End of Life Care for Patient with Advanced Heart Failure

Andrew Coletti MD FACC
Peace Health North Cascade Cardiology
Heart Failure Prevention & Treatment Program
Bellingham, WA

Disclosures

- None

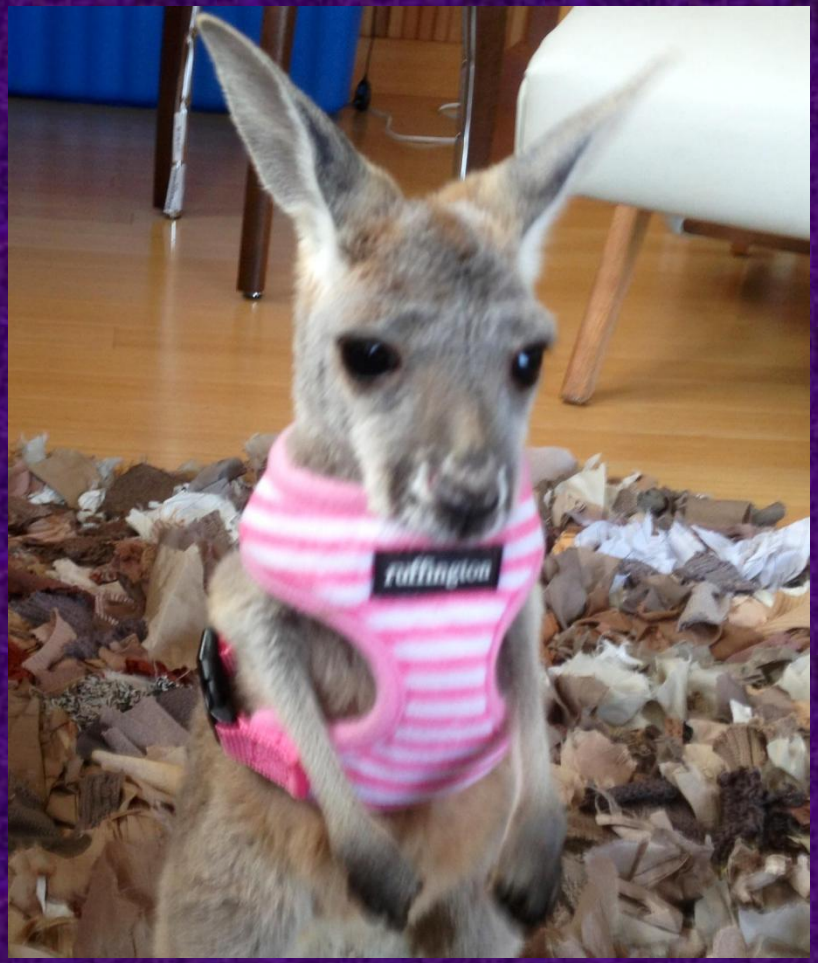
Introduction

- Why is a cardiologist speaking on end of life care ?
- Identifying the heart failure patient at “end of life”(identification of the stage D HF patient)
- Options for the stage D patient
- Non-hospice HF Palliative Care Program at Peace Health North Cascade Cardiology

A Cardiologist Speaking on Palliative Care ??

- Puzzling ?
- Suspicious ??
- Absurd ???

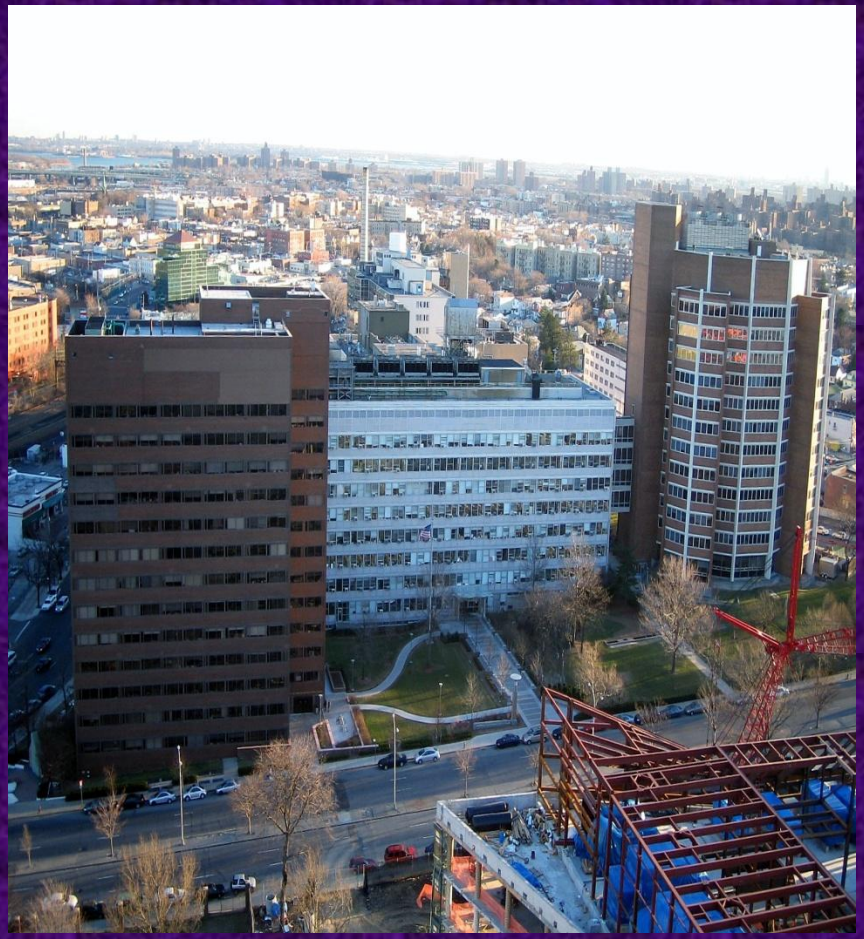
Absurd ? Almost as absurd as having a pet kangaroo !



