

# Heart Failure

## Palliation of Symptoms

Dr Hannah Western

Consultant in Palliative Medicine

Barnet and Chase Farm Hospitals

NHS Trust

North London Hospice

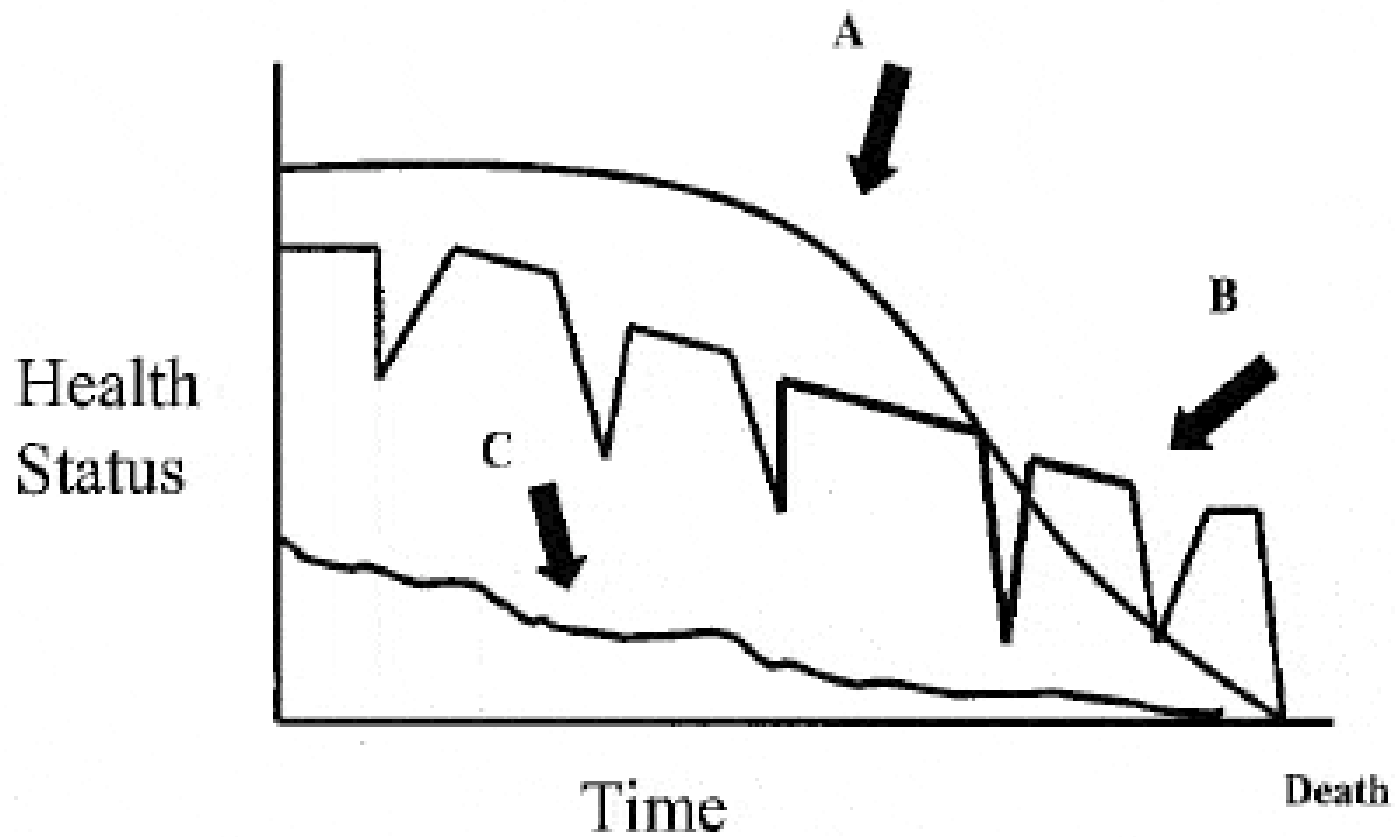
# The Statistics..

- Prevalence 3 – 20/1000 (Cowie 1999)
- 25-33% die within 1 year of diagnosis (Cowie 2000, Levy (2002)
- 2/3 of Men and \_ of women dead at 5 years (Levy 2002)
- Scottish study showed median survival after 1st hospital admission was 16 months and 5yr survival = 25% (Stewart 2001)

Symptom	Terminally ill patients <sup>4</sup> Symptoms in final week in parentheses	Ambulant patients attending a heart failure clinic <sup>3</sup>
---------	--	---

Breathlessness	61 (51)	83
Mental disturbance		
Low mood	59	41
Insomnia	45	
Anxiety	30	
Anorexia	43	21
Constipation	37	12
Nausea/vomiting	32	17
Tiredness	ND	82
Walking difficulty	ND	65
Oedema	ND	33

# Illness Trajectory



# Advance Care Planning

- ICDs
- LPA?
- Advance Decisions
  - CPR
  - Hospital/ITU admissions
- Written statement of wishes and feelings
  - Place of care
  - How they wish to be cared for
  - Type of treatment they do/don't want

## Mr JB

- 66 year old man
- Stage 4 CCF
- 2 Admissions to hospital in the last 6/12
- Responded to iv diuretics and optimising treatment but overall health declining and now on maximum treatment

## Mr JB

- C/O breathlessness, fatigue, aching limbs, insomnia and nausea.
- Worked in construction until 1 year ago, now struggles to get out of the house
- Lives with his wife who has early dementia

# Questions

- What treatments and management strategies would you consider?
- What other symptoms/issues would you ask about?

# Management

- Breathlessness – Opioids.
  - Consider nitrates and nebs if not already in use
  - If opioid naïve start Oramorph 2.5mg 4 hourly and prn
  - Benzodiazepines e.g. Lorazepam 0.5mg s/l prn
  - Refer for relaxation/breathing training

# Fatigue

- Exclude anaemia
- Consider physio referral for gentle exercise
- Consider OT referral
- Education in activity pacing
- Reassurance

# Aching limbs

- Follow WHO analgesia ladder
- Avoid NSAIDs (may exacerbate cardiac failure due to fluid retention)
- In this case opioids for breathlessness should treat pain.

# Nausea

- Treat any underlying cause (?Digoxin toxicity)
- 1<sup>st</sup> line Metoclopramide
- All other anti-emetics have cautions – Haloperidol, Levomepromazine, Prochlorperazine may cause ventricular arrhythmias but are used 2<sup>nd</sup> line if necessary
- Avoid Cyclizine and Domperidone
- Advise small regular meals etc

# Insomnia

- Need to explore reason – anxiety, depression, dyspnoea, a mixture of all these.
- May be depressed – rapid loss of independence, fear of dying, symptoms etc
- Depression – avoid tricyclics. Consider Citalopram and Mirtazapine
- Benzodiazepines for panic attacks

# Management Continued

- Add to your Gold Standards Framework register
- (When he is dying start the LCP)

## Other issues to discuss

- Consider psychological, social and spiritual as well as physical issues.
- Psychological – mood, anxiety
- Social – care of wife, will, finances
- Spiritual – faith or other aspects of spirituality
- Physical – run through symptom checklist.
- Advance Care Plan



**Any Questions?**

