

Heart Failure Supportive Care in 2015

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Disclosures

Objectives

- ⊗ Heart Failure Supportive Care
- ⊗ Heart Failure Supportive Care Clinic (HFS)
- ⊗ ICD Deactivation

Palliative Medicine

- ❁ **Palliative** – Palliare (Latin) – *to cloak*
- ❁ Approach to improve QoL of pts. and families facing life- threatening illness
- ❁ Physical, psychosocial, spiritual



Palliative Medicine



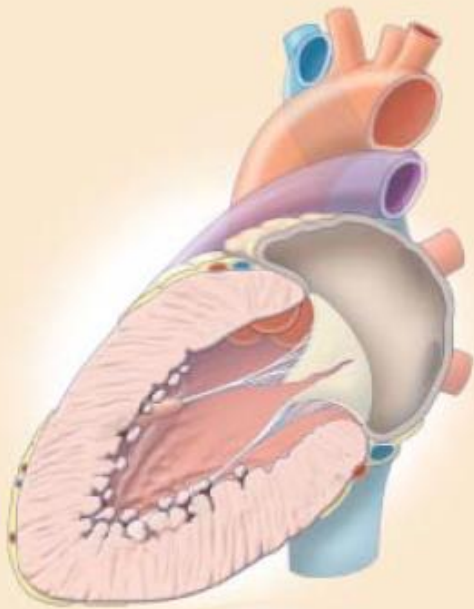
“What has surprised me is how little palliative care has to do with death. The death part is almost irrelevant. Our focus isn’t on dying. Our focus is on quality of life”

Dr. Balfour Mount
McGill University

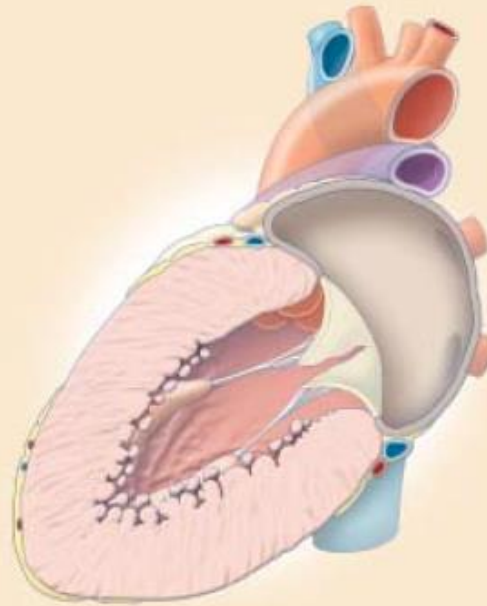
Heart Failure

Inability of heart to meet metabolic demands of body

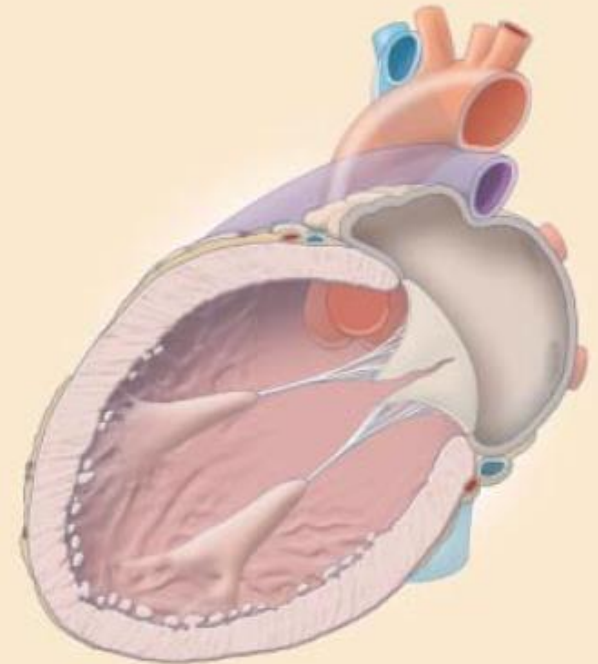
Ventricular remodeling in diastolic and systolic heart failure



