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Multidisciplinary care for end-stage HF. How to improve care?

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Palliative care in advanced heart failure (HF) patients is not standardized. Several trials have demonstrated the usefulness of starting palliative care along with cardiac treatment in the final stages of the disease

Purpose: Assess the feasibility of a multidisciplinary team in patients with advanced HF.

Material and methods: Observational, prospective, single-center study performed in outpatients with advanced HF excluded for heart transplantation or LVAD. The multidisciplinary team includes a cardiologist and nurse specialized in advanced HF, a palliative care physician, case manager nurses and primary care physicians.

Patients were identified as palliative according to the clinical clues reported in 2013 ACC/AHA guidelines. All patients and their relatives accepted to be included in the program.

We evaluated the level of knowledge of the end-stage phase of the disease, the main non-cardiovascular symptoms and treatments, number of hospital admissions, time to death and place of death.

Results: From October 2016 to March 2018, 23 patients were included. Age 77 ± 5 years, 92% men. Most of them had high comorbidity (Barthel 78.6 ± 15 ) and some degree of dependency (Charlson 6 ± 1.1). Ten patients had HFP EF.

All patients knew the severity of their illness and 65% considered the possibility of dying soon.

More than 70% of the patients had non cardiovascular symptoms. The main symptoms and palliative treatments are shown in Figure 1 and 2.

During a mean follow-up of 4±2 months, 7 patients (30%) were admitted (4 patients for cardiovascular (CV) problems and 3 for non-cardiovascular) and 16 patients died (14 CV deaths and 2 non-CV). Of those, twelve patients (75%) died at home or in long-stay centers.

Conclusion: In our experience the multidisciplinary care for end-stage HF was feasible and well accepted for the patients and their relatives. Most of them knew the severity of the disease and the poor prognosis.

The majority of patients received treatments for non-cardiovascular symptoms, being the multidisciplinary palliative care useful for the management of these patients.

A high percentage of patients died outside the hospital. The high short-term mortality probably suggests that palliative care should be considered earlier in end-stage HF.