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

SESSION TITLE: PSYCHOSOCIAL ISSUES AND END OF LIFE IN HEART DISEASE

Abstract 9305: Integrating Palliative Care into the Outpatient Heart Failure Disease Management Setting: A Feasibility Study

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Abstract

BACKGROUND: There is limited research on the effectiveness of palliative care (PC) programs on symptom distress and quality of life (QOL) in patients with advanced heart failure (HF).

PURPOSE: We conducted this prospective, comparative study to determine whether a shared care model that integrates PC with standard HF care in an outpatient setting versus standard HF care alone impacts symptom burden, depression, anxiety, and QOL (physical, emotional, overall).

METHODS: Thirty-six patients (mean age 53.9 ± 68.0 ; predominantly male [72%]; White [61%]; married [69%]; New York Heart Association class II [69%]) were referred for an outpatient PC consultation in conjunction with their post-discharge follow-up visit with their HF provider. Changes in symptom burden, depression, anxiety and QOL at three months were compared to 36 patients with advanced HF matched on age, gender, race, and NYHA functional class.

RESULTS: Significant improvements were observed in symptom burden ($P < .001$), depression ($P = .002$), emotional QOL ($P = .001$) and overall QOL ($P < .001$) in both groups over time; anxiety and physical QOL improved for patients receiving PC but worsened for patients in the comparison group (Table 1). A multivariate

model that included PC accounted for 57%, 23%, 75%, 37% and 50% of variance in symptom burden, depression, physical, emotional, and overall QOL, respectively.

CONCLUSIONS: Our findings support the interpretation that participation in a PC intervention may reduce symptom burden and depression and enhance QOL in patients hospitalized with acute HF exacerbation. Larger scale, prospective, randomized clinical trials sufficiently powered to assess clinical outcomes, are warranted to assess the efficacy of a shared care model that integrates PC with standard HF care in outpatient settings on symptom distress, psychological outcomes, and QOL in patients with advanced HF.

Table 1. Baseline and 3-Month Outcomes (N=72)

Variable	Palliative Care Group (n=36)		Standard HF Care Group (n=36)		P (time)	P (T x G)
	Baseline (mean ± SD)	3-Month (mean ± SD)	Baseline (mean ± SD)	3-Month (mean ± SD)		
Symptom Burden (ESAS) ^a	37.1 ± 7.3	30.9 ± 4.2	37.3 ± 7.3	34.0 ± 3.7	.000	.031
Anxiety (BSI-A) ^b	2.5 ± 1.5	2.0 ± 1.9	2.8 ± 1.8	3.1 ± 0.9	.502	.019
Depression (PHQ-9) ^c	14.2 ± 5.5	8.7 ± 5.1	14.5 ± 5.9	13.4 ± 6.1	.002	.034
Quality of Life (MLHFQ) ^d						
Physical	15.6 ± 7.3	13.8 ± 8.7	16.3 ± 7.4	18.9 ± 6.2	.377	.000
Emotional	15.9 ± 5.8	11.8 ± 6.4	16.1 ± 6.2	15.6 ± 6.0	.001	.009
Overall	35.6 ± 12.3	25.7 ± 12.2	38.0 ± 11.9	33.7 ± 10.0	.000	.015

^a ESAS = Edmonton Symptom Assessment Scale;

^b BSI-A = Brief Symptom Inventory-Anxiety Subscale

^c PHQ-9 = Patient Health Questionnaire

^d MLHFQ = Minnesota Living with Heart Failure Questionnaire higher scores indicate greater symptom interference and lower health related quality of life

Palliative care Heart failure