Normal heart



Hypertrophied heart
(diastolic heart failure)



Dilated heart
(systolic heart failure)

Heart Failure - Reality

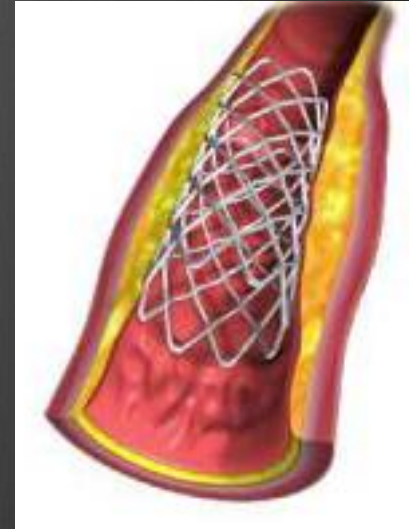
- ⦿ Impacts QoL and length of life
- ⦿ High health care costs ~ \$2 billion/ year in Canada
- ⦿ 25,000 deaths / year in Canada
- ⦿ QoL in NYHA III/IV ... 'trade' ½ of remaining life to feel better

Heart Failure

- ⊗ Only cardiac syndrome rising in prevalence
- ⊗ Survival rate for HF \approx Malignancy :
 - ⊗ 1 yr = 66%
 - ⊗ 2 yr = 50%
 - ⊗ 5 yr = 35%
- ⊗ Compared to malignancy :
 - ⊗ Less palliative care
 - ⊗ Less likely to understand their illness
 - ⊗ Less likely to plan for death
 - ⊗ More likely to die in hospital

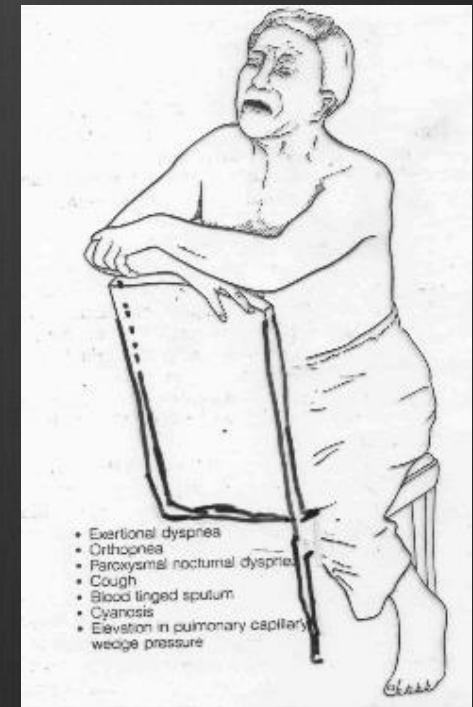
Heart Failure

- ⊗ Medication decreases morbidity and mortality
 - ⊗ ACE-I, $\beta\beta$, spironolactone
- ⊗ Treatments are palliative:
 - ⊗ PCI, TAVI, LVAD
- ⊗ Many patients die from other concurrent diseases



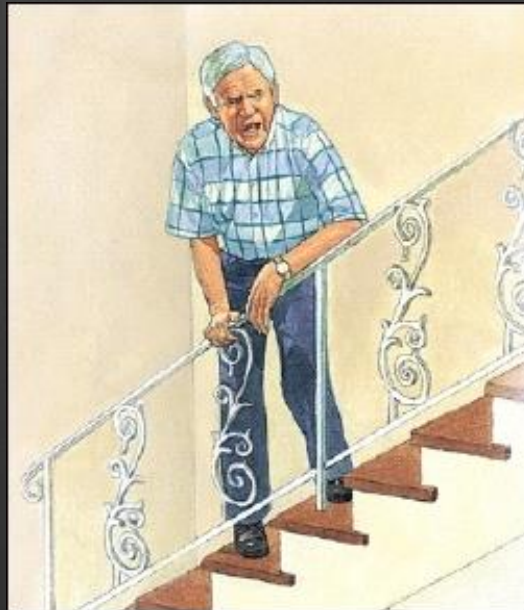
Heart Failure

- ⊗ Patients often have symptoms early
- ⊗ Symptoms affect daily activities, work, relationships
- ⊗ 2005 ACC / AHA: class 1 recommendations for inclusion of Palliative Medicine in heart failure treatment



