

# Heart failure and Palliative care

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### When is palliative care needed?

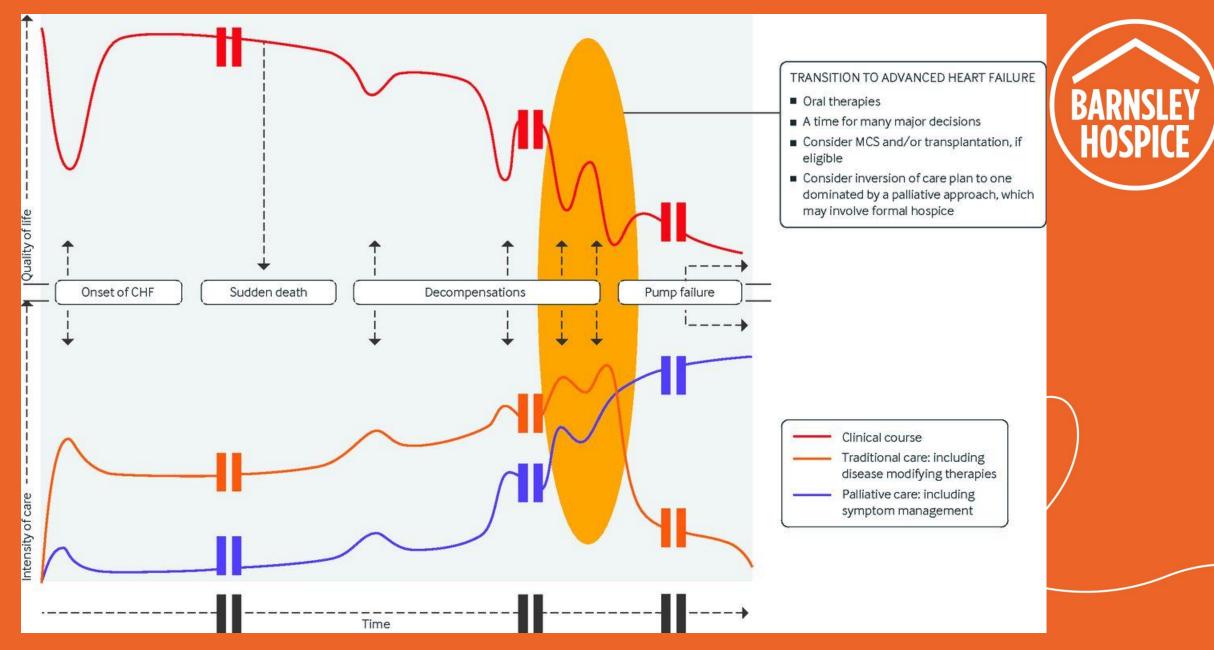


• Goals of care are shifting

Living as long as possible matters most to me Quality of life and comfort matters most to me

- Functional decline
- Persistent symptoms in spite of treatment
- SPICT tool

https://www.spict.org.uk/e-spict/



#### BMJ 2016;353:i1010



A recent example . . .



#### Symptom management in advanced heart failure



- Most common symptoms are
  - Breathlessness, pain, fatigue, depression
- Identify depression and treat Sertraline, mirtazapine
- Dyspnoea diuretics
  - Furosemide, bumetanide PO
  - Furosemide infusion can be used subcut at home, in hospice
  - Adjuncts- thiazides, MRAs HF specialist advice, and close monitoring U+Es
- Use low dose morphine / oxycodone IR for dyspnoea at rest
- Use low dose benzodiazepines for dyspnoea at rest with anxiety

#### Symptom management in advanced heart failure

• Medications review

Medicines to consider continuing in short-term	Weigh up advantages / disadvantages of discontinuing medicines	Medicines to consider discontinuing
Diuretics Symptomatic arrhythmia therapy Anti-coagulation in metallic valves or active DVT/PE/thrombosis	ACEi /ARB/ARNI Beta-blockers Aldosterone antagonists Digoxin in sinus rhythm Ivabradine Anti-anginals	Anti-coagulation for thromboprophylaxis Anti-platelets Statins Anti-hypertensives

- DNACPR / ReSPECT discussions and ICDs
- EPaCCS / Special notes
- Pre-emptive subcut prescribing



## Specialist Palliative Care and Hospice input

• In community working alongside primary care teams, community Macmillan SPC team, Community Matrons, HF CNS, Breathe team

 Palliative medicine review – outpatient follow up F2F or telephone, home visits along with community team, 24/7 palliative medicine advice via hospice Pallcall



#### Hospice services

- IPU admissions
- Day therapy The Orangery
  - **o** Complementary and wellbeing therapists
  - $\circ$  ~ Individual and group work
  - Support patients to develop coping strategies to help with the physical, emotional and psychological symptoms
- Counselling and bereavement support
  - Patients and families