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Prevalence of palliative care needs in patients with heart failure

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Background: The implementation of Palliative Care (PC) is heart failure is still limited, particularly in developing countries. The objective of this study was to identify the prevalence of PC needs and to describe the symptom burden and quality of life in a cohort of patients with heart failure (HF) followed in two HF clinics in our city.

Methods: Descriptive, cross-sectional study using a comparative and correlational design. Assessment of PC needs was conducted using NECPAL CCOMS-ICO, an instrument that helps to recognize needs of palliative care for different diseases. Symptom burden and quality of life were assessed using the Edmonton Symptom Assessment Scale (ESAS), The SF-12 Health Survey and the Kansas City Cardiomyopathy Questionnaire (KCCQ). Descriptive, correlational analyses were conducted using non-parametrical statistical tests.

Results: 136 patients were included; mean age was 66,43 +/- 14,55 years. 53,7% were male. 75,7% had HF with reduced ejection fraction, NYHA classification was: I (34,6%), II (45,6%) III (19,9%), NYHA IV (0%). 42,6% were classified as candidates for PC according to NECPAL CCOMS. The PC candidates were older, with average age of 71,6 Vs 62,4 (p<0,0001) and higher burden of symptoms according to ESAS (p =0,002). There was not difference in ejection fraction mean 33% Vs 33,2%. Main symptoms were pain, dyspnea and affective symptoms. KCCQ and SF-12 showed worse scores in different dimensions: physical function median 59,16 Vs 83,33 (p<0,001) and social function median 50 Vs 87,5 (p<0,0001), quality of life median 58,33 Vs 79,15 (p=0,004). SF-12 subscales showed total physical score median 37,25 Vs 62,5 (p<0,001) and general health median 25 Vs 50 (p=0,023). ESAS scores for emotional symptoms were inversely correlated with scores SF-12.

Conclusion: More than 40% of patients attended in these heart failure programs were potential candidates for PC. Those patients presented more symptom burden and lower quality of life. Patients with heart failure should be assessed and treated by cardiologist along with palliative care team.