Palliative Care for Heart Failure

Saudi Heart Association 2011
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Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual

WHO 2007
Characteristics of Heart Failure

• Chronic Illness
  – Terminal (in some cases)
  – Manageable
  – Worse prognosis than most common cancers
    (Stewart & Mc Murray 2001)

• Characterised by
  – Multiple readmissions
  – Poor quality of life
  – Poor prognosis
Trajectory of dying from lung cancer or heart failure

Journal Royal Society Medicine 1997;90:128-31

Lung Cancer

- 75% 5 year Mortality
- 50% Advanced HF die within 1 year

Congestive Heart Failure

Journal Royal Society Medicine 1997;90:128-31

Trajectory of dying from lung cancer or heart failure
End of Life Issues

- Six Major Components of a Good Death
  - Pain and symptom management
  - Clear decision making
  - Preparation for death
  - Completion
  - Contributing to others
  - Affirmation of the whole person

“A dying person witnesses their deteriorating body, fatigue and reduction in ability to function.”

Patients need to plan and make decisions about the place of their death, put their affairs in order, say good-byes or forgive old adversaries.

Fallowfield et al 2002
## End of Life Symptoms

<table>
<thead>
<tr>
<th>Terminally ill patients in final weeks of life</th>
<th>Ambulatory heart failure patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>Pain 63-80%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Fatigue 66%</td>
</tr>
<tr>
<td>Anxiety/Depression</td>
<td>Anxiety/Depression 33%</td>
</tr>
<tr>
<td>Anorexia</td>
<td>Anorexia 17%</td>
</tr>
<tr>
<td>Constipation</td>
<td>Constipation 10%</td>
</tr>
<tr>
<td>Breathlessness</td>
<td>Breathlessness 67%</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Walking Difficulty 52%</td>
</tr>
<tr>
<td>Walking Difficulty</td>
<td>Nausea/Vomiting 14%</td>
</tr>
<tr>
<td>Oedema</td>
<td>Oedema 27%</td>
</tr>
</tbody>
</table>

Heart Failure Patients Fears

- Thoughts about death during acute/hospitalisation periods
- Becoming a burden
- Fear of lingering in intermediate zone without prospect of improvement
- How death will eventually occur
- Will life prolonging treatment be withheld when appropriate

Willems et al. Palliative Medicine 2004
Characteristics of 3 stages of Progressive Heart Failure

• Stage 1: Chronic Disease Management (NYHA I-III)

• Stage 2: Supportive and palliative care (NYHA III-IV)
  – Id key professional in community to co-ordinate care with specialist services. Aim maintain optimal symptom control and QOL

• Stage 3: Terminal Care
  – Care according to patients and carers needs

Jaarsma et al 2009
Patient Features for Palliative Care

• >1 episode of decompensation in 6 months despite optimal therapy
• Need for frequent or continual IV support
• Chronic poor QOL
• Signs of cardiac cachexia
• Clinical judgement: close to end of life

Dickstein et al 2008
Goals and steps in process of providing palliative care in HF patients

1. Confirm Diagnosis
2. Patient Education
3. Establish Advanced Care Plan
4. Services Organised
5. Symptom Management
6. Identify end-stage
7. Breaking bad news to patient and family
8. Establishing new goals of care

Dickstein et al 2008
Meeting patients palliative care needs within HF services

- Physical: High Symptom Burden
- Emotional: Good Support
- Quality of Life: Social Isolation
- Communication: Unmet needs
- Where comprehensive heart failure services are available the majority of patients palliative care needs can be addresses within the HF team
- Many patients needs are being met

O’Leary et al 2009
Palliative Care

• Since Sept 2009
• 15 Heart Failure patients referred for Home Heart Failure Management for end-of-life
• GP central communicator
• HF service referred patients to Specialist Palliative Care
• 10 died at home to date

Ryder SVUH data 2010
End of Life at Home

• Weekly to fortnightly visits from ANP
  – Multiple diuretic adjustments for dyspnoea management
  – Other cardiac medication reviewed and some discontinued
  – 2 hospitalisations for overload management
• SPC visit weekly
  – Initiate opiate use
• GP link with 2 Specialist Nursing services provide care in homes

Ryder et al SVUH data
“The hollow cheerfulness and feigned optimism about quiet unrealistic future goals are excruciating to witness, as are enxious and stressed expressions on faces of people trying to tell a lie.”

Fallowfield et al 2002