A Cardiologist speaking on Palliative Care ??

- Why not ??
- Curative and comfort care are not mutually exclusive.

Why do you want to be a doctor ?



ALBERT EINSTEIN COLLEGE OF MEDICINE of Yeshiva University

Why do you want to be a doctor ?

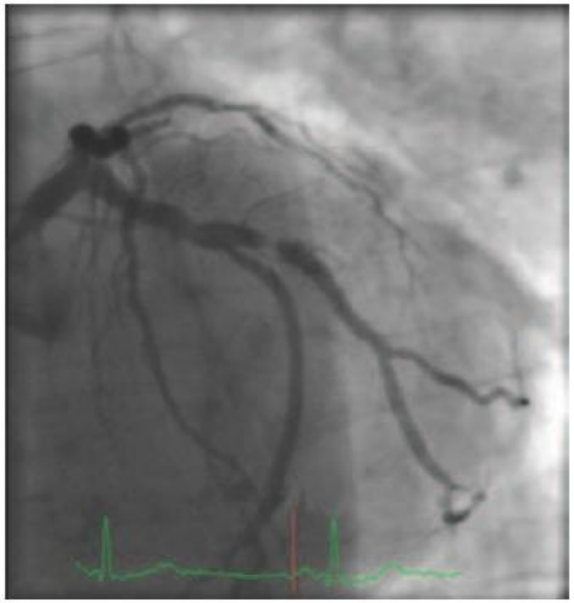
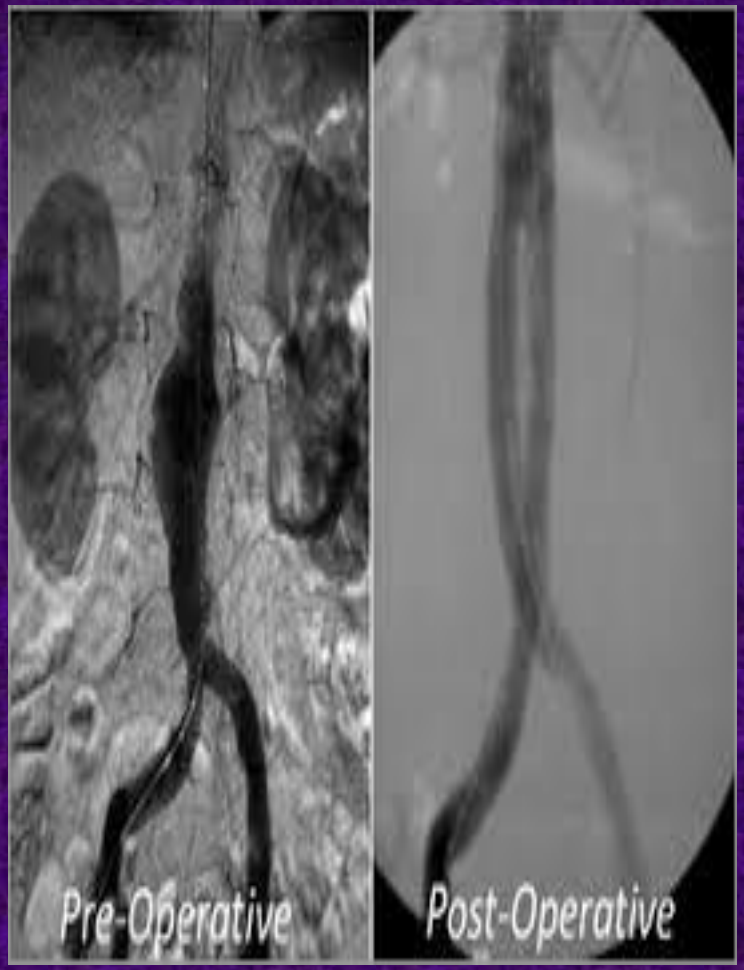
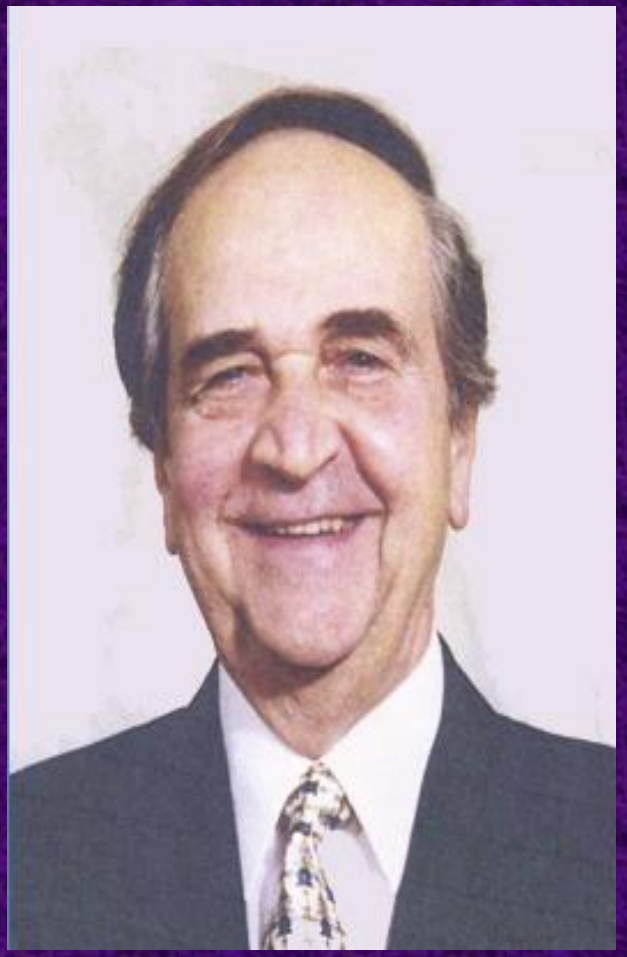


