



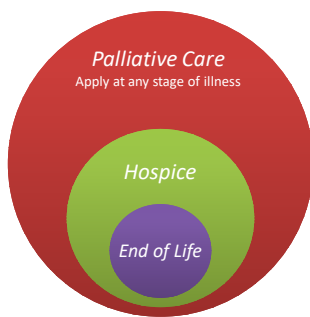
## Palliative care in patients with heart failure

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## What is Palliative Care?

- Palliative care is specialized medical care for people with any serious illness
- Focused on providing patient through the prevention and relief of suffering from the symptoms, pain, and stress of a serious illness
- The goal is to improve quality of life for the patient and family
- Provided by a team to provide an extra layer of support
- Appropriate at any age and at any stage in a serious illness
- Provided together with curative treatment

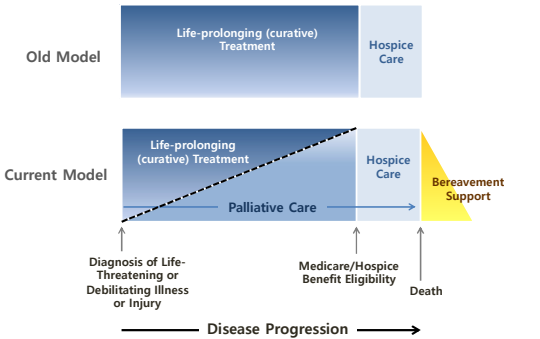
From WHO definition of palliative care and Center to advance palliative care (CAPC)



**Palliative Care**  
Apply at any stage of illness

- Enhanced palliative care in the final phase of life (≤ 6 months to live)
- Not a place. It's a "Philosophy" of care
- Wherever patient lives
- Unique: Bereavement care for family member after a patient's death

## Continuum of Care



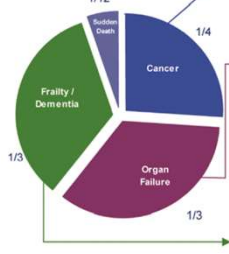
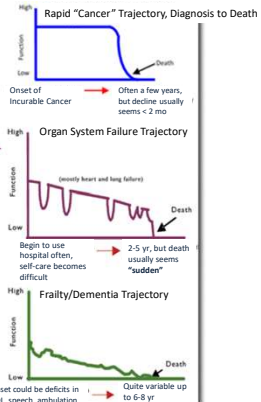
**Old Model:** Life-prolonging (curative) Treatment → Hospice Care

**Current Model:** Life-prolonging (curative) Treatment → Palliative Care → Hospice Care → Bereavement Support

Timeline: Diagnosis of Life-Threatening or Debilitating Illness or Injury → Medicare/Hospice Benefit Eligibility → Death

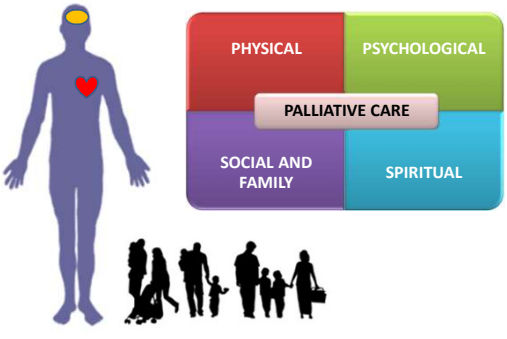
Direction: Disease Progression →

GP's workload - Average 20 deaths/GP/yr (approximate proportions)

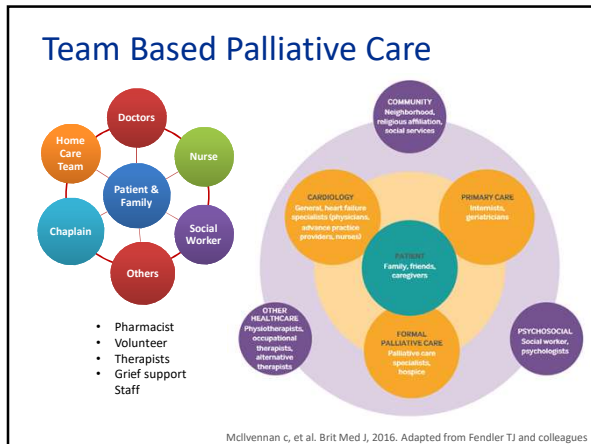
<http://www.goldstandardsframework.org.uk/how-to-use-the-gsf-pig-in-your-practice>

