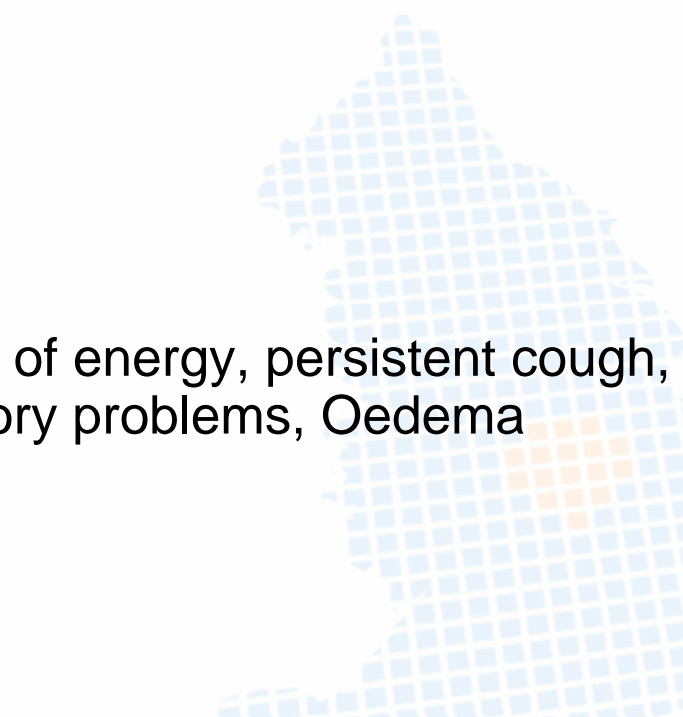


# Common symptoms of end-stage heart failure

- Breathlessness
  - pain
  - abdominal fullness
  - nausea
  - early meal satiety
  - palpitations/racing heart
  - easily fatigued, leg weakness, lack of energy, persistent cough, weight loss, sleep problems, memory problems, Oedema
  - pleural effusion
  - anorexia
  - cachexia
  - ascites
- 

# Living with heart failure

- TREATMENT AGENDA

Diagnosis

Heart drugs

Up-titration

Fine tuning

Compliance

Exercise

Rehabilitation

Daily weight

Avoiding hospital

- SUPPORT AGENDA

Coordination

Communication

Information

Psychological support

Social support

Symptom management

Rehabilitation

Specialist support

# Compared to lung cancer

- ‘Cardiac patients received less health, social and palliative care services and care was often poorly coordinated.’ Murray 2002
- ‘Most people with heart failure do not understand the cause or prognosis of their disease and rarely discuss end of life issues with their carers’ Murray 2002