Figure 2. *Antero-posterior angiographic projection of the left circumflex artery showing the under-expanded stent in the obtuse marginal at the current procedure 2011.*



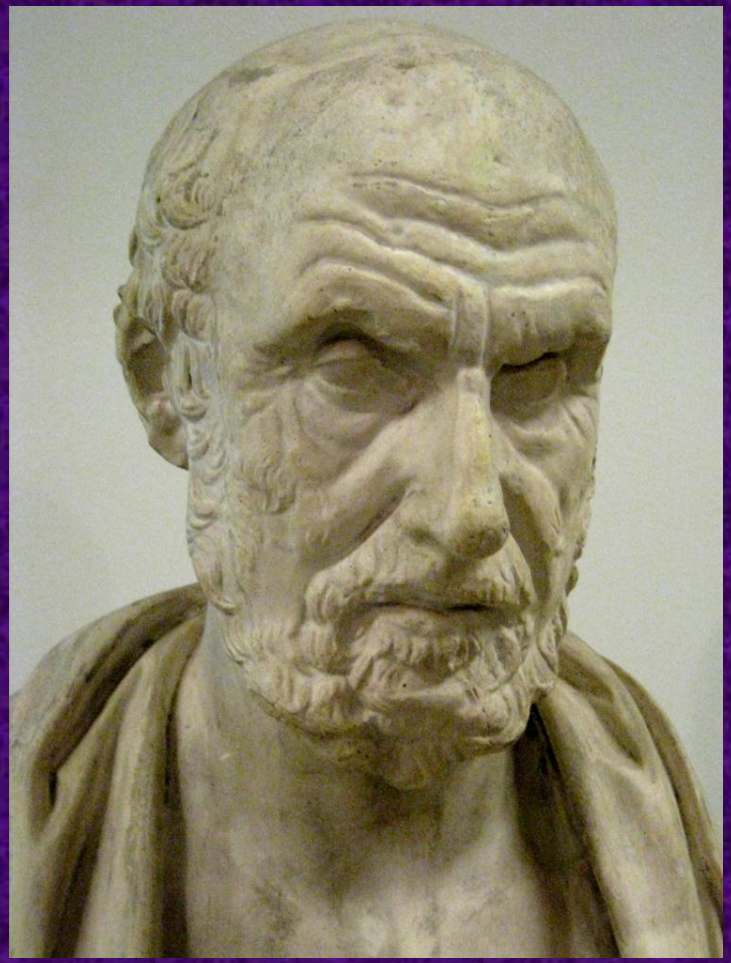
Calvary Hospital & Mike Brescia



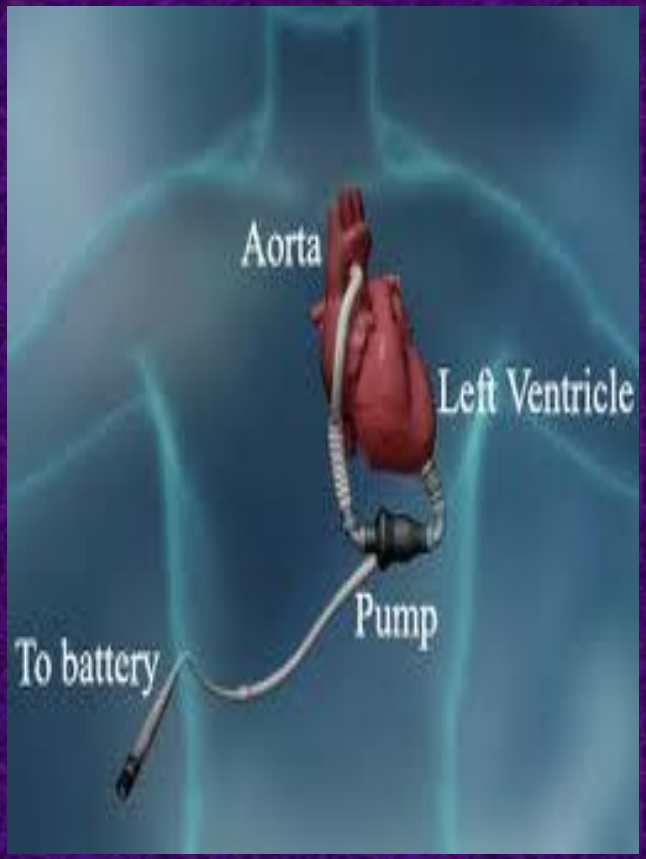
Lessons from Hippocrates

- While the young fear death, the old fear
- dying."

HIPPOCRATES



Heart Failure Cardiologist



Heart Failure Cardiologist & Palliative Care

"Jack" Cimino with Calvary patient (top), and with colleagues at The Palliative Care Institute.

