

Palliative Care and Heart Failure: Moving Forward Together

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Palliative Care in Heart Failure

The Cardiology Approach



*"If it's any consolation,
toward the end he was high as a kite."*

Dying of Heart Failure

Dying from Heart Disease:

Recent retrospective review of 600 cardiac deaths from 20 English Health districts (1990)

Symptoms reported by informal carers

Pain	78%	Anorexia	43%
Dyspnoea	61%	Constipation	37%
Low mood	59%	Nausea/vomiting	32%
Insomnia	45%	Urinary incontinence	29%
Anxiety	30%	Faecal incontinence	16%
Mental confusion	27%		

Dying of Heart Failure

Response to therapy?

<u>Symptom Relief</u>	<u>Complete</u>	<u>Partial</u>	<u>None</u>
Pain	23%	34%	34%
Dyspnoea	36%	39%	24%

McCarthy et al, *J. Roy. Coll. Phys. Lond.*, (30) 325, 1996

Do we contribute to this malaise?

- : **Over diuresis/fluid restriction**
- : **Digoxin toxicity**
- : **ACE inhibitor induced cough**
- : **Beta-blocker induced malaise**
- : **Opiate related constipation**

Therapeutic approaches often denied heart failure patients

- Adequate alleviation of symptoms related to the primary diagnosis/other conditions
- Acknowledgment of disease-specific barriers to predicting outcome
- Emphasis on quality of life
- Early discussion on prognosis/patient views
- A strategy for transition from curative to supportive care