## 4 Domains for Palliative Care



**PALLIATIVE CARE**

PHYSICAL      PSYCHOLOGICAL  
SOCIAL AND FAMILY      SPIRITUAL



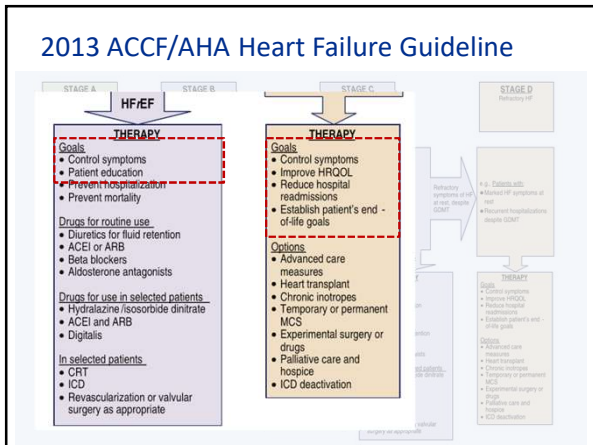
### When to Consider Palliative Care

“Would I be surprised if this patient died in the next year?”

### How can we help?

<b>Symptom Management</b> <ul style="list-style-type: none"> <li>Physical</li> <li>Psychological</li> <li>Existential distress</li> </ul>	<b>Advance Care Plan</b> <ul style="list-style-type: none"> <li>Patient values, preferences and goals</li> <li>Assistance with complex decision making regarding treatment options</li> </ul>	<b>Assistance with Conflict Resolution</b> <ul style="list-style-type: none"> <li>Eg. Between family and patients, staff and families, etc</li> </ul>
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*Palliative care interventions have value no matter whether advanced heart failure patients choose medical or surgical therapy*

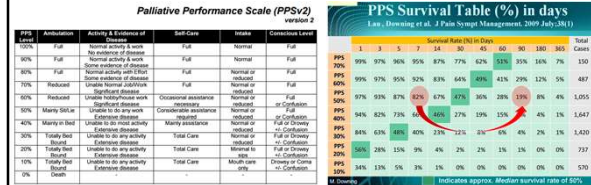


### Integrating Palliative Care into Heart Failure Care

- ### Complexities
- Uncertainty in heart failure disease trajectory - *overestimated*
  - Poor communication
  - Fractionated system
  - Complex treatment decisions
  - False perceptions about palliative care

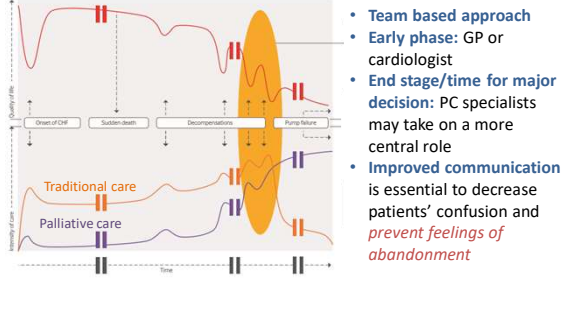
## Prognostications

- Seattle Heart Failure Model (SHF)
- The Gold Standards Framework
- Palliative Performance Scale



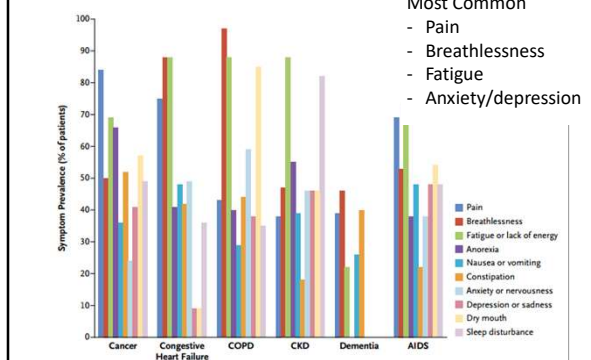
G. Michael Downing, MD. Suandok palliative care day June 22th 2010