# Depression in heart failure

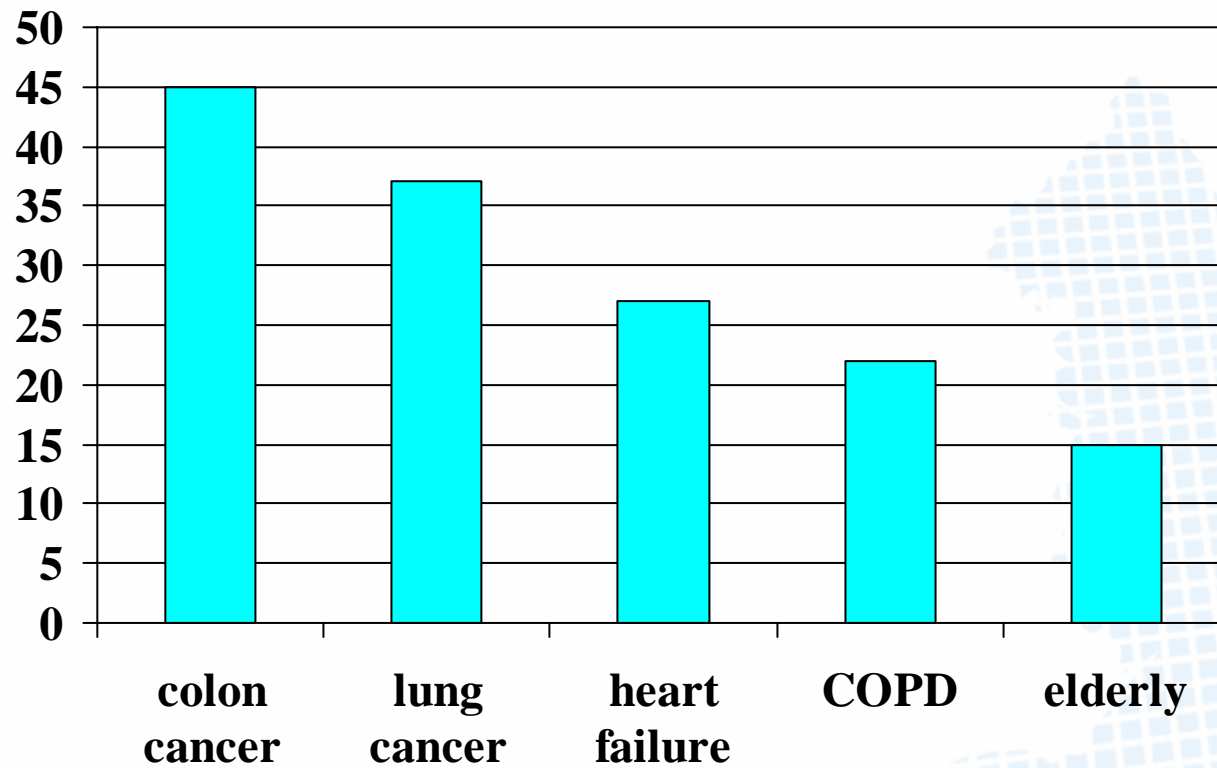
- Major depression in 26%
- Minor depression in 32%

Koenig et al 1988

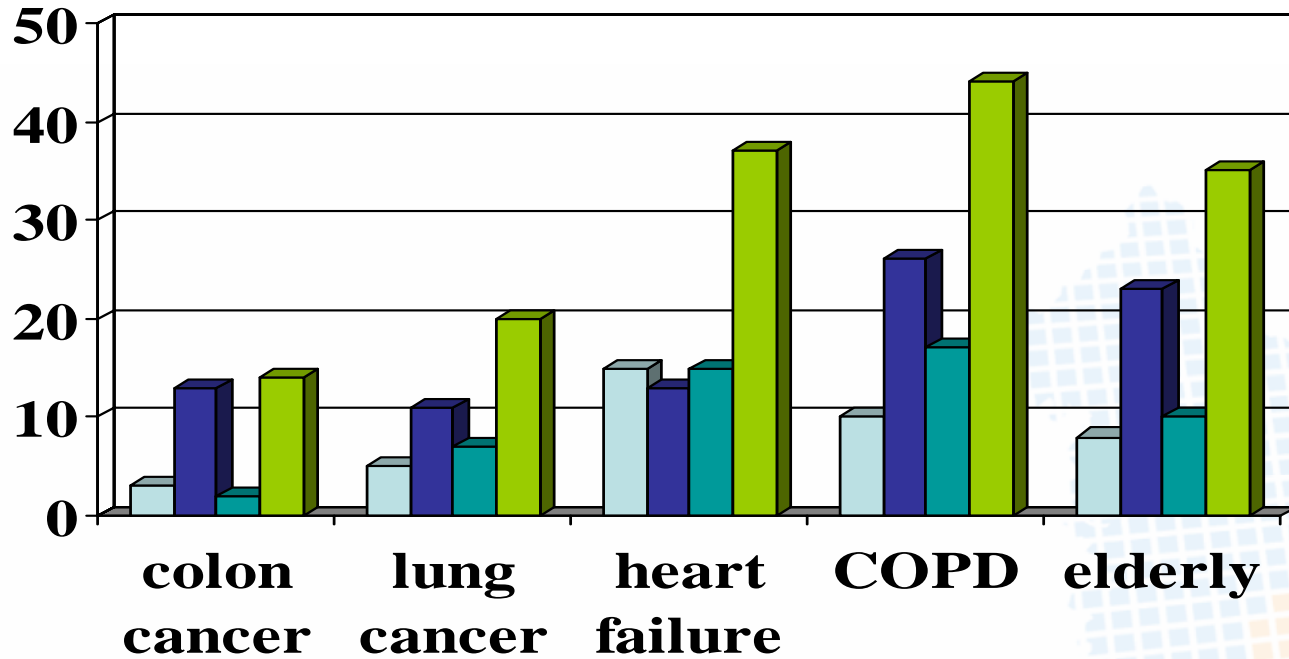
- Depression in heart failure
- 2.5 x increase in mortality 3 months and 1 year
- Readmissions raise 3.1 fold at one year

