of the top reasons people see a heart or lung doctor. Finding the cause early leads to better, simpler treatment.
- Some heart problems show up as breathlessness instead of chest pain. This is called an angina equivalent. It is easy to miss, so it is worth checking.
- A few clues raise the chance that the heart is involved. Breathlessness that is worse lying flat, that wakes you gasping at night, or that comes with swelling and quick weight gain points to the heart.
- Breathlessness with effort that keeps getting worse should never be brushed off as 'just getting older.' It deserves a workup.
- Some causes are emergencies. Sudden, severe breathlessness, breathlessness with chest pain, blue lips, or being breathless at rest means call 911 right away.
- Even when the heart checks out fine, finding the real cause — a lung problem, anemia, anxiety, or being out of shape — lets you treat it and feel better.

Clues That Point Breathlessness to the Heart

✓ **Worse lying flat (orthopnea)**

You need extra pillows or sleep sitting up to breathe.

✓ **Quick weight gain**

A few pounds in days usually means fluid, not fat.

✓ **Waking up gasping (PND)**

You wake an hour or two after sleep, short of breath.

✓ **Worse with exertion**

Stairs or walking bring it on; rest eases it.

✓ **Swelling in legs or belly**

Fluid backs up when the heart cannot keep up.

✓ **Comes with chest pressure**

Breathlessness plus chest tightness points to the heart.

Clues that point breathlessness to the heart. Worse lying flat (orthopnea), waking up gasping at night (PND), leg or belly swelling, quick weight gain, breathlessness with effort, and breathlessness with chest pressure all raise the chance that the heart is involved. The more clues you have, the more important the heart workup.



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Lung Causes — When the Airways or Air Sacs Are the Problem

- COPD. Long-term lung damage, usually from smoking, causes a daily cough, wheeze, and breathlessness that builds over years.
- Asthma. Narrowed, twitchy airways cause wheeze and breathlessness that come and go, often with triggers like cold air or allergies.
- Pneumonia. A lung infection brings fever, cough, and breathlessness that comes on over days. It needs antibiotics.
- Blood clot in the lung (PE). A clot that travels to the lung causes sudden breathlessness, often with sharp chest pain or a swollen leg. This is an emergency — call 911.



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Other Causes — Not the Heart, Not the Lungs

- Anemia. A low blood count means less oxygen is carried, so the heart beats faster and you feel breathless and tired. A simple blood count checks for it.
- Anxiety. Stress and panic cause air hunger, sighing, fast breathing, and tingling. It is real and treatable — but heart and lung causes are ruled out first.
- Deconditioning. Being out of shape makes everyday effort feel harder. A steady, safe exercise plan improves it over weeks.
- Obesity. Extra weight increases the work of breathing. Even modest weight loss can ease breathlessness.
- Thyroid problems. An over- or under-active thyroid can cause breathlessness and is found with a simple blood test.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Known heart disease	A prior heart attack, heart failure, valve disease, or a weak heart muscle makes a heart cause of breathlessness more likely.
High blood pressure	Long-standing high pressure stiffens and strains the heart, a common path to heart failure and breathlessness.
Coronary risk factors	Diabetes, high cholesterol, smoking, and a family history raise the chance that breathlessness is an angina equivalent.
Smoking or COPD	Smoking damages both heart and lungs. It raises the risk of COPD, coronary disease, and heart failure.
Atrial fibrillation or other arrhythmia	An irregular or fast rhythm can make the heart pump less well and leave you breathless, especially with effort.
Obesity and inactivity	Extra weight and being out of shape increase the work of breathing and are very common, treatable causes.
Anemia or thyroid disease	A low blood count or an over- or under-active thyroid can cause breathlessness even when the heart is normal. Simple blood tests check both.
Recent surgery, long travel, or leg clot	These raise the risk of a blood clot traveling to the lung (PE), a cause of sudden breathlessness that is an emergency.