Burdens of Advanced HF:

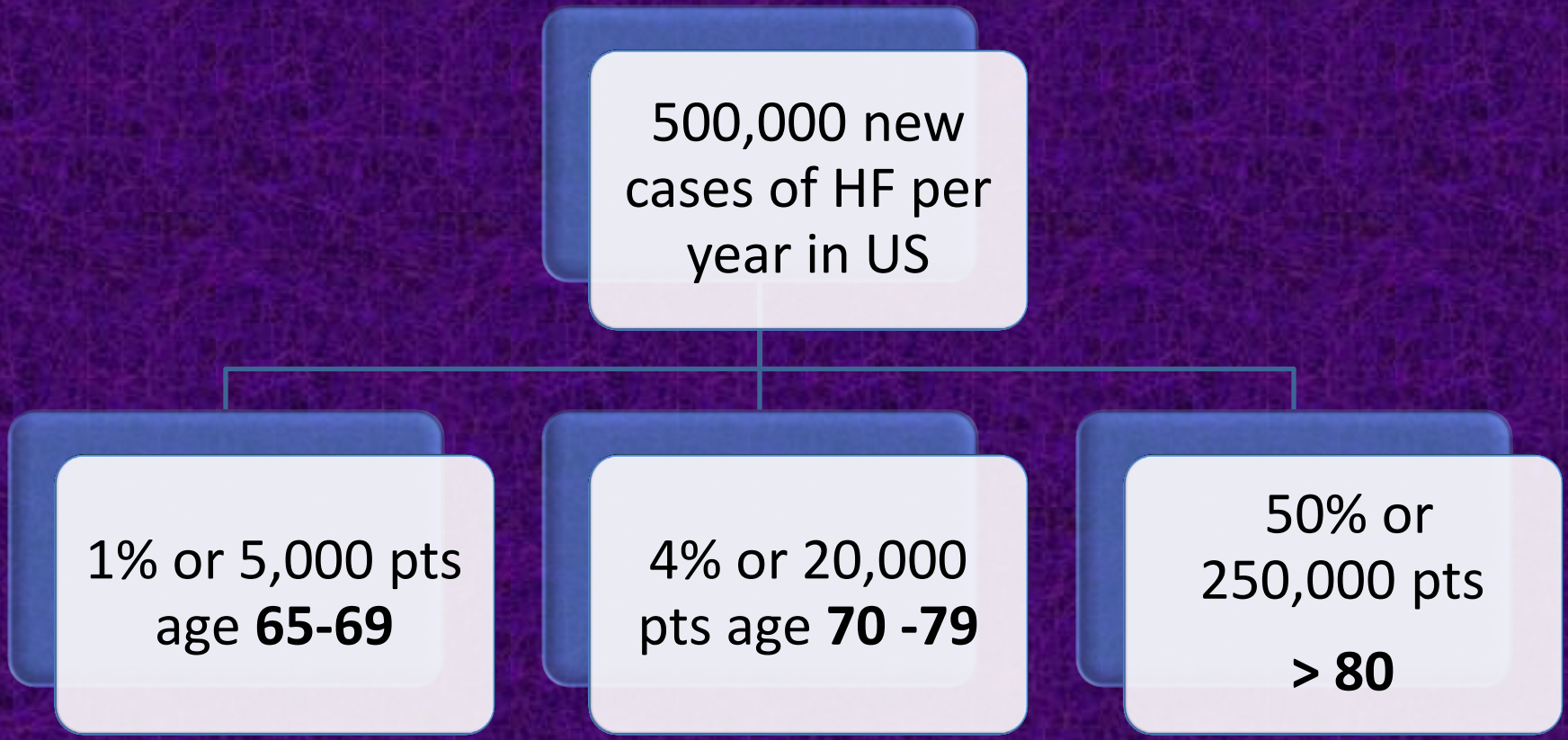
Incidence & Number of Deaths due to HF Compared with other common causes of death in USA(2004)

Cause of Death	Incidence	Deaths
Heart Failure	500,000	284,365
Lung Cancer	196,252	158,006
Breast Cancer	188,587	41,316
Prostate Cancer	189,075	29,002
HIV/AIDS	37,376	16,395

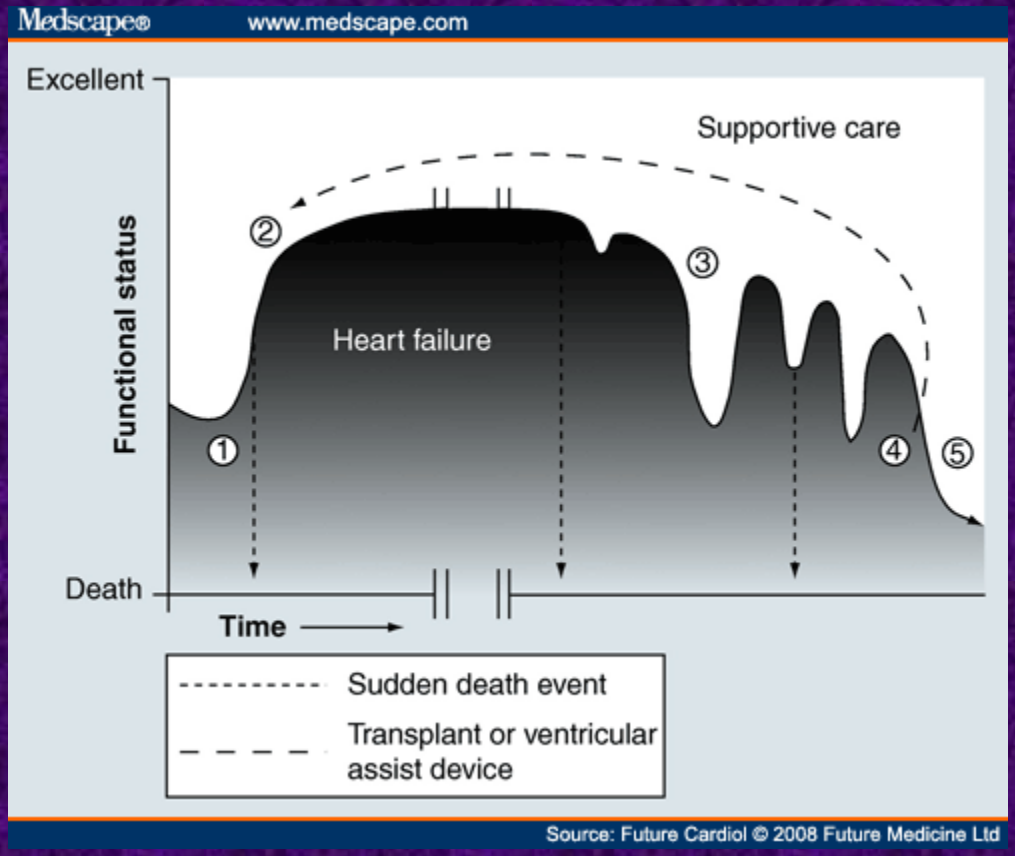
HF Mortality

- From 1994-2004 – in USA national death rate decreased by 2%
- 1994-2004 – deaths due to HF increased by 28% !