## Evolving Approaches



Allen L, Circulation 2012. Adapted from American Thoracic Society

## Symptom Management



Amy S Kelly. N Engl J Med 2015;373:747-55

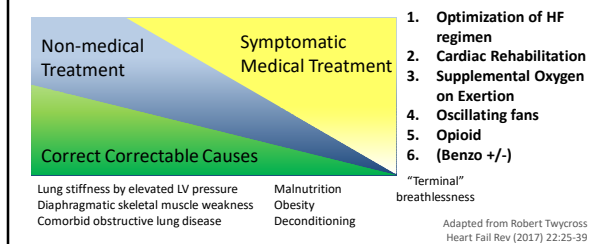
## Symptom Assessment Tools

- Edmonton Symptom Assessment System (ESAS)
- Kansas City Cardiomyopathy Questionnaire (KCCQ)

The form is titled 'Edmonton Symptom Assessment System (ESAS)'. It asks the patient to circle the number that best describes how they feel now, ranging from 0 (No Trouble) to 10 (Worst Possible). Symptoms include: No Trouble (Breathless + hard to breathe), No Depression (Sadness + being upset), No Nausea, No Lack of Appetite, No Shortness of Breath, No Depression (Sadness + being sad), No Anxiety (Anxiety + being nervous), Best Wellbeing (pleasure + health interest), and No Other Problem (for example respiratory). The form also includes fields for Patient's Name, Date, Time, and checkboxes for 'Completed by (check one): Patient, Family caregiver, Health care professional caregiver, Caregiver-assisted'.

## Breathlessness

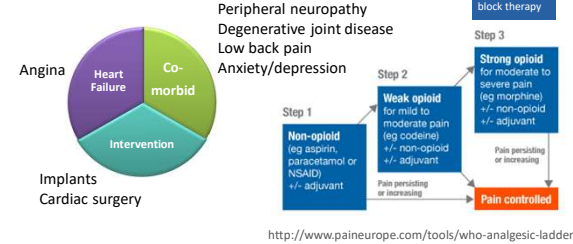
- Subjective experience of breathing discomfort
- Very poor correlation between patient reports of breathlessness and objective measurement



Adapted from Robert Twycross Heart Fail Rev (2017) 22:25-39

## Pain

- Can worsen underlying HF by triggering an already overactive sympathetic nervous system and activating the RAAS



http://www.paineurope.com/tools/who-analgesic-ladder

## Fatigue

**Heart Failure**  
 Low CO  
 Cardiac cachexia  
 Malnutrition  
 Sleep disturbance

**Co-morbid**  
 Anemia  
 infection  
 Thyroid abnormality  
 Electrolyte imbalance  
 Depression

**Intervention**  
 Medication eg. B-blocker, diuretic (nocturia)

- **Stimulants eg. Methylphenidate, melatonin**
- **Aerobic exercise**
- **Education – promote adaptation and adjustment**

Circulation (2009) 120:2597-2606  
 Heart Fail Rev (2017) 22:25-39

## Depression

- Increased symptom burden, rehospitalization, mortality and healthcare costs
- 20% of patients with ICDs have severe PTSD precipitated by shock
- Particularly challenge to diagnose
- SSRI: sertraline is unlikely to cause QT prolongation and lower drug interaction
- Normalization of symptom, CBT, regular exercise
- Advance care plan can reduce anxiety

## Advance Care Planning

- Should **NOT** take place during the time of crisis
- Discuss ACP early
- Increasing numbers of individuals with implantable devices
- In those with implanted devices, ACP require consideration of device deactivation or LVAD withdrawal
- An ongoing, iterative process and **NOT** a single conversation

Kirchhoff et al., 2012

## Psychological Support

- Worry about;
  - Sudden death
  - ICDs firing, LVAD failing
  - Acute episode of breathlessness
- Anticipating these concerns
- Honestly, compassionately
- Developing a clear plan for urgent situation
- Being available

## Integration of Palliative Care and Heart Failure

**RELIEF OF SUFFERING**

**Symptom control**  
 ■ Dyspnea  
 ■ Fatigue  
 ■ Edema  
 ■ Pain

**Family**  
 ■ Assistance  
 ■ Bereavement

**Psychological and spiritual support**

**HEART FAILURE CARE**      **COMMUNICATION**      **PALLIATIVE CARE**

Decision support  
 Preparedness planning  
 Advance care directives  
 Evidence base

BMJ 2016; 352:i1010

## Thank You

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