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Treatment Options

- Step 1 — Find the cause. Breathlessness is a symptom, so treatment depends on the source. The workup sorts heart from lung from other.
- Step 2 — Treat heart causes directly. Heart failure is treated with medicines that remove extra fluid and protect the heart. Coronary disease may need medicines or a procedure to improve blood flow. See our heart-failure and chest-pain guides.
- Step 3 — Treat lung causes. COPD and asthma are treated with inhalers. Pneumonia needs antibiotics. A blood clot in the lung needs blood thinners right away.
- Step 4 — Fix 'other' causes. Anemia is corrected, thyroid problems are treated, and anxiety responds to breathing techniques and therapy. Being out of shape improves with a steady, safe exercise plan.
- Step 5 — Build fitness and lose extra weight when safe. Cardiac rehab or a guided walking program can ease breathlessness for many heart and lung patients. Ask before starting.

Common Causes — Typical Clues and the Test That Finds Them

Cause	Typical Clues	Test That Finds It
Heart failure	Worse lying flat, swelling, weight gain, effort limits	BNP blood test, echocardiogram, chest X-ray
Coronary disease (angina equivalent)	Breathless with effort, eases with rest, risk factors	ECG, stress test, sometimes catheterization
Valve or rhythm problem	Murmur, fast or irregular pulse, effort breathlessness	ECG, echocardiogram, heart monitor
COPD or asthma	Wheeze, cough, smoking history, comes and goes	Breathing (pulmonary function) tests, chest X-ray
Blood clot in the lung (PE)	Sudden, sharp chest pain, swollen leg — emergency	CT scan of the chest, blood tests
Other (anemia, thyroid, anxiety, fitness)	Pale or tired, sighing breaths, out of shape	Blood count, thyroid test, history and exam



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Pace yourself. Break big tasks into smaller steps and rest between them. Sit to do chores when you can.
- Use pursed-lip breathing. Breathe in slowly through your nose, then breathe out gently through lips like you are whistling. This eases air hunger.
- Sleep with the head of the bed raised or use extra pillows if lying flat makes you breathless. Tell your doctor if you need this.
- Keep moving within your limits. Gentle, regular activity builds stamina and lowers breathlessness over time. Stop and rest if symptoms get worse.
- Weigh yourself each morning if you have heart failure. Call us if you gain more than the amount your care team set for you.
- Avoid smoke, strong fumes, and very cold or polluted air, which can all make breathing harder.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Office workup first (history, exam, ECG, BNP, chest X-ray)	Very low risk. A blood draw and a quick heart tracing. Some tests may need repeating.	Sorts heart from lung from other quickly. BNP helps tell heart failure apart from a lung cause. Guides the next step.	Not enough by itself for some patients. An echo or stress test may follow if the heart looks involved.
Echocardiogram (heart ultrasound)	No risk. No needles and no radiation. Takes about 30 to 45 minutes.	Shows the pump strength, the valves, and pressures. Often gives the answer for a heart cause. See our echo guide.	May still need a stress test or other tests if blood flow to the heart is the concern.
Stress test or cardiac catheterization	A stress test is low risk. A catheterization is a procedure with a small risk of bleeding or vessel injury.	Checks blood flow to the heart muscle. Finds coronary disease that shows up as breathlessness. Catheterization can treat blockages found.	Used only when the workup points to the coronary arteries. Not needed for most breathlessness.



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Common Misconceptions

Myth	Reality
Shortness of breath always means a lung problem.	The heart is just as common a cause. Heart failure, coronary disease, valve problems, and rhythm problems all cause breathlessness. The workup tells heart from lung apart.
If I am breathless, I would also have chest pain.	Not always. In some people — often older adults, women, and people with diabetes — breathlessness is the only sign of a heart blood-flow problem. This is called an angina equivalent.
Getting winded as I age is normal and not worth checking.	New or worsening breathlessness is not a normal part of aging. It deserves a workup. Many causes are simple to find and treat.
A normal chest X-ray means my heart is fine.	A chest X-ray can look normal even with a real heart problem. A BNP blood test and an echocardiogram look at the heart more directly.
Anxiety breathing is 'all in my head' and harmless.	Anxiety is a real and common cause of breathlessness, and it can be treated. But anxiety is a diagnosis of exclusion — heart and lung causes are ruled out first.
Only severe breathlessness is worth reporting.	Tell your doctor about breathlessness that is new, getting worse, or coming on with less effort — even if it is mild. Early clues are the easiest to act on.

