

A palliative care approach to the management of advanced heart failure

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What is Heart Failure?

Heart failure occurs when the heart is damaged and is no longer able to pump sufficient blood for the other organs and tissues of the body to function normally.

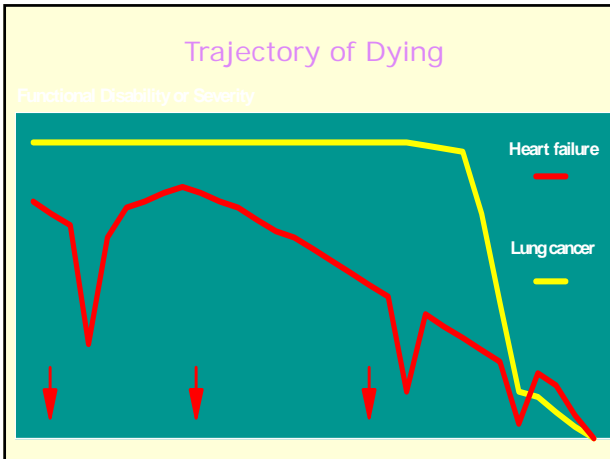


What are the usual symptoms?

- Breathlessness on exertion
- Fatigue.
- Swelling of the ankles and legs.

- Symptoms improve with treatment, stabilise for a while but then return and get worse.






Some facts and figures

- Heart failure is mainly a disease of older people
- Approximately 10% of 80 year olds are affected
- It is almost always fatal
- In severe cases the annual mortality is 50%



In Scotland

- 85% of patients are aged over 65
- 10,000 new cases are identified pa
- Total number of cases: up to 90,000.
- There are probably 4 – 5000 deaths each year.



Living with heart failure

- The quality of life is worse than for other chronic disease.
- The prognosis worse than for most cancers.



Most patients also have at least 3 other serious medical conditions which make their already poor prognosis and quality of life even worse.



What are the particular problems which are not adequately addressed by standard treatment strategies?



Throughout the illness.....

Poor communication: about the diagnosis, prognosis treatment options and other "important issues."

Symptom control: is inadequate for many patients



"Things are going to get a lot worse before they get worse."

Lilly Tomlin, American comedienne



Recurrent problems during the last year of life

- Poor communication between primary and secondary care teams
- Uncoordinated out of hours care provision.
- Episodes of hospitalisation increase: These are often unnecessary, and unwanted by patients.



Dying from Heart Failure

In the final week of life:

- Two thirds of patients have poorly controlled pain.
- Half have distressing breathlessness.

McCarthy M et al. JRCP 1996 30 325-8



In the final three days of life:

40% are treated by either tube/
intravenous feeding, artificial ventilation
or attempted resuscitation.

Support Group An. Int. Med. 1997



We are still not good at recognising (or
accepting) when patients are dying.
As a result terminally ill patients often do not
have the best management.



By applying the palliative care approach to
patient management these current
inadequacies in treatment can be resolved