Jiang et al 2001

# Home Deaths

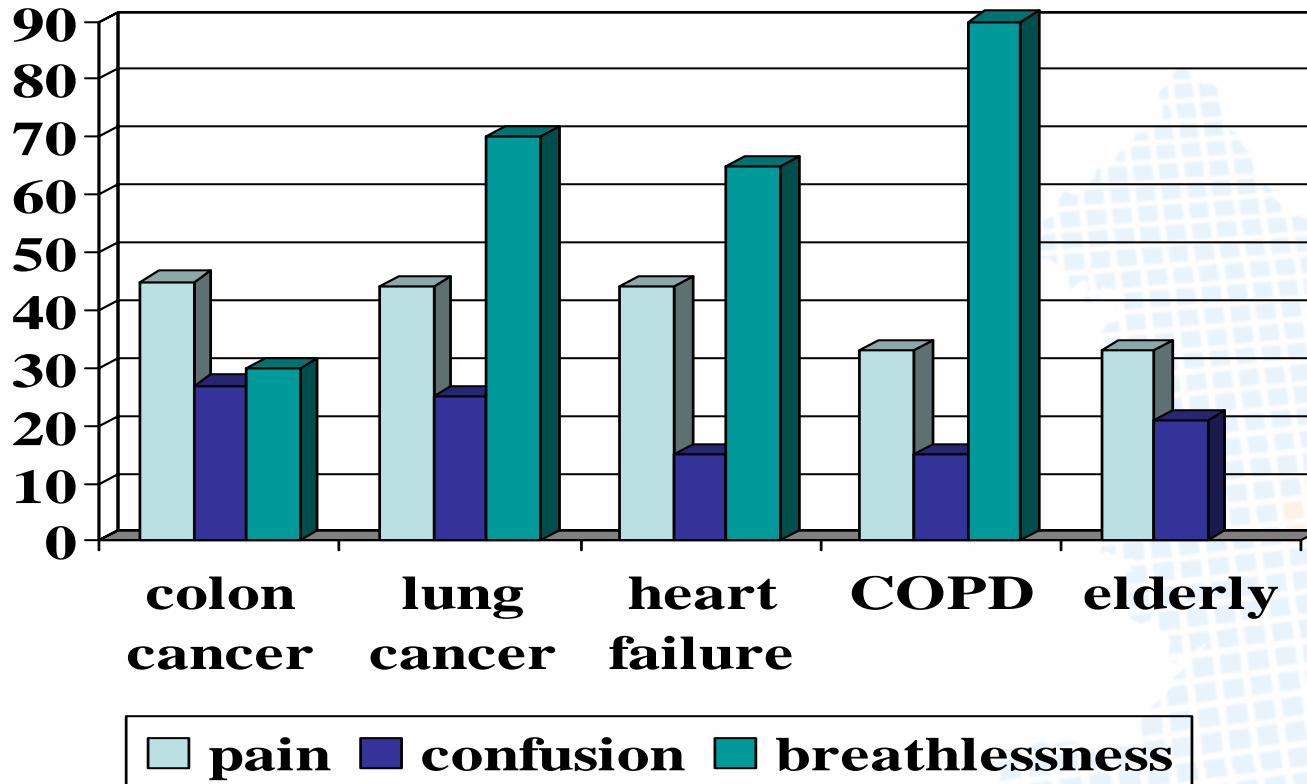


# Treatments in the last 3 days of life



Heart Improvement Programme

# Severe pain, confusion and breathlessness in the last 3 days of life



# Who provides Palliative care?

Families and  
informal carers

‘Generalists’