The 'just out of shape' trap. New or worsening breathlessness with effort is not always simple deconditioning. In some people it is the first sign of heart failure or a blood-flow problem — sometimes the only sign, with no chest pain at all. If it is new, getting worse, or coming on with less effort, it deserves a workup.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Delayed heart failure care	Breathlessness blamed on age or being out of shape can hide heart failure. Untreated, fluid builds up and symptoms worsen. Early treatment works much better.
Missed coronary disease	When breathlessness is an angina equivalent, a missed blockage raises the risk of a heart attack. A stress test or other testing finds it.
Missed blood clot in the lung (PE)	Sudden breathlessness, especially with leg swelling or sharp chest pain, can be a clot. This is an emergency and needs blood thinners right away.
Worsening lung disease	Untreated COPD or asthma flares can become severe. Inhalers and a plan keep symptoms controlled.
Low oxygen and strain on the body	Long-standing low oxygen from any cause strains the heart and lungs over time. Finding and treating the cause protects both.



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Points to Know

If you remember nothing else, remember these key points.

- Shortness of breath (dyspnea) is a symptom, not a diagnosis. Causes come from the heart, the lungs, or 'other.'
- Clues that point to the heart: worse lying flat, waking gasping at night, leg or belly swelling, quick weight gain, and worse with effort.
- Sometimes breathlessness — not chest pain — is the only sign of a heart blood-flow problem. This is an angina equivalent.
- The workup usually starts with history and exam, an ECG, a BNP blood test, and a chest X-ray. An echo, stress test, or catheterization may follow.
- A BNP blood test helps tell heart failure apart from a lung cause. An echocardiogram shows the pump, valves, and pressures.
- Track your symptoms: what brings it on, whether it is worse lying flat, any swelling, and your morning weight if you have heart failure.
- Call 911 for sudden severe breathlessness, breathlessness with chest pain, blue lips, or being breathless at rest. Do not drive yourself.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Call 911 right away: sudden, severe shortness of breath. Breathlessness with chest pain or pressure. Blue or gray lips or face. Being breathless while sitting still at rest. Gasping or struggling to speak in full sentences. Do not drive yourself to the ER.
- Call 911 if breathlessness comes on suddenly with a swollen, painful leg, or with coughing up blood — this can be a blood clot in the lung.
- Call our office the same day: new breathlessness with effort that is getting worse. New leg or belly swelling. A quick weight gain over a few days. Waking up at night gasping for air.
- Call our office within a few days: breathlessness that is not improving, or that limits your usual activity. You want to review test results or your symptom log.
- Routine follow-up: discuss your symptom and weight log, review echo or stress-test results, and plan the next step in your workup.

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What to Track Between Visits

- When it happens. Note what you were doing — stairs, walking, lying down, or at rest. The pattern is a big clue.
- Whether it is worse lying flat. Write down how many pillows you need and whether you ever wake up gasping. These point to the heart.
- Swelling. Check your ankles, legs, and belly. Note new or worsening swelling.
- Morning weight. If you have heart failure, weigh yourself each morning and write it down. A quick gain usually means fluid.
- How far you can go. Note how many stairs or how far you can walk before stopping. A drop over days or weeks matters.
- Bring the log to your visit. Your notes help us match what you feel to what the tests show and choose the next step.



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Related guides from our practice. Weak-pump heart failure: [Heart Failure \(HFrEF\) guide](#). Stiff-heart failure: [Heart Failure \(HFpEF\) guide](#). Chest pain or pressure: [Chest Pain guide](#). High lung-artery pressure: [Pulmonary Hypertension guide](#). The heart-ultrasound test: [Echocardiogram guide](#).



