Palliative Care in Heart Failure

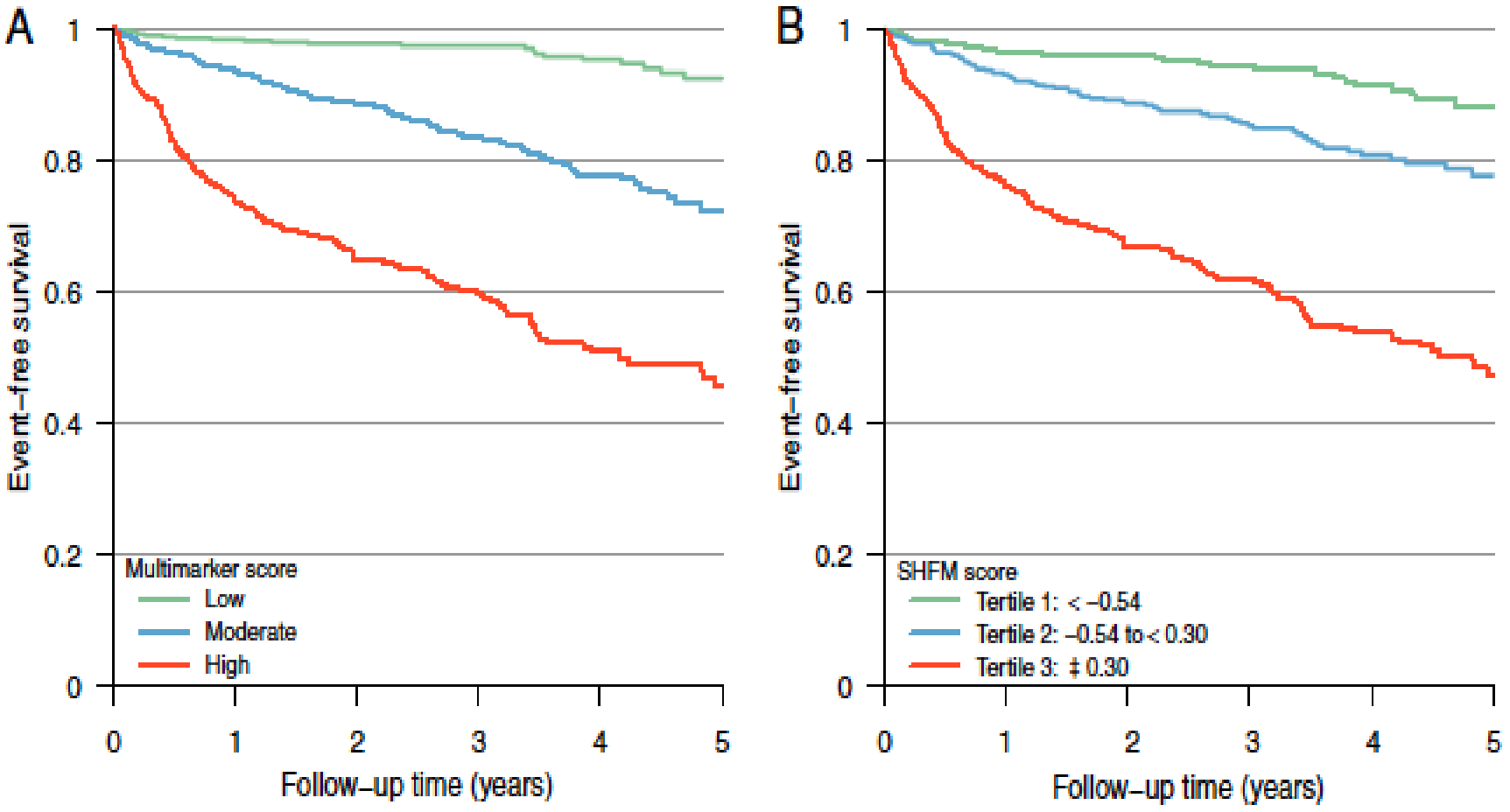
Heart Failure ECHO Clinic

Virtual Heart Failure Consultation and Education

The Heartbeat Trust
Predict, Protect, Prevent

Project ECHO®
