

Review Article

Palliative care in medical outliers with heart failure

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ABSTRACT

Medical outliers are the patients who present to medical practices without health insurance or with serious co-morbidities needing prolonged hospital stay. Palliative care is part of standard guidelines for management of heart failure. But in medical outliers suffering from heart failure, palliative care should begin more early than it is recommended in standard guidelines because of financial reasons. It is suggested that guidelines be framed also for medical outliers with heart failure. It will be useful for patients of heart failure in resource-poor countries too.

Keywords: Palliative care, Heart failure

INTRODUCTION

Medical outliers (MO) are the patients who present to medical practices without health insurance or with serious co-morbidities needing prolonged hospital stay. MOs are psychological and economic challenge to the physicians who care for them.¹ Treatment guidelines for management of Heart failure (HF) are available, but no specific guidelines for medical outliers with HF are available. There is a growing recognition that the principles of, and some specific interventions developed in the palliative care (PC) of patients with cancer are equally applicable to other conditions.²

Cancer is typified by progressive decline in function. So it is easy to know when the cancer patient has entered palliative phase. But in chronic diseases like Heart Failure, it is difficult to identify palliative phase, as there are periods of relative stability interspersed with acute episodes of severe illness. Palliative care has historically been associated with cancer care. However, the provision of palliative care to patients with advanced HF to prevent patient suffering is just as important.³ Patients with HF usually have symptoms long before they present for evaluation. Even with the initiation of appropriate

medications, diet, and fluid restriction, symptoms almost always persist at some level. These symptoms affect daily activities, work, interpersonal relationships, and overall quality of life.⁴

Even though heart failure severely affects quality of life and has a high mortality rate, patients with heart failure have less access to palliative care than patients with other life-threatening conditions such as cancer.⁵

The unpredictability of the HF prognosis leaves patients, caregivers and health care providers perplexed regarding what to expect and how to care for this patient population. New guidelines have brought to light the reality that palliative care needs to be integrated into the continuum of care for HF patients.⁶ Although the goal of therapy for most patients with advanced HF is to extend life, an acknowledgment of the life-limiting nature of the disease is required. Most patients appreciate an honest and early discussion about these issues and the goals of care to help them express their wishes and prepare for end of life. Poor doctor-patient communication has been found to result in advanced HF management plans that do not take the wishes of patients into account in about one-third of cases.⁷

Challenges in medical outliers with HF

- Symptom management needs to be delivered at the same time as treatment for acute exacerbations. This leads to difficult decisions as to balance between symptom relief and aggressive management of HF.
- Main challenge lies in providing nursing care and ensuring that plans are agreed for the time when medical intervention is no longer *affordable*. Treatment options for end-stage HF range from continuation of guideline-directed medical therapy to device interventions and cardiac transplantation.⁸ MOs are not candidates for cardiac transplantation or a ventricular assist device.
- Implantable Cardioverter Defibrillator (ICD) deactivation is not an issue in MOs, as MO would not have afforded an ICD.
- Age, frailty and psychosocial issues affect both outcomes and selection of therapy for stage D patients. Heart transplant and mechanical circulatory support devices are potential treatment options in select patients. In addition to considering indications, contraindications, clinical status and co-morbidities, treatment selection for stage D patients involves incorporating the patients wishes for survival versus quality of life and palliative and hospice care plans.⁹
- In medical outliers, because of financial factors, options become limited and PC has to start early.
- Effective communication and a multidisciplinary, team-based approach are needed to ensure a smooth transition to palliative care.³

Symptomatic management in HF

Dyspnea

Dyspnea is the most common distressing symptom in advanced HF and needs to be treated even if the clinical, radiographic, or biochemical features of the case do not suggest it.¹⁰ It is important to remember that standard measures of dyspnea rely on the patient's self-report, and patients nearing the end of life with declining consciousness and cognitive ability may be unable to report, even by yes or no answers, distressing dyspnea. This makes the patient vulnerable to under-treatment or over-treatment. Diagnostic options such as asking family members to participate in the patient's evaluation may help to estimate dyspnea.¹¹

Benzodiazepines may be helpful in the treatment of dyspnea associated with anxiety.¹² Fentanyl is a good choice of opioid in some cases as it can be readily titrated, may have fewer side effects, and is less likely to cause symptoms in renal failure. It is also less delirio-genic than other opioids.¹³

Cough

Cough is a difficult symptom to manage. There are many causes in intractable illnesses like HF. Antitussives, such

as codeine linctus, are sometimes effective, particularly for cough at night.²

Depression

Depressed patients have higher mortality when compared with non-depressed patients.¹⁴ It should not be assumed that depression is 'understandable' because of an unpleasant physical symptom and therefore has no solution other than removing the symptom.² Pharmacological and non-pharmacological treatments should be considered, including selective serotonin inhibitors and psychological counseling.

CONCLUSION

The objective in medical outliers with advanced heart failure is to improve the quality of life for patients who are candidates for ICD, a ventricular assist device or cardiac transplantation, but cannot afford them. Palliative care specialists can help patients and family members make well-informed decisions.

Palliative care should start early in Medical Outliers. It is suggested that guidelines be framed also for medical outliers with Heart failure. These will be useful for patients of Heart Failure in resource-poor countries.

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