Heart Failure

<u>NYHA Functional Class:</u>	<u>Mortality 1 yr</u>
Class I – Without symptoms	5-10%
Class II – Symptoms ordinary activity	15-30%
Class III – Symptoms < ordinary activity	15-30%
Class IV – Symptoms at rest	50-60%



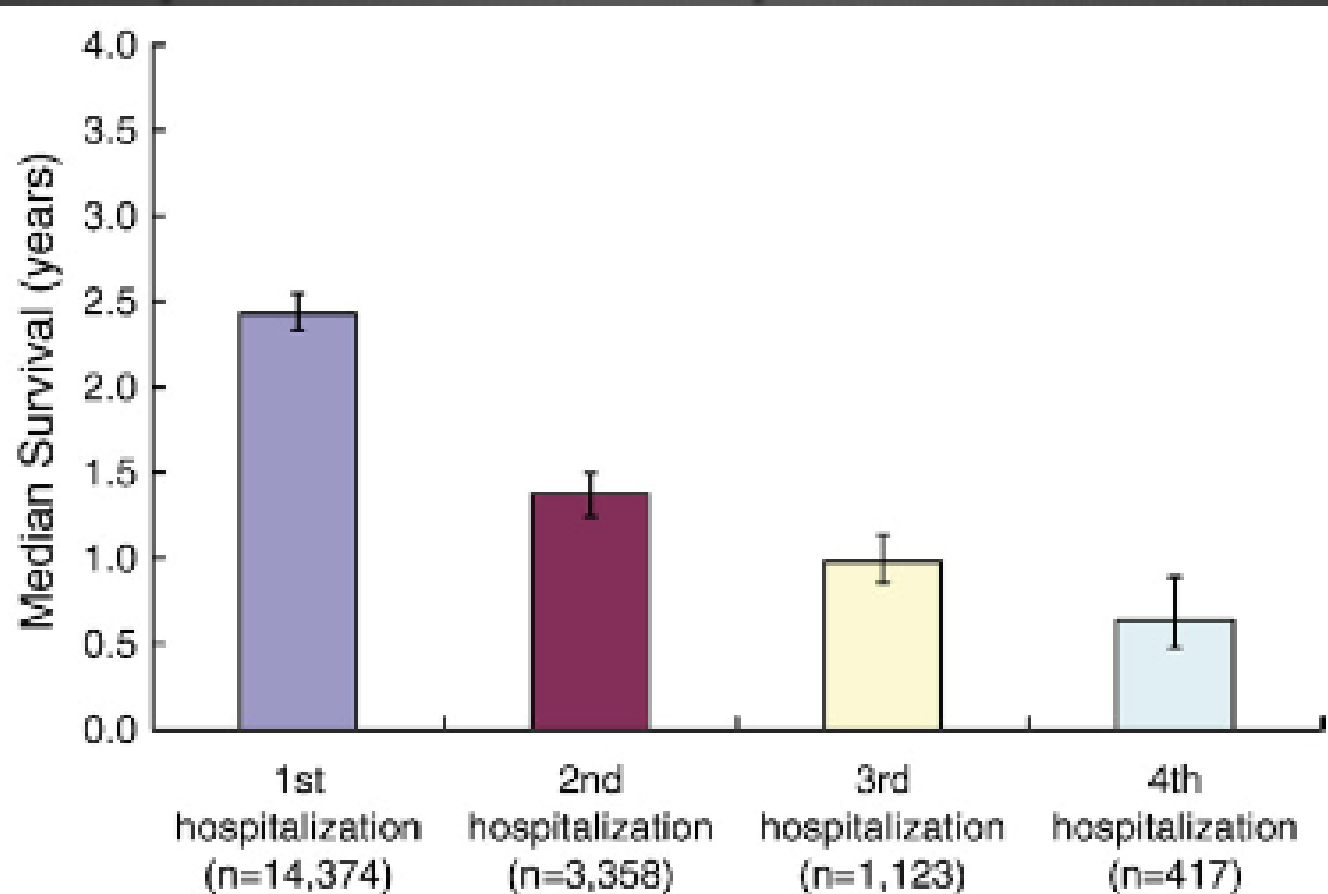
Congestive Heart Failure

Repeated hospitalizations predict mortality in the community population with heart failure