Palliative Care in Heart Failure

Diagnosis

Death

Active care

Cancer

Active care

Palliative care

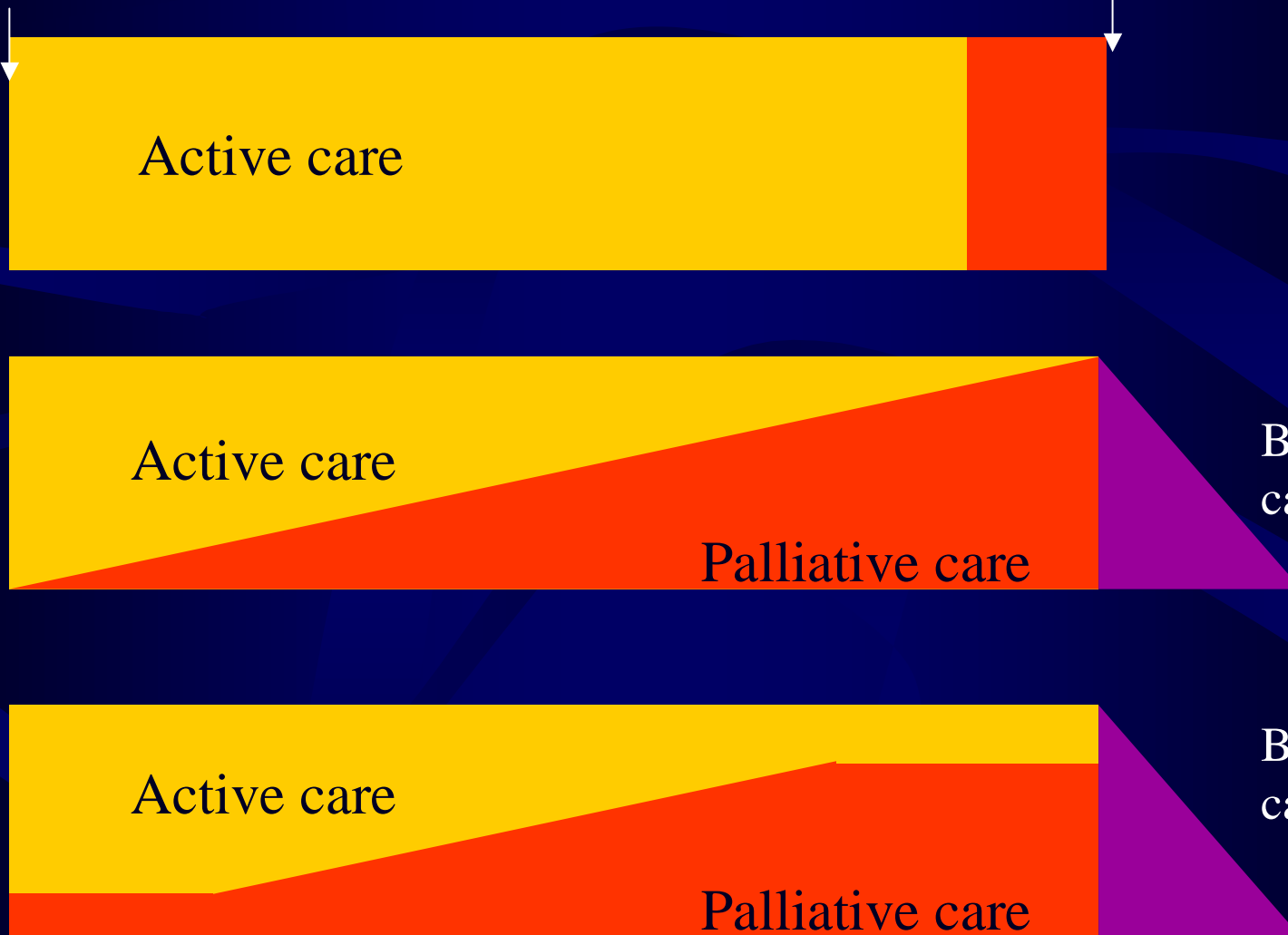
Bereavement care

CCF

Active care

Palliative care

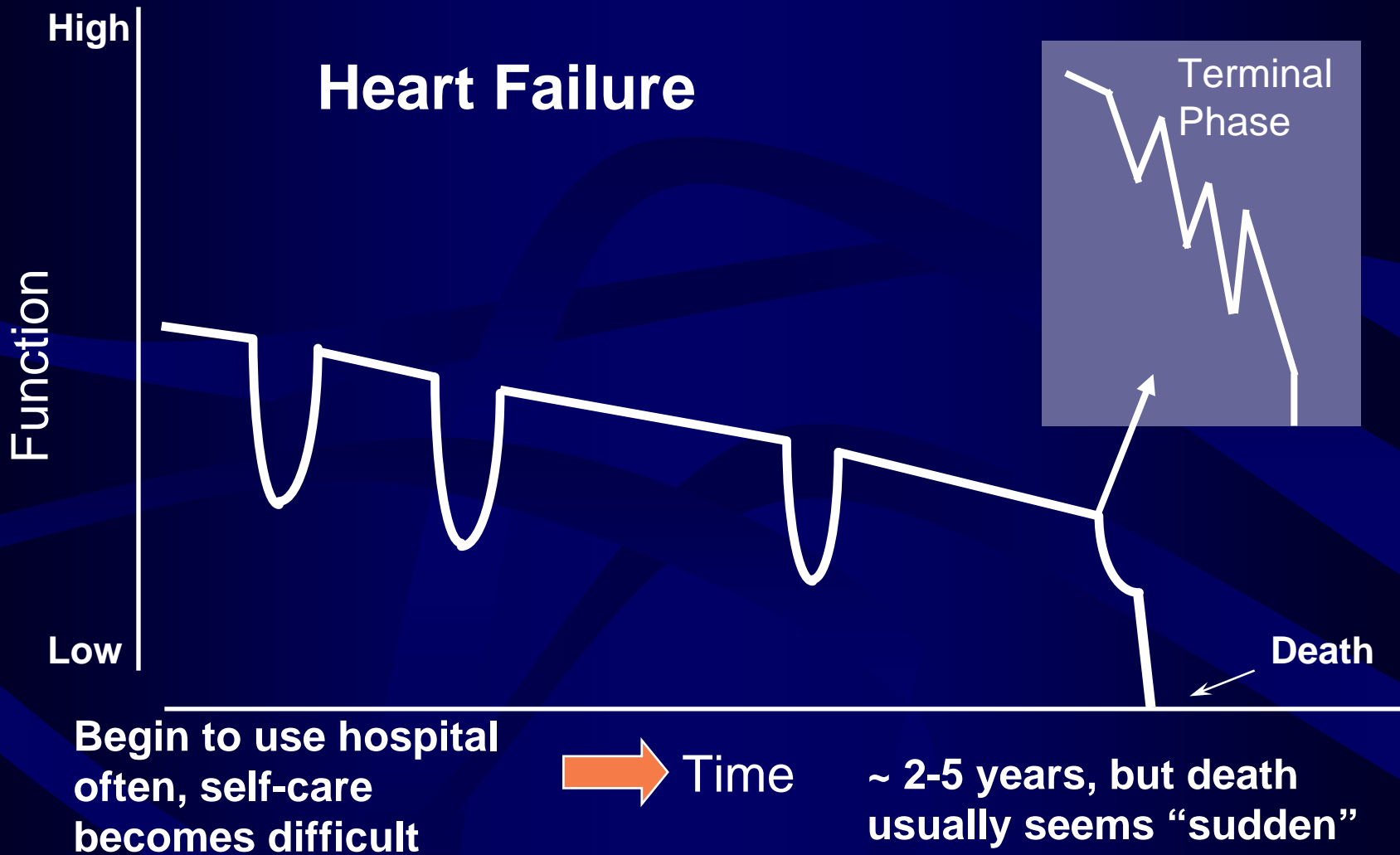
Bereavement care



Why have heart failure patients been underserved?

- Constraints on access to resources
 - wide variation in funding base
 - heavy reliance on UK cancer based charities
- Cardiologists/palliative care professionals do not normally interact
- Existing services may be overwhelmed
- Ill-defined disease trajectory

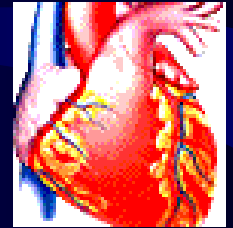
Organ System Failure Trajectory



Courtesy of Joanne Lynn



Acute Cardiac Care Provision



Lack of cohesion undermines patient autonomy and ethos of Preferred Place of Care

	<u>Home</u>	<u>Hospital</u>	<u>Hospice</u>	<u>Care Home</u>
Preference	56%	11%	24%	4%
Cancer	25%	47%	17%	12%
All causes	20%	56%	4%	20%

Features of end-stage cardiac disease

Constant threat of sudden death

- often unanticipated
- demands a culturally sensitive response

More crises compared to cancer

- undermines carer's role
- induces anxiety / guilt

End-stage Heart Failure

Crises and opportunities

- Realisation of the 'malignant' nature of CCF
- Effects of illness on relationships
- Impact of symptoms on ADL
- Onset of new / unexpected symptoms
- Hospitalisation / cardiac arrest
- New treatments - ICD
- Discussion on CPR

Diagnosing Suffering

“Suffering involves some symptom or process that threatens the patient because of fear, the meaning of the symptom, and concerns about the future.

“The meanings and the fear are personal and individual, so that even if two patients have the same symptoms, their suffering would be different.”

Eric Cassell. *Ann Intern Med.* 1999; 131: 531-534

Prognostication in Heart Failure



"Well, it's not a good sign, that's for sure ... "

Initiation / Extension of Supportive and Palliative Care

Disease trajectory unpredictable

Prognostic modelling unsuccessful

Parameters have included:

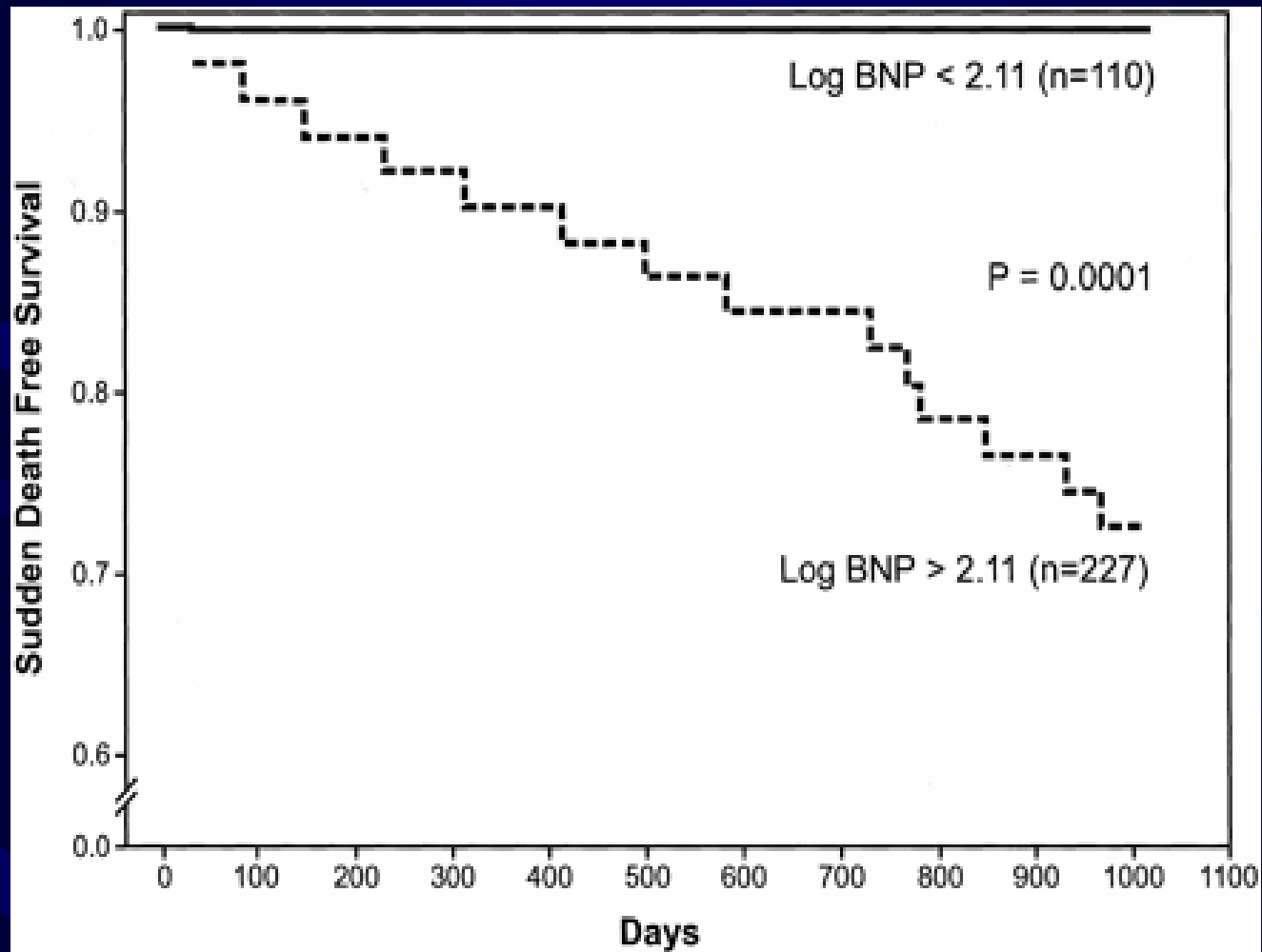
- underlying CAD
- conduction system disorders
- LV ejection fraction
- heart rate
- serum [Na⁺]
- VO_2 max

'Favorable' Factors for Hospice Care in the US

- Resistant arrhythmias
- Cardiac arrest/resuscitation
- Unexplained syncope
- Cardiogenic embolism
- Refractory angina
- Previous AMI
- Concomitant HIV disease



BNP Predicts Sudden Death in Patients with Chronic Heart Failure



Initiation / Extension of Supportive and Palliative Care

Practical Clinical Approach

- Progressive oedema, renal failure or hyponatraemia with no reversible cause.
- Deterioration despite optimal therapy.
- Patient wishes.