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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [American Heart Association — Warning Signs of Heart Failure](#) - AHA patient resource on the breathlessness and swelling signs that point to heart failure.
- [Cleveland Clinic — Shortness of Breath \(Dyspnea\)](#) - Cleveland Clinic plain-language guide to dyspnea causes, the workup, and when it signals the heart.
- [Mayo Clinic — Shortness of Breath](#) - Mayo overview separating sudden (emergency) from gradual breathlessness and listing common causes.
- [NIH MedlinePlus — Breathing Difficulty](#) - National Library of Medicine consumer page on breathing difficulty and when to seek emergency care.
- [American Lung Association — Shortness of Breath](#) - Lung-side view of breathlessness — COPD, asthma, and pneumonia — to contrast with heart causes.
- [Heart Failure guide — RiasAliMD.com](#) - Our guide on heart failure with a weak pump — a leading heart cause of breathlessness.
- [Chest Pain guide — RiasAliMD.com](#) - Our guide on chest pain and pressure — useful when breathlessness comes with chest symptoms.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [American Heart Association — Warning Signs of Heart Failure \(Shortness of Breath\)](#) *[Patient Education]*
Plain-language framing of cardiac dyspnea, exertional vs at-rest breathlessness, orthopnea, and red-flag symptoms that warrant urgent care.
- [Cleveland Clinic — Dyspnea \(Shortness of Breath\)](#) *[Patient Education]*
Cardiac vs pulmonary vs deconditioning causes, when shortness of breath signals a heart problem, and the workup patients can expect.
- [Mayo Clinic — Shortness of Breath](#) *[Patient Education]*
Mayo symptom overview separating sudden (emergency) from gradual breathlessness and listing heart, lung, and other causes in plain language.
- [MedlinePlus — Breathing Difficulty](#) *[Patient Education]*
NIH/NLM symptom overview used for patient-safe definitions and emergency-vs-routine triage guidance.
- [MedlinePlus — Breathing Problems While Lying Down \(Orthopnea / PND\)](#) *[Patient Education]*
NIH/NLM page on orthopnea and waking-up-breathless (PND) used to explain the lying-flat clues that point to the heart.
- [2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure](#) *[Guideline]*
Authoritative source for the cardiac causes of dyspnea (HFrEF/HFpEF), the role of natriuretic peptides (BNP/NT-proBNP), and the diagnostic evaluation referenced in the workup section.
- [Dyspnea, Orthopnea, and Paroxysmal Nocturnal Dyspnea — Clinical Methods \(NCBI Bookshelf\)](#) *[Reference]*
Bedside reference defining dyspnea, orthopnea, and PND and the recumbent-congestion mechanism behind the lying-flat clues.
- [American Lung Association — Shortness of Breath](#) *[Patient Education]*
Lung-side perspective on breathlessness (COPD, asthma, pneumonia) used to contrast pulmonary causes with cardiac ones.
- [AAFP — Dyspnea: Evaluation and Management \(American Family Physician\)](#) *[Guideline]*
Primary-care review of the differential diagnosis and stepwise workup of dyspnea (history, exam, ECG, BNP, chest X-ray, echo, stress test) used to structure the workup section.
- [ESC 2021 Guidelines for the Diagnosis and Treatment of Acute and Chronic Heart Failure](#) *[Guideline]*
European guideline corroborating the natriuretic-peptide and echocardiography pathway for evaluating dyspnea suspected to be cardiac.
- [Cleveland Clinic — Pulmonary Hypertension](#) *[Patient Education]*
Background for pulmonary hypertension as a less common cardiopulmonary cause of exertional breathlessness referenced in the cardiac-causes subsection.



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About This Guide

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Reviewer note: Reviewed against the American Heart Association, Cleveland Clinic, Mayo Clinic, and AAFP shortness-of-breath resources. This guide adds a heart-lungs-other cause map cover, a three-column cause split, a 'clues it's the heart' checklist graphic, a tinted cause-clues-test table, heart-vs-lung-vs-other subsections, a call-911 red-flag callout, and cross-links to the heart-failure, chest-pain, pulmonary-hypertension, and echocardiogram guides from this practice.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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20 of 20 | Page



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