



Phase 2 randomised controlled trial of future care planning in patients with advanced heart disease

K Boyd¹, S Robertson², S Cudmore³, G Highet¹, L Donald³, K Haga³, C Weir⁴, S Murray⁵, M A Denvir³



Institute: ¹ Palliative Care Service, Royal Infirmary of Edinburgh; ² School of Clinical Sciences, The University of Edinburgh; ³ Edinburgh Heart Centre, Royal Infirmary of Edinburgh; ⁴ Edinburgh Clinical Trials Unit, Western General Hospital, Edinburgh; ⁵ Primary Palliative Care Research Group, Usher Institute for Medical Informatics & Population Health Sciences, The University of Edinburgh.

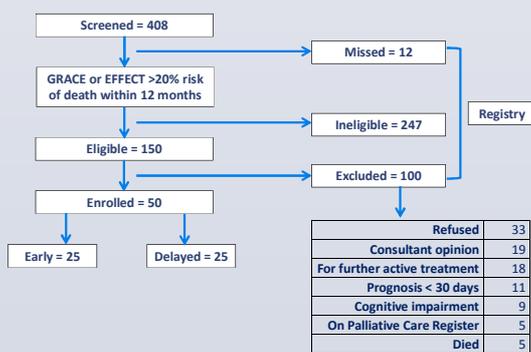
Introduction/Aims & Methods

- ❖ Patients with advanced heart disease typically have a poor prognosis. They rarely receive coordinated holistic assessment and future care planning and tend to have limited access to palliative care services.
- ❖ The FLAME trial explored the use of a future care planning intervention with patients and families following a recent unscheduled hospital admission with acute coronary syndrome (ACS) or heart failure (HF). Similar methodologies have been used to develop complex palliative care interventions for other non-cancer illnesses^{1,2}.
- ❖ We explored whether such a complex intervention is acceptable to patients, their carers and health professionals, and if it is a practical, deliverable and feasible extension to discharge planning from hospital.
- ❖ Patients with an estimated 12 month mortality risk of 20% or greater were randomised to either early (on discharge) or delayed (after 12 weeks) intervention.
- ❖ The intervention combined 3 elements: a 'Thinking Ahead' booklet, a holistic needs assessment meeting with a cardiologist and cardiology specialist nurse aimed at developing a shared future care plan, and follow-up by a specialist nurse to support care in the community.
- ❖ Primary outcome was quality of life of patients and carers, assessed using validated questionnaires.

Screened Population

We screened 408 patients admitted to hospital with ACS or HF. From this group, we recruited 50 patients with an estimated mortality risk of 20% or greater within the next 12 months, using the GRACE or EFFECT scores.

The 359 patients who were screened but not subsequently enrolled into the trial, were kept in a registry. The reasons for exclusion are detailed below:



Recruitment and Eligibility

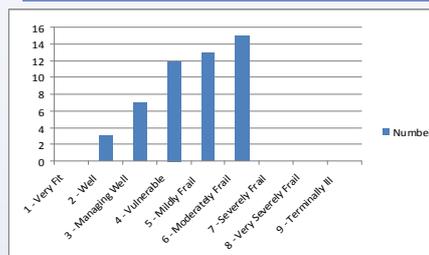
50 patients were enrolled into the study following an unscheduled admission with acute coronary syndrome or heart failure:

- Heart Failure: 34/50 (68%)
- Coronary Heart Disease: 11/50 (22%)
- Valvular Heart Disease: 5/50 (10%)

30 were male and 20 female; their average age was 81.

These were older people, often with multimorbidity. A Canadian Frailty Score was recorded for screened patients. Most enrolled patients were mildly or moderately frail compared with those in the registry who were less disabled. Many excluded patients who were too frail to participate.

Canadian Frailty Score – Study Participants



Qualitative Evaluation

To assess experiences of the intervention, 12 patients (some with carers present) were interviewed in their homes and 6 GPs by telephone.

It enabled me to give her a say in what she would like to get back to doing and what things were most important to her. It allowed me to ask questions that I maybe wouldn't have known how to word, but I was able to read them straight from the leaflet (Patient)

It made you face up to things that you never gave any thought to, lots of things - face up to the inevitability of what's going to happen (Patient)

Planning for the future helped some patients and families to prepare for what was to come.

Some people used the Thinking Ahead plan as a trigger to initiate discussions with their family and plan for the future.

I think it's incredibly helpful especially for those patients at home with multiple morbidities who are needing a lot of medical care - any help we get with this has got to be good, because we're really struggling with the amount of, and the complexity of some of them (GP)

I found it helpful that things were started off earlier which, for some reason, they weren't keen to discuss with us (GP)

GPs said that it might help to manage the increasing numbers of people in the community with complex needs.

Conclusion

This pilot, randomised trial demonstrated that an early identification and future care planning intervention for people with advanced heart disease was safe and acceptable. The trial design and outcome measures were feasible and deliverable. A larger clinical trial can now be planned.

Acknowledgements & References

1. Sampson EL, Thuné-Boyle I, Kukkastenvehmas R, Jones L, Tookman A, King M, Blanchard MR. Palliative care in advanced dementia; A mixed methods approach for the development of a complex intervention. *BMC Palliat Care*. 2008 Jul 11; 7:8.
2. Farquhar MC, Higginson LJ, Fagan P, Booth S. The feasibility of a single-blinded fast-track pragmatic randomised controlled trial of a complex intervention for breathlessness in advanced disease. *BMC Palliat Care*. 2009 Jul 7; 8:9.

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