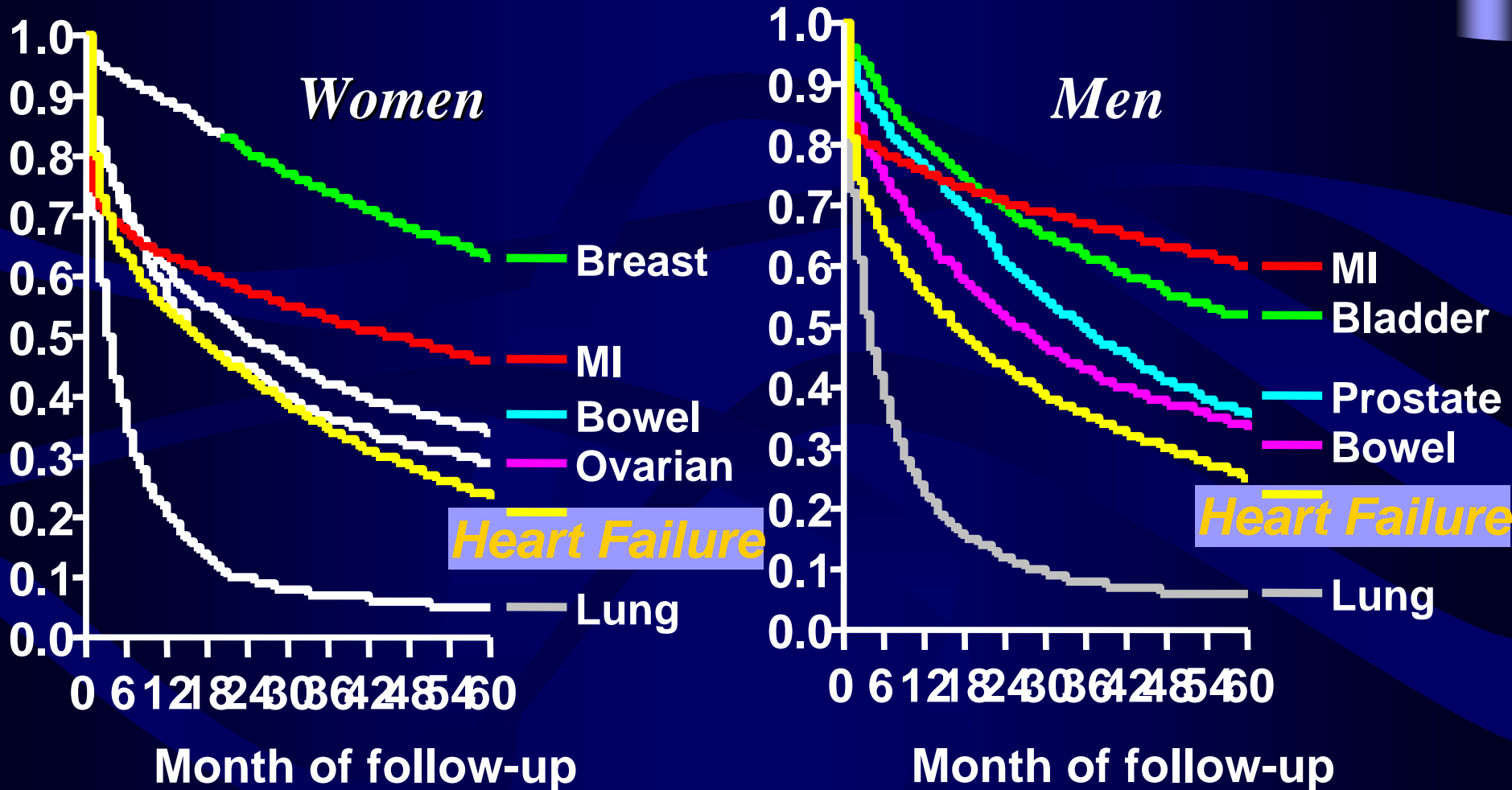
C.Ward, Heart 2002, 87:294-298

Intuitive Approach

‘Would I be surprised if the patient died over the next 12 months?’