HF : A Condition of the Elderly



Heart Failure : Natural History



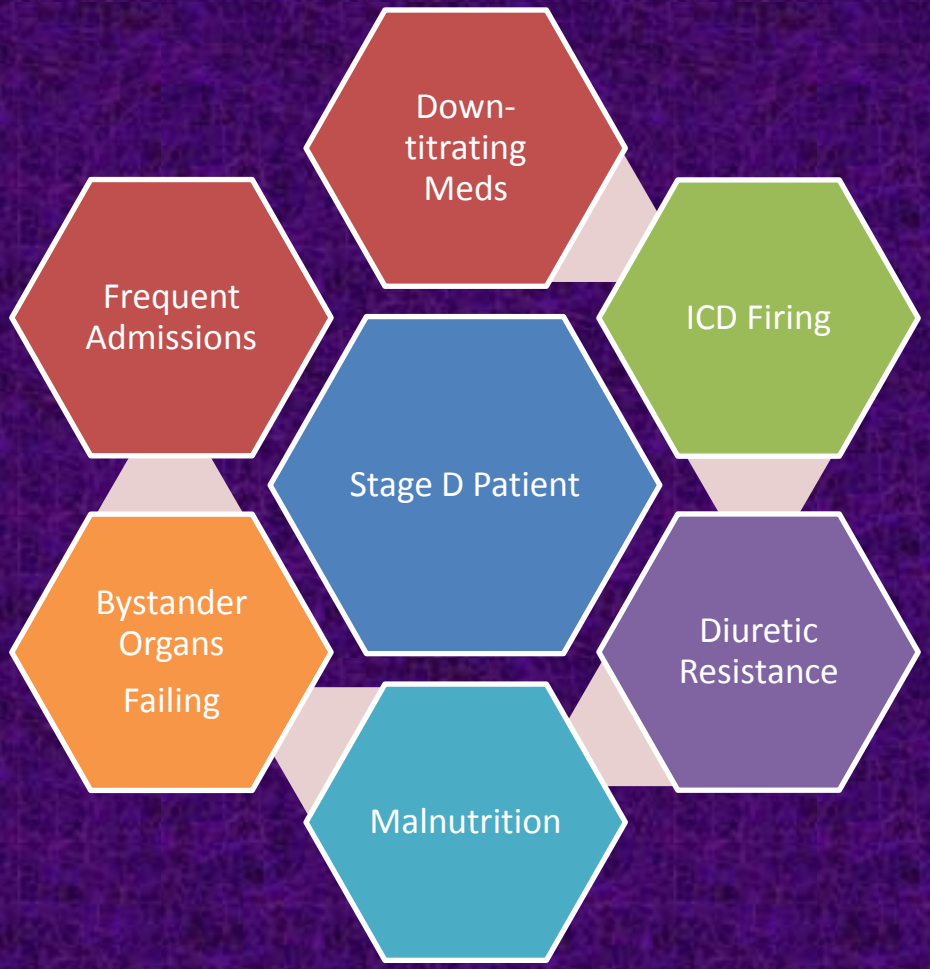
2005 ACC/AHA Guidelines : New Classification of HF

Stage	Clinical Characteristics
A	At risk for development of heart failure but no signs and symptoms of heart failure
B	Structural heart disease WITHOUT current or prior heart failure symptoms
C	Structural heart disease WITH current or prior symptoms of heart failure
D	**Refractory heart failure requiring specialized interventions**

