Title
Does the Type and Dose of Palliative Care Services Received by Patients With Advanced Heart Failure Impact Symptom Burden?

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Authors
Evangelista, Lorraine S
Ballard-Hernandez, Jennifer
Lombardo, Dawn
et al.

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Abstract 10131: Does the Type and Dose of Palliative Care Services Received by Patients With Advanced Heart Failure Impact Symptom Burden?

Lorraine S Evangelista, Jennifer Ballard-Hernandez, Dawn Lombardo, Shaista Malik, Marjan Motie and Solomon Liao

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Introduction: Outpatient palliative care (PC) for patients with symptomatic heart failure (HF) is a relatively new practice and few data exist that describe the nature of these clinical encounters.

HYPOTHESIS: We hypothesized that the nature of outpatient PC services (i.e. type, duration, frequency) used by patients with advanced HF would impact symptom burden 3 months post-discharge.

METHODS: This study was conducted at a single, tertiary care medical center. Patients were recruited from the inpatient setting during an episode of acute HF exacerbation and referred for an initial PC consultation and subsequent follow-up support with the PC team. Data on PC services accessed were monitored over 3 months. Telephone surveys were conducted immediately after and 3 months post-discharge to assess symptom burden.

Results: Thirty six patients completed the initial PC consultation with a PC specialist (17%) or advanced practice nurse (83%); care focused on physical and psychosocial assessment (100%), advanced care planning (100%), symptom management (81%), illness understanding (69%), and patient and family coping (50%). Median total time for the initial PC consultation was 75 minutes (range 50-120). Twenty-nine (83.7%) agreed to receive...
additional PC support; median number of visits per patient was 2 (range 1-4). Marked improvements in all symptoms, except depression, were noted at 3 months (Table 1). Participants who sought PC services beyond the initial consultation reported significantly better symptom control than their counterparts (P<.050).

**CONCLUSION:** Our findings suggest that the type and dose of PC significantly improved the symptoms evaluated. Randomized controlled trials are indicated to further evaluate the effectiveness of PC services in patients with advanced HF.

**Table 1. Comparison between Baseline and Follow-up Symptom Scores (N = 36)**

<table>
<thead>
<tr>
<th>EASI Symptoms</th>
<th>Total No. of Patients</th>
<th>SQR* n (%)</th>
<th>Baseline Median (P25-P75)</th>
<th>Follow-Up Median (P25-P75)</th>
<th>Z statistic</th>
<th>P**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy</td>
<td>36</td>
<td>34.00 (29.00 - 40.75)</td>
<td>26.30 (23.23 - 32.73)</td>
<td>-6.693</td>
<td>&lt; .001</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>36</td>
<td>4.50 (3.25 - 7.00)</td>
<td>6.00 (3.00 - 9.00)</td>
<td>-2.548</td>
<td>&lt; .001</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>36</td>
<td>4.00 (0.00 - 6.00)</td>
<td>3.00 (0.00 - 4.00)</td>
<td>-2.146</td>
<td>&lt; .001</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>36</td>
<td>4.00 (0.00 - 6.00)</td>
<td>3.00 (0.00 - 4.00)</td>
<td>-2.146</td>
<td>&lt; .001</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>36</td>
<td>4.00 (3.00 - 7.00)</td>
<td>3.00 (0.00 - 4.00)</td>
<td>-2.146</td>
<td>&lt; .001</td>
<td></td>
</tr>
<tr>
<td>Dyspnea</td>
<td>36</td>
<td>4.00 (3.00 - 6.00)</td>
<td>3.00 (0.00 - 4.00)</td>
<td>-2.146</td>
<td>&lt; .001</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>36</td>
<td>3.00 (1.00 - 4.75)</td>
<td>3.00 (0.00 - 4.00)</td>
<td>-2.146</td>
<td>&lt; .001</td>
<td></td>
</tr>
</tbody>
</table>

*Defined as a 10-point decrease in score or 0-10 score on EASI.

**Wilcoxon signed-rank test.


Heart failure  Palliative care  End of life  Family  Patient education/teaching psychosocial aspects