

UC Irvine

UC Irvine Previously Published Works

Title

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

Permalink

<https://escholarship.org/uc/item/0v34q24s>

Journal

CIRCULATION, 128(22)

ISSN

0009-7322

Authors

Evangelista, Lorraine S
Ballard-Hernandez, Jennifer
Lombardo, Dawn
[et al.](#)

Publication Date

2013

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed

CORE 2. EPIDEMIOLOGY AND PREVENTION OF CV DISEASE: PHYSIOLOGY, PHARMACOLOGY AND LIFESTYLE

SESSION TITLE: HEART FAILURE DISEASE MANAGEMENT

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

Published: November 26, 2013

[Article](#) [Info & Metrics](#) [eLetters](#)

▼ [Jump to](#)

Abstract

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)

ESAS Symptoms	Total No. of Patients	SRR* n (%)	Baseline Median (P25-P75)	Follow-Up Median (P25 - P75)	Z statistic	P**
TSDS	36		14.00 (29.00 - 40.75)	26.50 (23.25 - 32.75)	-6.895	< .001
Fatigue	36	9 (25.0)	4.50 (3.25 - 7.00)	4.00 (3.00 - 6.00)	-2.846	.004
Pain	36	11 (30.6)	6.00 (0.00 - 7.00)	4.00 (0.00 - 6.00)	-3.690	< .001
Anxiety	36	13 (36.1)	4.00 (3.00 - 6.00)	3.50 (1.25 - 4.00)	-3.523	< .001
Well-Being	36	8 (22.2)	4.00 (0.00 - 6.00)	3.00 (0.00 - 4.00)	-4.148	< .001
Depression	36	9 (25.0)	4.00 (3.00 - 6.00)	3.00 (0.00 - 5.00)	-0.640	.522
Dyspnea	36	8 (22.2)	4.00 (3.00 - 5.00)	3.00 (0.25 - 4.00)	-3.815	< .001
Drowsiness	36	3 (8.3)	4.00 (0.00 - 4.00)	3.00 (0.00 - 4.00)	-3.231	.001
Appetite	36	3 (8.3)	3.00 (0.00 - 4.75)	3.00 (0.00 - 4.00)	-2.919	.004
Nausea	36	4 (11.1)	3.00 (0.00 - 4.00)	3.00 (0.00 - 3.00)	-3.350	.001

*Defined as a 2-point decrease or more in 0-10 score on ESAS.

**Wilcoxon signed-rank test

ESAS, Edmonton Symptom Assessment System; P25-P75, interquartile range; SRR, symptom response rate; TSDS, total symptom distress score.

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