Soko Setoguchi, MD, DrPH,^a Lynne Warner Stevenson, MD,^b and Sebastian Schneeweiss, MD, ScD^a *Boston, MA*

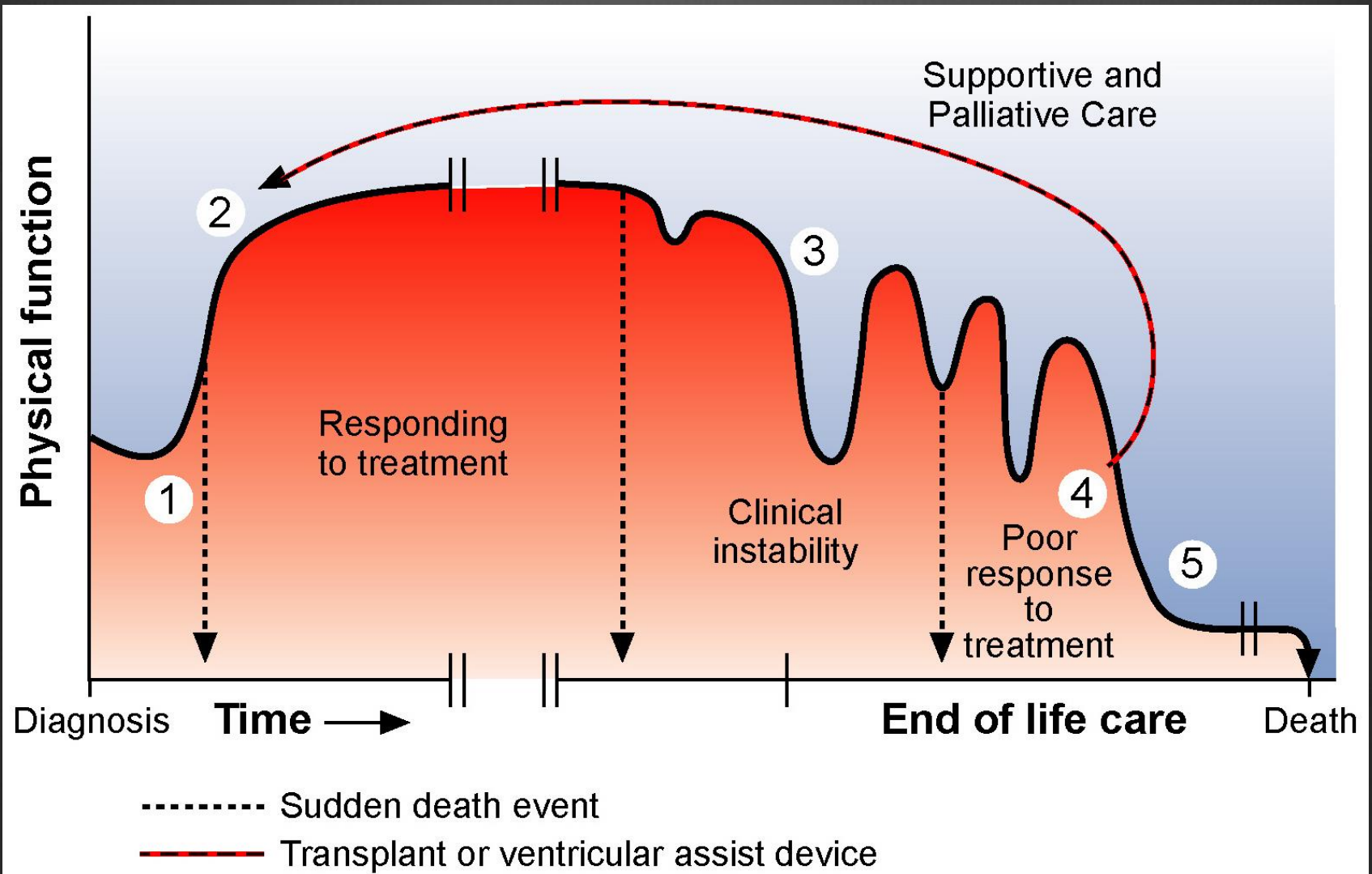
- ⊗ Characterize survival on HF admissions
- ⊗ BC cohort >14,000 patients
- ⊗ Survival time measured after first and each hospitalization
- ⊗ Number of CHF hospitalization = strong predictor of mortality