The Heartbeat Trust - Dublin, Ireland

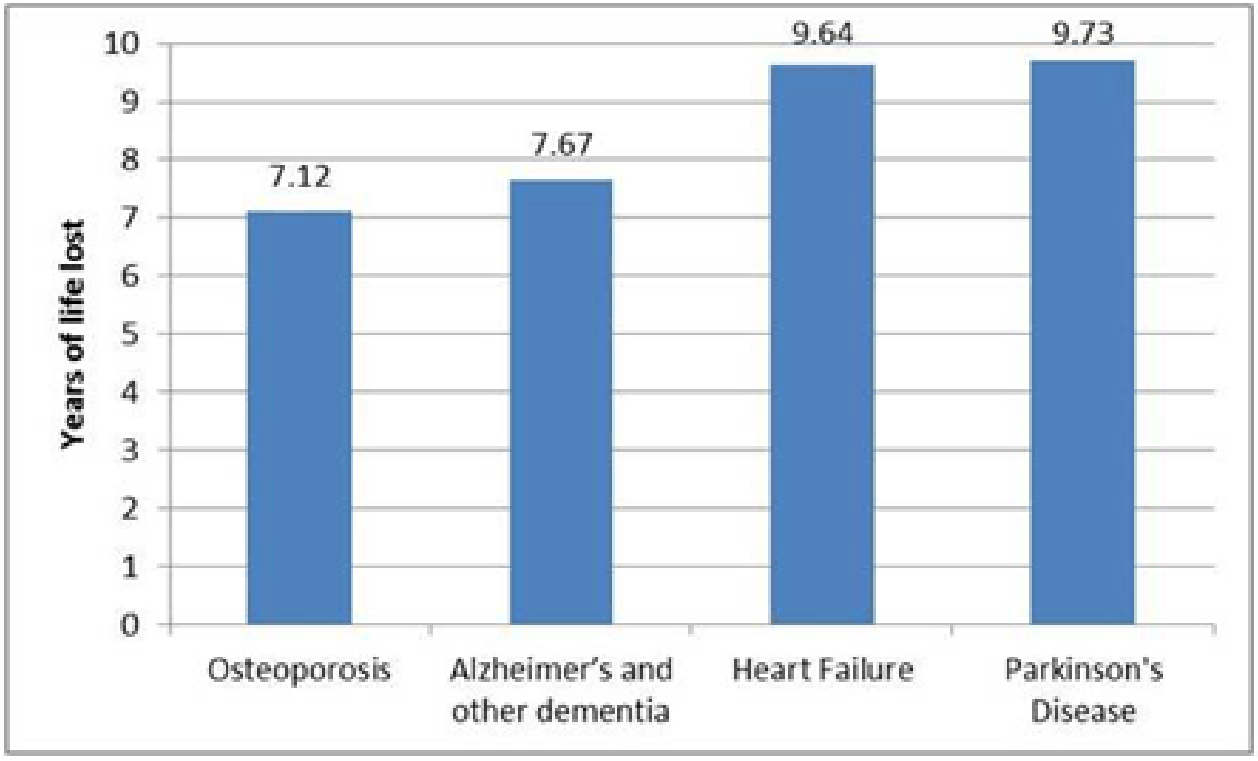
Chronic disease vs Terminal Illness



Loh et al Circ Heart Fail. 2013 May 1; 6(3): 411–419
Ky B et al. Circ Heart Fail 2012;5:183–90.

