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)
Team Based Palliative Care

When to Consider Palliative Care

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

How can we help?

- Symptom Management
  - Physical
  - Psychological
  - Existential distress

- Advance Care Plan
  - Patient values, preferences and goals
  - Assistance with complex decision making regarding treatment options

- Assistance with Conflict Resolution
  - Eg. Between family and patients, staff and families, etc

Palliative care interventions have value no matter whether advanced heart failure patients choose medical or surgical therapy

2013 ACCF/AHA Heart Failure Guideline

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

- Team based approach
- Early phase: GP or cardiologist
- End stage/time for major decision: PC specialists may take on a more central role
- Improved communication is essential to decrease patients’ confusion and prevent feelings of abandonment

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

Symptom Management

Most Common
- Pain
- Breathlessness
- Fatigue
- Anxiety/depression

Symptom Assessment Tools

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

Symptomatic Medical Treatment

1. Optimization of HF regimen
2. Cardiac Rehabilitation
3. Supplemental Oxygen on Exertion
4. Oscillating fans
5. Opioid
6. (Benza +/-)

“Terminal” breathlessness

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

Non-medical Treatment

- Correct Correctable Causes
  - Lung stiffness by elevated LV pressure
  - Diaphragmatic skeletal muscle weakness
  - Comorbid obstructive lung disease
  - Malnutrition
  - Obesity
  - Deconditioning

Correctable Causes

- Lung stiffness by elevated LV pressure
- Diaphragmatic skeletal muscle weakness
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Adapted from Robert Twycross
**Fatigue**

- Low CO
- Cardiac cachexia
- Malnutrition
- Sleep disturbance
- Anemia
- Co-morbid
- Infection
- Thyroid abnormality
- Electrolyte imbalance
- Depression

- Medication eg. B-blocker, diuretic (nocturia)
- Stimulants eg. Methylphenidate, melatonin
- Aerobic exercise
- Education – promote adaptation and adjustment

**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

**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**

**Thank You**

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