Survival Decreases with Repeated Hospitalizations



Median survival (50% mortality) and 95% confidence limits in patients with HF after each HF hospitalization.

Phases of HF



Heart Failure Supportive Care Clinic (HFS)

- Established in January 2011 at St. Paul's Hospital / VGH
- Pilot Project - Hypothesis



Heart Failure Supportive Care Clinic (HFS)

- ⊗ Combines specialties of cardiology and palliative care
- ⊗ Out-patients
- ⊗ Patients referred by cardiologists
- ⊗ Patients not usually candidates for transplant or LVAD
- ⊗ **All patients are very complex medical patients**
 - ⊗ Advanced Heart Failure – NYHA III or IV
 - ⊗ All have multisystem disease
 - ⊗ ALL have moderate to severe symptoms
 - ⊗ Based on ESAS



Canadian Institutes of Health Research
www.cihr-irsc.gc.ca

Title: Palliative Care on the Heart Failure Team:
Mapping Patient and Provider Experiences and
Expectations

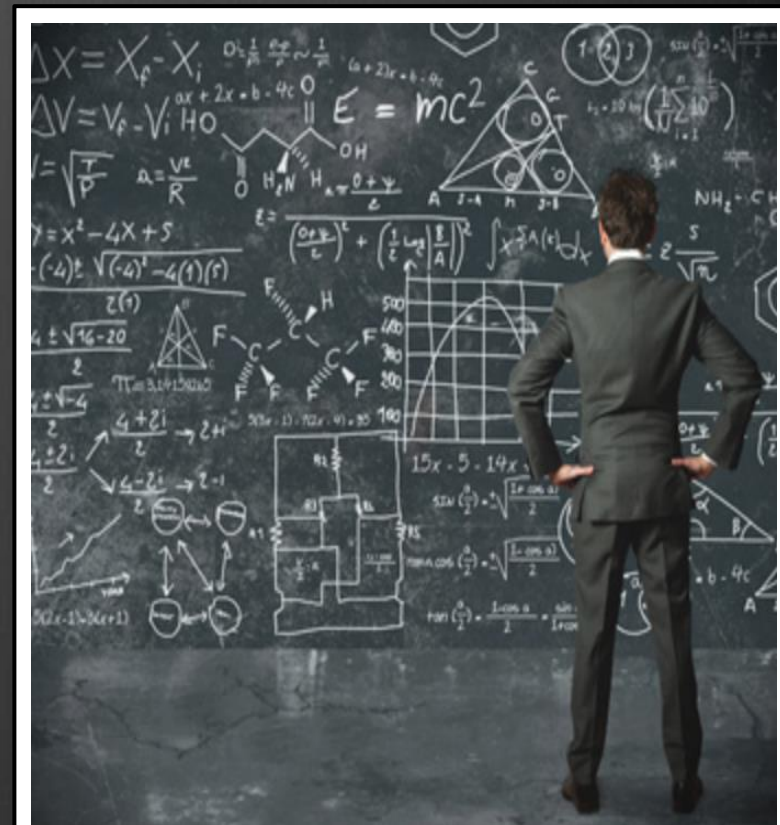
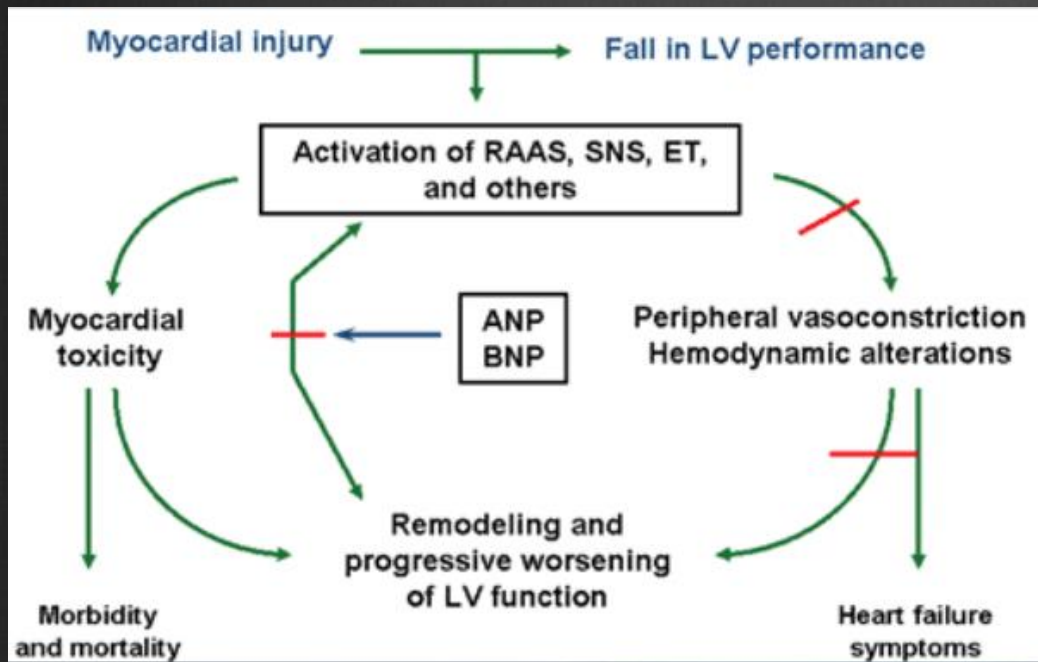
Multicenter: Western, Dalhousie, UBC