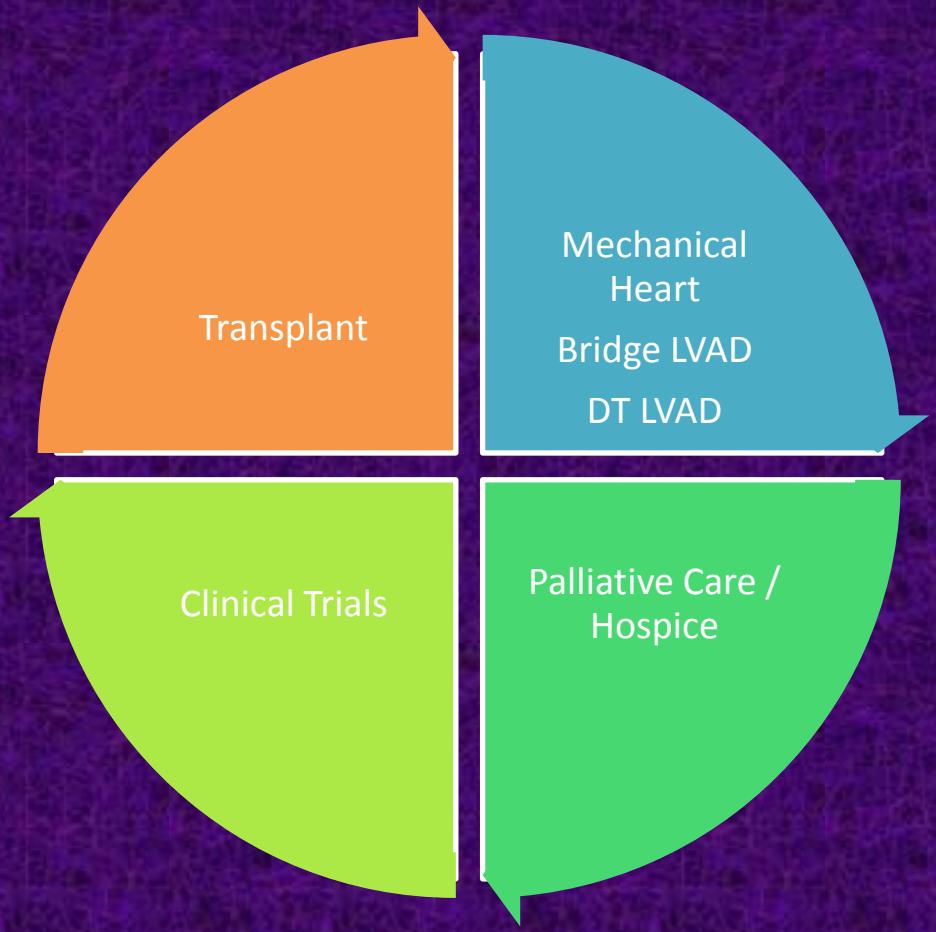
New York Heart Association Functional Class

- I : No functional limitation
- II : Symptomatic with exercise
- III : Marked limitation, comfortable only at rest
- IIIa & **IIIb**
- **IV : Symptomatic at rest**

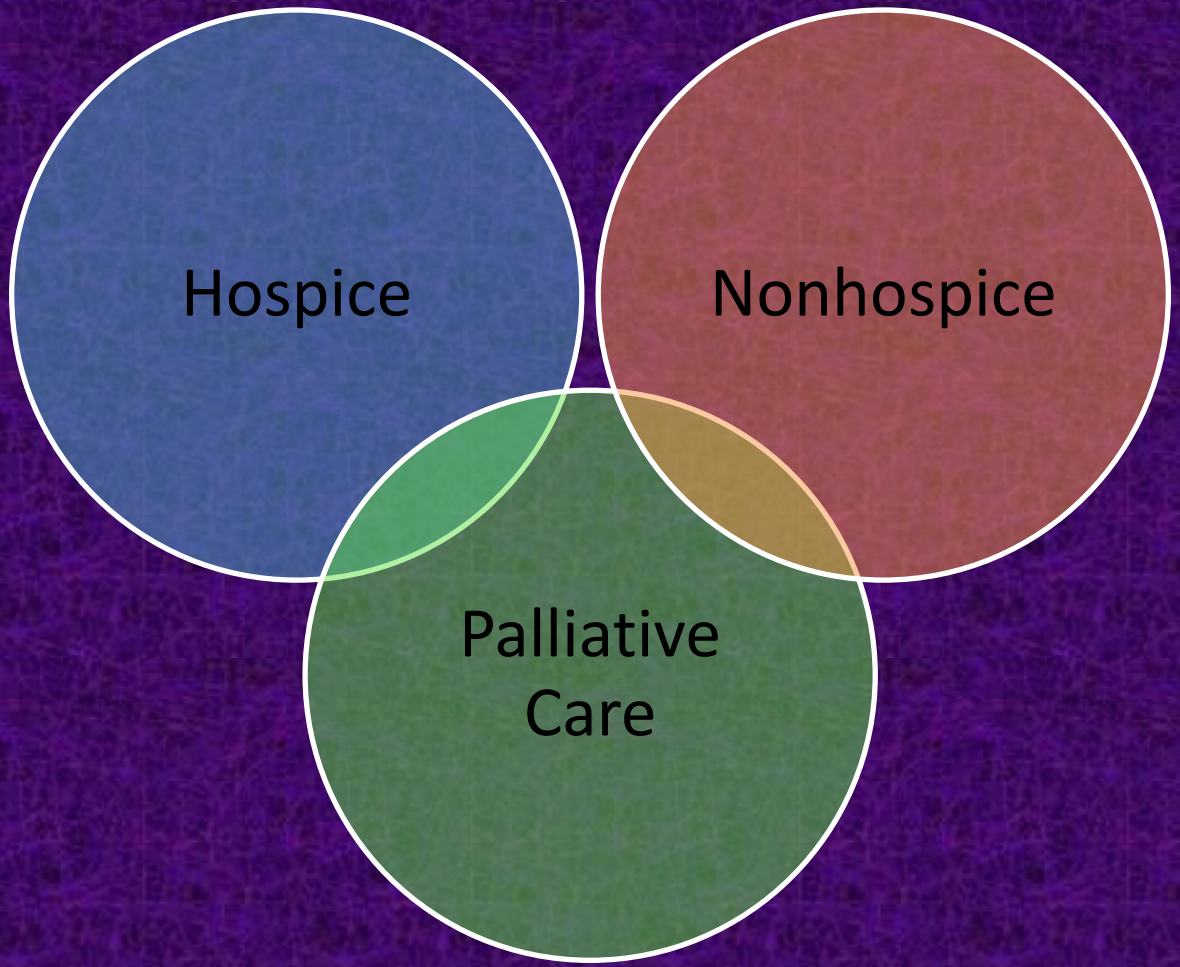
Clues to Identifying Stage D HF in the Primary Care Setting



Options for Stage D Patients



Palliative Care



Peace Health North Cascade Cardiology
Non Hospice
Palliative Heart Failure Program

- Program philosophy
  - We will take care of you throughout your entire disease process- Non-abandonment !
  - Care does not end when you are no longer a candidate for a procedure.