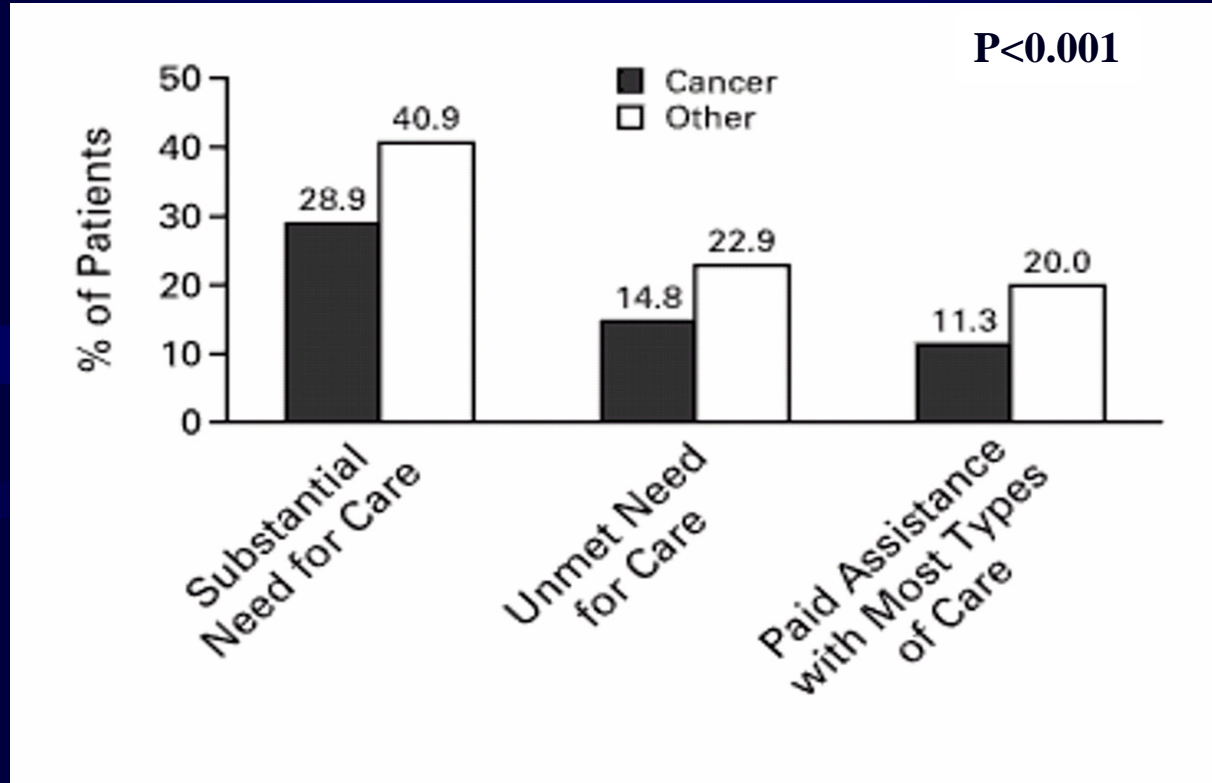
Heart failure:

More malignant than cancer (% survival)



Courtesy of Per Hildebrandt, Copenhagen

Need for Care in Terminally Ill Patients



Emanuel EJ et al. *NEJM*, 341: 956, 1999



- Recognised inequity of access to palliative care for non-cancer patients
- Accepted that much of the care for those with cancer was transferable
- Proposed the NICE guidelines on supportive and palliative care for adults with cancer as the benchmark for developing this support

Supportive and Palliative Care for Advanced Heart Failure