Data collection –completed

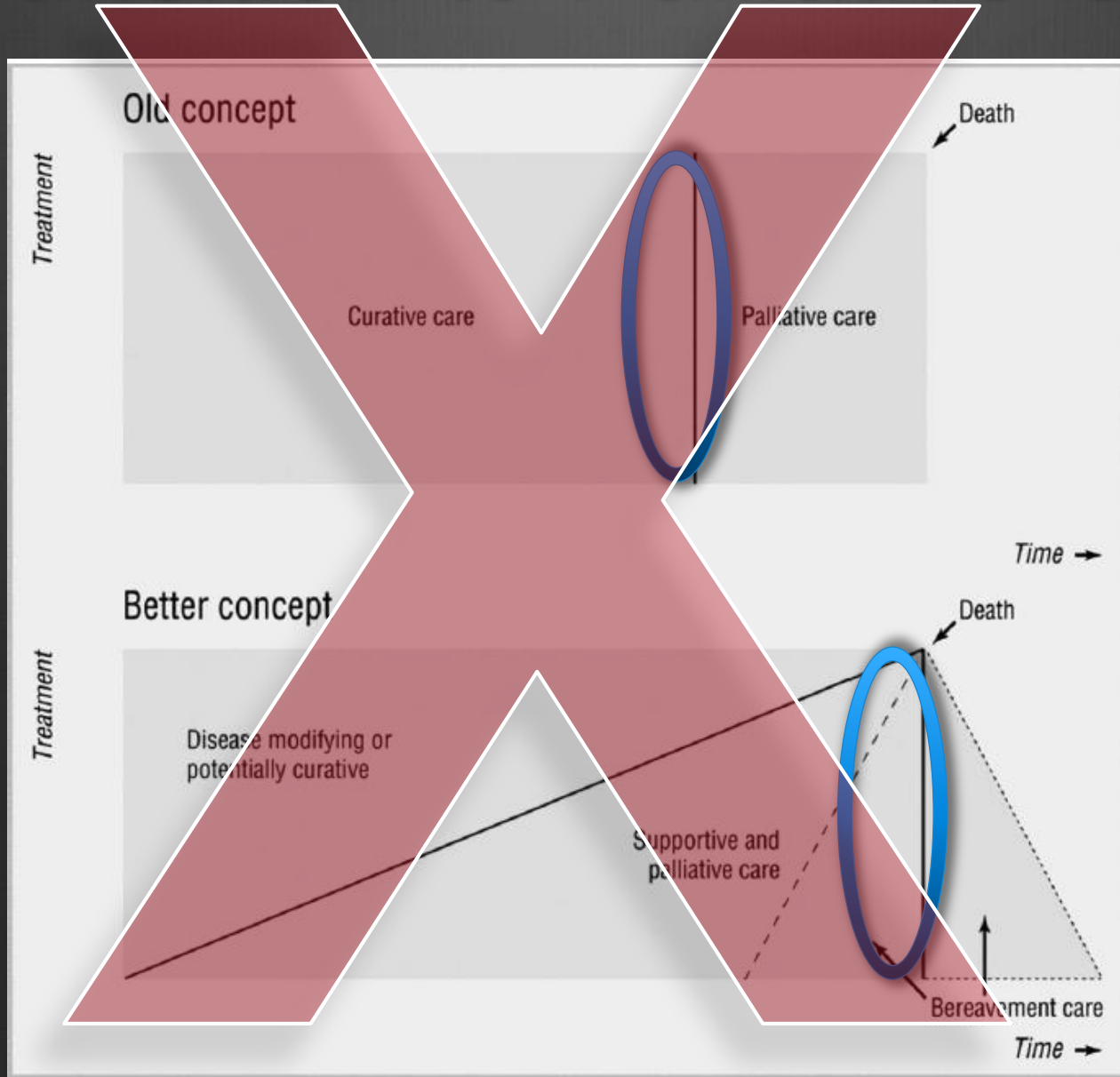


Do Patients Understand Heart Failure?

“I understand that you have heart failure, what does that mean to you?”



