Palliative Care in Advanced CHF

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Required Disclosure Slide

I have no financial or commercial interests which could result in any conflict of interest which might influence the content of this presentation

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Palliative Care in Advanced CHF

- The Challenge is the Transition
  - Recognition that CHF is a Chronic and Progressive Disease
  - Acceptance that Progression of this chronic disease is occurring
  - Palliative Care Discussion can aide in accepting this transition
Palliative Care Service

NOT THIS
Palliative Care Service

- We are NOT Hospice
- WE ARE: An Interdisciplinary Team composed of physicians, nurses, nurse practitioners, pharmacists, social workers, chaplains, and students of all kinds
Palliative Care Consultation

- Begin a Discussion
- Discuss Possibilities
- Discuss Options
- Discuss Goals
Palliative Care Consultation

- **The Earlier the Better**
  - Most patients are not ready to commit to final decisions during the first discussion
  - Revisiting the issues can be very helpful to acceptance and decision making
The Dreaded Conversation
Set the Stage

- “Selling” CHF as a Chronic Disease
- CHF as a progressive disease
- CHF as an incurable disease
- CHF as potentially terminal disease
Cardiac Disease

- Huge advancements over the last few decades which have significantly prolonged lives
- Expectation that there will always be a next step, something around the corner
- What’s the next step for me?
Cardiovascular Disease

- Heart Disease is the leading cause of death in the US and worldwide.
- But that doesn’t REALLY apply to ME or MY LOVED ONE.
Medical Advertisement

Abington Memorial Hospital

LIVING PROOF of THE POWER TO HEAL
Advertisement of Hope

This is the moment your heart felt happy again.
Advertisement of Knowledge
Advertisement of Services

Mobile Heart Screenings

Call 855-712-TEST (8378) for more information

Be Heart Smart

Jefferson University Hospitals

JeffersonHeart.org
Advertisement of Health

Jefferson

HEALTH IS ALL WE DO
Routine Cardiac Procedures - ?!

- “We’ll just stent it when we’re there”
- “We’ll admit you, get the fluid off, and then you’ll get home”
- “You’ll do great. Probably home within a week”
- Smaller Incisions, Robotic Surgery, TAVR
Current Expectations of Aging
Geriatric Patient with LVAD
The Back Pedal

- Bring back the “seriousness” of heart disease
- Review that no cardiac procedure is truly routine
- Review the fact that age and functional status matter wrt prognosis
- Share the fact that the “next step” does not always exist
Advanced CHF Patients

- When there are no next procedures
- When the therapy has been maximized...
Advanced CHF Treatment

- Understanding that another exacerbation WILL come
- So, let’s prepare for that exacerbation
- HEART FAILURE HOME CARE
  - Adjust oral medications as necessary
  - IV diuretics
  - Help manage home inotropes
- Goal: Avoid Rehospitalization
Advanced CHF Treatment

- Crucial to address the non-cardiac issues

- Anxiety
  - Recognition
  - Reassurance that help is available
  - Lifestyle choices – meditation, calming activities, aromatherapy, massage
  - Medications
Non-Cardiac Issues

- Insomnia
  - Anxiety or Depression
  - Pain
- Central Sleep Apnea
  - Nocturnal oxymetry
  - BiPAP
  - Implanted diaphragmatic stimulation

- Pain
  - Venous Ulcers
Depression in Advanced CHF

- Multifaceted
- Reactive Depression
  - Life Limitations
  - Frustration
- Anticipatory Grief
- Acknowledged and Treated
  - Counseling, Support Groups
  - Medications
Palliative Care Service

- Acknowledge the fact that the Advanced CHF will progress
- Make it clear that treatment continues during the progression
- Earn Trust
  - That we can treat patients at home
  - That we can keep them comfortable at home
Palliative Care Service

- Continuation of Discussions as the disease marches on
- Continuation of Discussions as treatment goals change
  - Rehospitalization
  - Staying at home
Advanced CHF

What does it look like when then End of Life Approaches?

- Testing Result
- Clinical Indicators
- Emotional Indicators
Testing Results

- Low LV Ejection Fraction
- Right Ventricular Failure
- Hyponatremia
- Hypernatremia
- Elevated Cardiac BNP
- Cirrhosis due to hepatic congestion
- Widened QRS
Clinical Prognostic Indicators

- Recurrent Hospitalizations
- Poor Functional Status
- Resistance to Diuretics
- Anorexia and Cachexia
- Resting Tachypnea
- Depression
- Chronic Edema with Venous Ulcers
The Fork in the Road

- Turn away from the continuous efforts at Restorative Care to
- Efforts at Comfort Directed Care
- **THIS IS WHEN** the discussion also continues
  - When trust has been earned that comfort can be attained at home
- **Heart Failure Hospice**
Heart Failure Hospice

- Not one size fits all
- Continue cardiac medications which help maintain comfort
- Those medications may vary from patient to patient
- Individual patients are often “attached” to different medications
- Regimen is the product of discussion
Special Topics – The LVAD

- Does not change the message that:
  - Procedures may be successful
  - They can prolong life
  - They can improve the QOL

- But, Procedures are not curative
  - AND, ultimately heart disease still advances
  - AND, decisions still have to be made
Introduce “A Touch of Reality”

- Procedural complications are real
- Discuss strategies on how to handle complications should they occur
- What QOL is acceptable if they happen?
- Medical POA designation
- **BEGIN** the discussion between the patient and the family
- Plans will be in place at surgery
Special Topics - INOTROPES

- Home Inotropes are **Not** the Norm
- But there are exceptions
  - If withdrawal of the inotrope results in symptomatic deterioration, it may be continued
  - Near the End of Life, inotrope withdrawal does NOT always lead to deterioration
Special Topics – THE ICD

- Pacing is never “turned off”
  - Pacing does not “keep someone alive”
- Most patients choose to inactivate the defibrillation function to avoid shocks
  - Shocks hurt
- Some choose to keep the ICD fully functional
  - People still will die
Special Topics – THE ICD

- Provide the Family with a Magnet
  - The magnet placed over the ICD will inactivate the defibrillation function while it remains over the device
  - The magnet does NOT affect pacing function

- PLACING A MAGNET OVER THE DEVICE WILL NOT CAUSE DEATH
Palliative Care in CHF

- Process that requires patience
- ANY patient with Chronic CHF is appropriate for a Palliative Care consultation
- Earlier is Better
Palliative Care in CHF

- Now offer **outpatient** Palliative Care Consultations for any patient with heart failure
- Advanced CHF Clinic on 5Toll at AJH
- Patients may be referred by their cardiologist, primary physician, or they may be self-referred
Outpatient Palliative Care

Consultations are with myself and Janet Dunn, Head of Heart Failure Home Care and Outpatient Heart Failure Hospice, as part of AJH Hospice, Carl Wenzel, MD Director

Encourage as many family members to attend, especially the medical POA
Palliative Care and CHF

DON’T BE AFRAID TO CALL