Non-hospice Palliative Care

- Independent of prognosis
- Should be incorporated into the care of all patient with chronic disease
- Disease management /"curative" medicine and "comfort care" are NOT mutually exclusive !!
- Non-abandonment

Non-hospice Palliative Care for the patient with Advanced HF

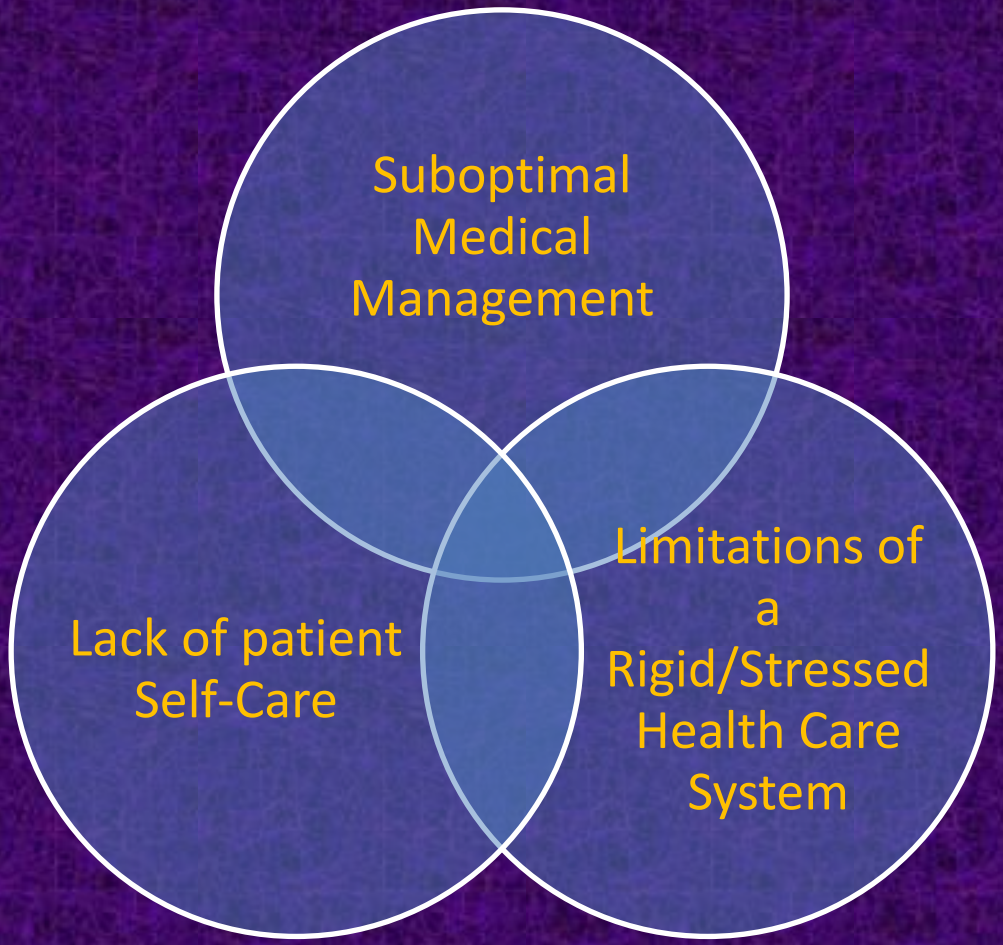
- Intensive conventional medical management
- Focused minimally invasive interventions
- Advanced medical management
- Comorbid disease management in collaboration with PCP.
- Louis K' 50th anniversary

Beware……

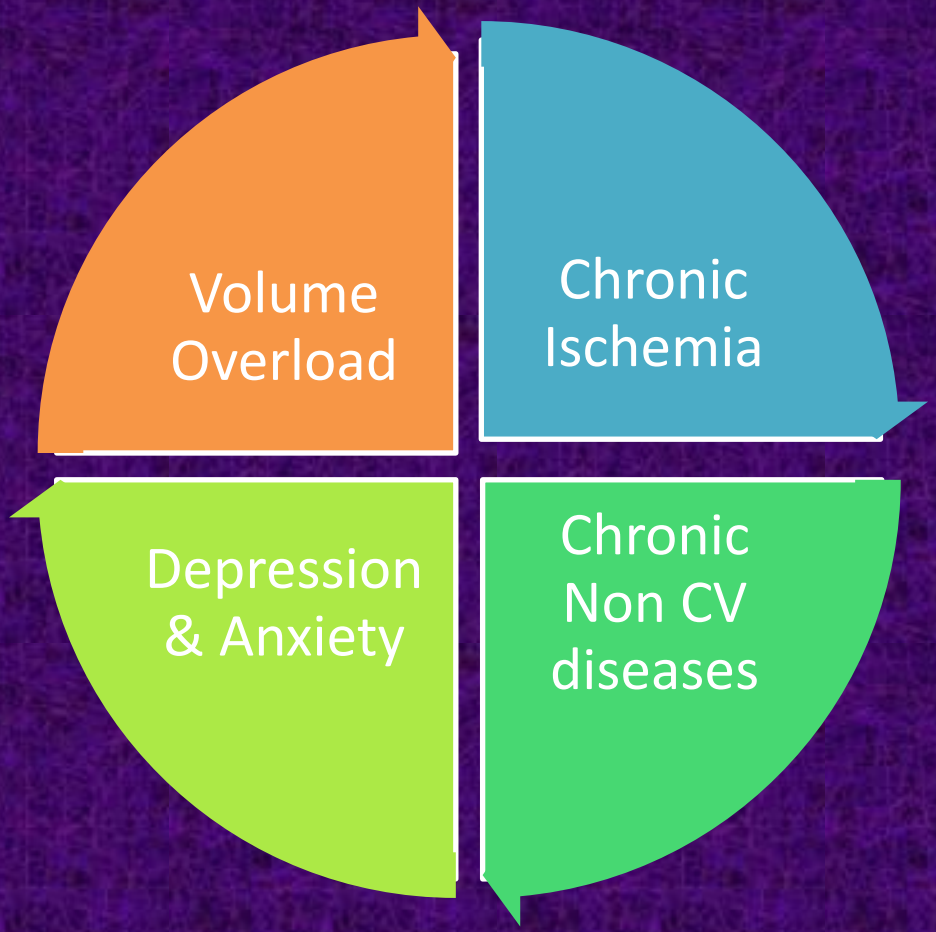
Beware : “Stage D Imposter”