Transition to Palliative Care



? Better Model → Concurrent Care

N I

Y I

H I

A

Standard Heart Failure Treatment

C

L

A

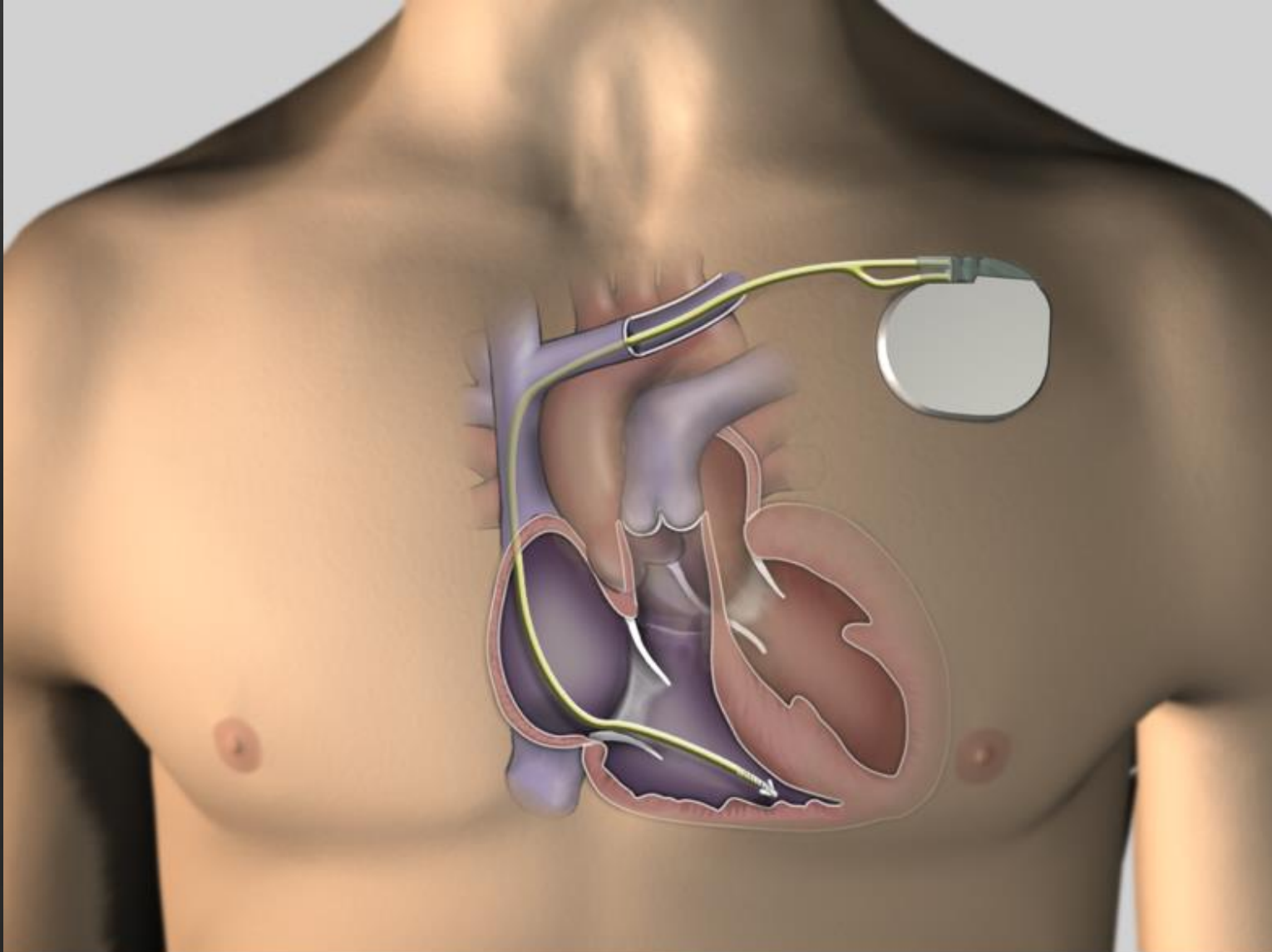
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Palliative Care

ICD – Implantable Cardioverter - Defibrillator



ICD Deactivation

- ❉ **Poor Communication on ICD deactivation**
- ❉ > 95% of hospices admit pts with active ICDs
- ❉ > 50% of hospices have had pts shocked
- ❉ ~ 42% of pts have shocking function deactivated
- ❉ 73% no discussion of turning off ICDs

Goldstein 2004, 2010



ICD Deactivation

- ⦿ Physicians uneasy talking about ICD deactivation
- ⦿ Patients don't want to talk about it either
- ⦿ Physicians should advocate for patient



ICD Deactivation



Europace (2010) **12**, 1480–1489
doi:10.1093/europace/euq275

CONSENSUS STATEMENT

EHRA Expert Consensus Statement on the management of cardiovascular implantable electronic devices in patients nearing end of life or requesting withdrawal of therapy

Luigi Padeletti^{1*}, David O. Arnar², Lorenzo Boncinelli³, Johannes Brachman⁴, John A. Camm⁵, Jean Claude Daubert⁶, Sarah Kassam⁶, Luc Deliens⁷, Michael Glikson⁸, David Hayes⁹, Carsten Israel¹⁰, Rachel Lampert¹¹, Trudie Lobban¹², Pekka Raatikainen¹³, Gil Siegal¹⁴, and Panos Vardas¹⁵

Last weeks of life: 20% receive shocks



ICD Deactivation

- Follow algorithm for ICD deactivation:
 - Discussion before implantation
 - Review objective of ICD at each visit
 - Worsening CHF (Phase 3) → think about deactivation
 - Phase 3-4 → Deactivation



Conclusions

- ⊗ **Heart Failure causes symptoms**
- ⊗ **Specialized clinics may have a role in palliative care**
- ⊗ **ICD deactivation in context of Goals of Care**
- ⊗ **Careful communication**
 - ⊗ Listen
 - ⊗ Discuss
 - ⊗ Reassure