Heart Failure and Shortened Life Expectancy

Figure: Year of life lost across different disease conditions



Diagnose Early & Shared Care

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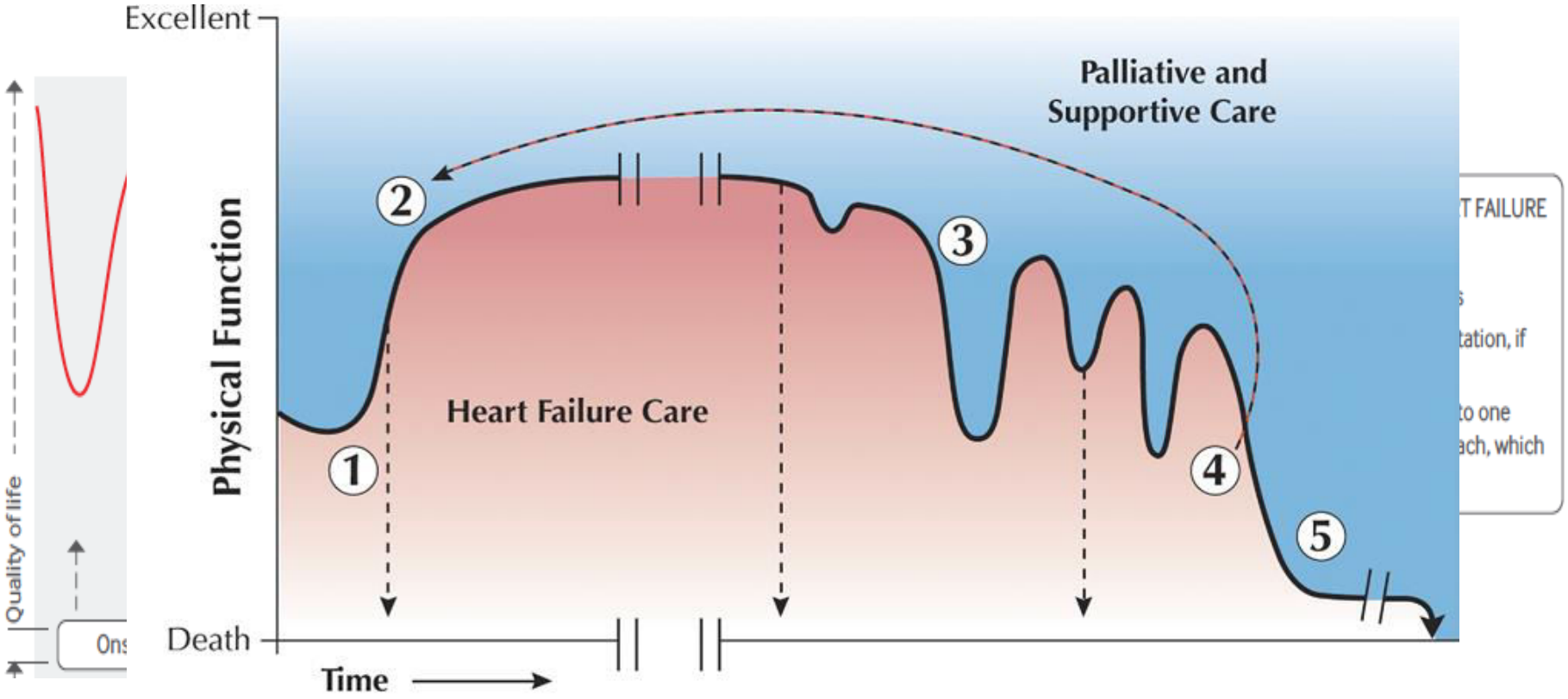
Heart Failure Life Cycle



Usual path to end of life in Ireland

- Risk of death is raised on diagnosis, consideration for ICD
- Excellent collaborative care in HF clinic and with primary care
  - **talk of death not raised**
- Between hospitalizations many lead full, relatively symptom free lives
- Death next discussed at terminal hospitalization, often hours before death
  - **urgent palliative care consult is sent**
- Clinical team often make assumptions on patient preferences

Stevenson LW et al. Changing preferences for survival after hospitalization with advanced heart failure. J Am Coll Cardiol 2008;52:1702– 8.

Issues in Palliative Care

- Morbidity burden usually what prompts referral
  - Hospitalisation only improves symptoms in 35-40% (Ward, 2002)
- Only 4% of patients dying of CHF get palliative care (40% in cancer pts) (Gibbs, 2002)
- Resuscitation difficult issue
  - DNR written on 5% (47% in Cancer)
  - DNR wanted by patient in 23% (40% later changed minds) (Gibbs 2002)

Recognition of palliative stage

- Frequent admission to hospital or other serious episodes of decompensation despite optimized treatment
- Heart transplantation and mechanical circulatory support ruled out
- Chronic poor quality of life with NYHA class IV symptoms
- Cardiac cachexia/low serum albumin
- Dependence in most activities of daily living
- Clinically judged to be close to the end of life

What we do…

- Disease modifying therapy: (ACEi, BB, MRA)
  - Continue as tolerated
  - Pull back if hypotension, renal insufficiency, side effects

- Diuretics:
  - Continue, symptom relief
  - Loop most effective, thiazide 30 min before, nitrates nocturnal symptoms

- Devices: Plan ahead!
  - Disable ICD's
    - 73% of pts - no discussion turning off ICD before last hours of life (Goldstein, 2004)
    - 8% of patients receive shocks in the minutes before death (Goldstein, 2004)
  - Leave pacemaker/CRT functioning

- Palliative care: opiates for pain, consult palliative team earlier than later

Summary

* Important to emphasize the remarkable change in outlook for HF patients and not overdo the palliative role
* However, must not delay the introduction of palliative care beyond the appropriate time
* Lack of widely available palliative care resources a problem but we can collectively still do a good job