Primary health  
care teams

Hospital staff

Nursing home  
staff

‘Specialists’

Community  
palliative  
care teams

Hospital  
palliative  
care teams

Hospices

# Who provides Palliative care?

**Families  
and  
informal  
carers**

**Generalists**

- Primary care teams
- Hospital staff
- Nursing home staff

**Specialists**

# Where should we concentrate our effort?

Families  
and  
informal  
carers

## Generalists

- Primary care teams
- Hospital staff
- Nursing home staff

Specialists

# What is happening in palliative care?

Primary care teams have become experts in coordination and anticipatory care in the last year of life **Gold Standards Framework**

District Nurses have learned how to ask patients about their preferences at the end of life **Preferred Place of Care**

Hospital and nursing home staff have become experts in care for the dying **Liverpool Care Pathway**

## Generalists

- Primary care teams
- Hospital staff
- Nursing home staff

# More and more palliative care

- It is unrealistic to expect the wider needs for palliative care to be met by expanding the workforce of specialists in palliative care
- It is more likely that a solution will be found by expanding the knowledge and skills of health professionals generally.


WHO 2004

# Heart Improvement Programme



[www.modern.nhs.uk/chd](http://www.modern.nhs.uk/chd)

# What is the document

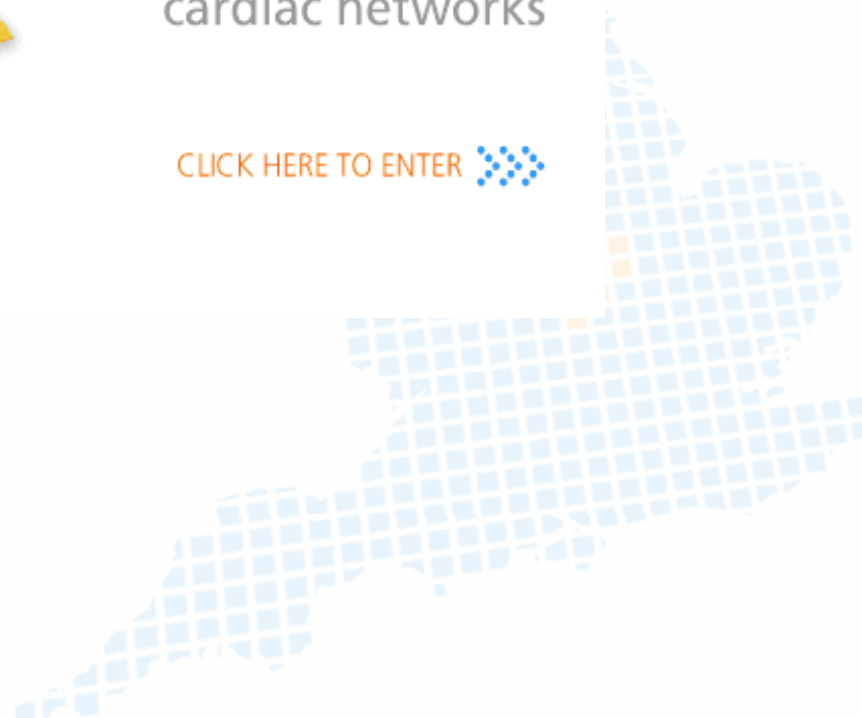
- Translation of NICE guidance in cancer to heart failure
  - Breaking down of supportive and palliative care into its constituent parts
  - The work of a cardiologist and a Macmillan nurse
  - Perhaps one piece in a jigsaw
- 



## Supportive and Palliative Care in Heart Failure

A resource kit for  
cardiac networks

[CLICK HERE TO ENTER](#) 



# Resource Kit for Cardiac networks

- Video from Channel 4
  - ‘You’re better off with cancer’
- HIP document ‘Supportive and palliative care for advanced heart failure’
- National and local contacts ‘plate spinners’
- Case studies
- Ideas and agendas for network events
- Ideas and agendas for training sessions
- Web links to guidelines and referral criteria