- Stage C patient but through :
  - Patient lack of self care / compliance
  - Suboptimal medical care / failure to follow evidenced based guidelines
  - Limitations of health care system

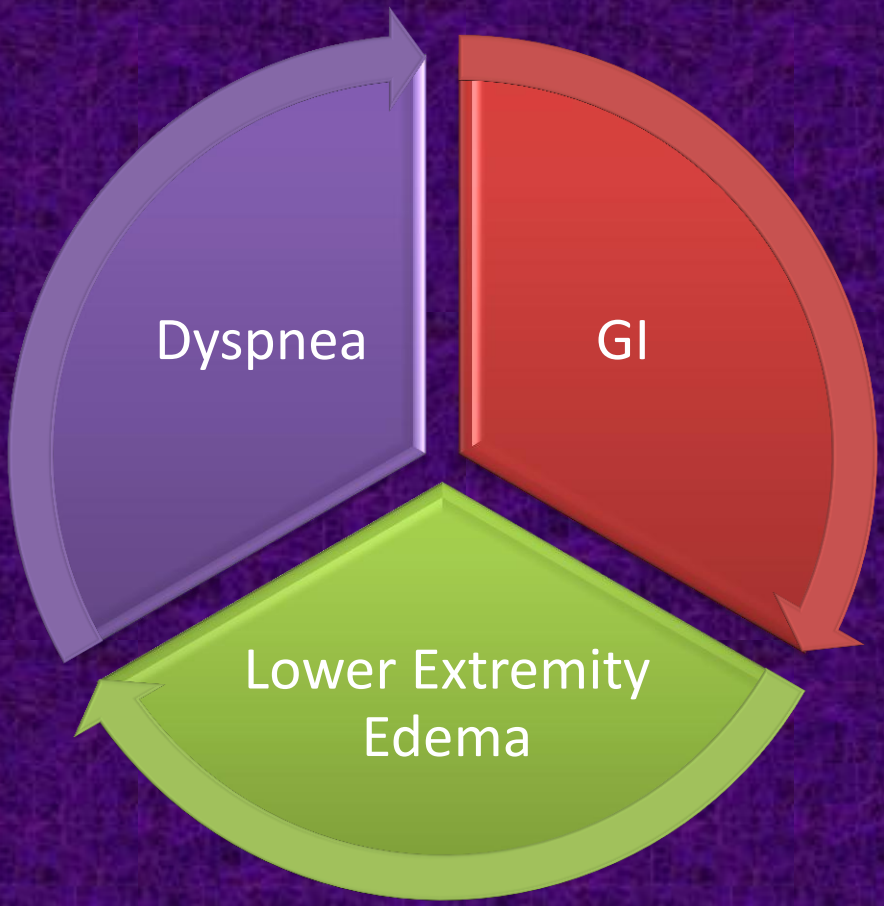
Recipe for Making a Stage C Patient into a Stage D Patient



Palliative Care & Advanced HF



“Refractory” Volume Overload and Suffering



Management of Refractory Volume Overload In Stage D HF

- Intermittent home IV diuretics
- Bumex & Lasix – poor absorption with edematous gut…..try Demadex(Torsemide)
- Sequential nephron blockade
- Intermittent or continuous Inotropes
- Re-examine diet & medication list

Dyspnea in Advanced HF

- Diuresis
- Thoracentesis
- Pleur-X catheter for recurrent pleural effusions
- Low dose morphine – PO, SL
- BIPAP / Oxygen

GI Manifestations of Volume Overload

- Anorexia
- Nausea / vomiting
- Abdominal distension due to tense ascites
  - Decongest gut
  - Reperfuse gut-
    - Inotropes
    - Hunt for CMI – ie. Mrs. K
  - Palliative paracentesis
  - Anti-emetics
  - Morphine

Chronic Ischemia & Advanced HF

- Angina
  - Decongest
  - BB, nitrates, CCB
  - EECP
  - Morphine/Fentanyl patch
- Mesenteric Ischemia
  - Decongest, Inotropes, hunt for flow limiting lesions
- Renal
  - Decongest
  - Inotropes
  - Flow limiting lesions

Chronic Ischemia & Advanced HF

- Lower extremity PAD
  - Critical limb ischemia
    - Rest pain / non-healing wounds
    - Wound care specialists
    - Targeted & thoughtful endovascular procedures & surgical revascularization(??)

Psychiatric Issues in Advanced HF

- Depression- 50% pts with HF have clinical depression
- Anxiety
- PTSD- ? Recurrent ICD discharges

Palliative Care & Advanced Heart Failure

Focus on quality of life & symptom management

1. Volume Management
2. Thoughtful / targeted invasive procedures to maximize quality of life.
3. Treatment of anxiety & depression
4. Psychotherapy- ? PTSD
5. Cardiac & ? Pulmonary rehab
6. Optimal management of non-CV chronic diseases

Thank you