Key Points

1. End-stage liver diseases share many of the same symptoms and general guidelines for predicting prognosis.
   End-stage liver diseases, marked by hepatic insufficiency and cirrhosis, can arise from a variety of specific diagnoses.

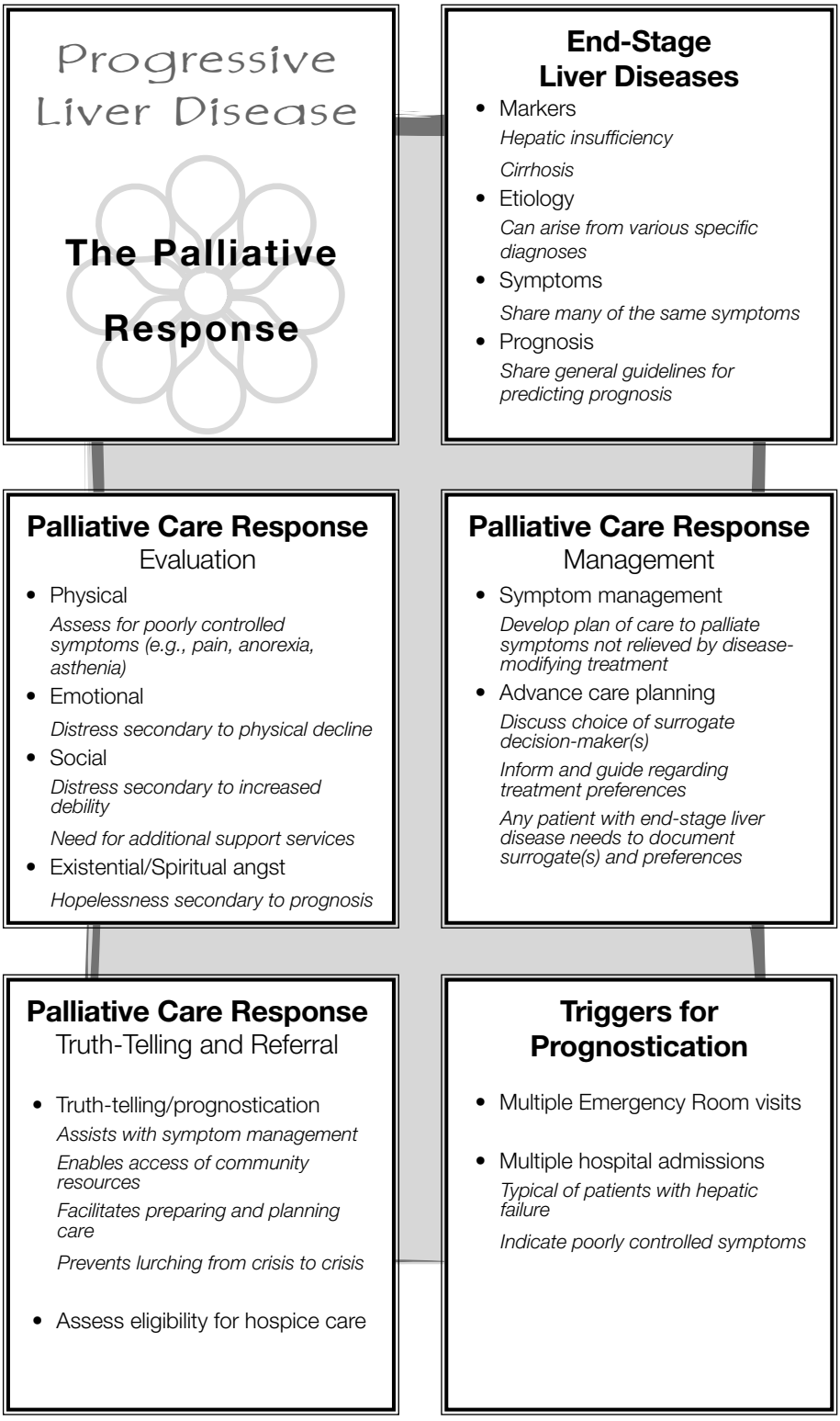
2. Palliative-care response includes symptom management, Advance care planning, truth-telling and prognostication, and assessment for hospice care.
   Advance care planning is appropriate for any patient with end-stage liver disease. Truth-telling assists with symptom management and enables patient to access community resources, prepare for dying, and prevent lurching from crisis to crisis.

3. Multiple ER visits and hospital admissions can serve as a trigger for prognostication.
   These events are typical of patients with end-stage liver disease and indicate poorly controlled symptoms.

4. It is important to share the prognosis with the patient and family.
   Choice of language is very important. "Because of the severity of your disease, you and your family are eligible for the assistance of hospice at home" is preferable to "You have a prognosis of less than six months; therefore, I am referring you to hospice."

5. Assess patient's appropriateness and preference for liver transplant.
   Patients and families not pursuing liver transplant may elect to direct Goals of Care and treatment to relief of symptoms and suffering rather than to cure of underlying diseases.

6. Palliative-care consultation can assist with evaluation, treatment, and ongoing management of unrelieved suffering.
   Consider a palliative consultation to assist with assessing symptom control, advising about Goals of Care and development of treatment plan, melding symptom management with disease-modifying treatment, advance care planning, and evaluation of appropriateness/eligibility for hospice care.


Progressive Liver Disease
The Palliative Response
End-Stage Liver Diseases
• Markers
Hepatic insufficiency
Cirrhosis
• Etiology
Can arise from various specific diagnoses
• Symptoms
Share many of the same symptoms
• Prognosis
Share general guidelines for predicting prognosis
Palliative Care Response Evaluation
• Physical
Assess for poorly controlled symptoms (e.g., pain, anorexia, asthenia)
• Emotional
Distress secondary to physical decline
• Social
Distress secondary to increased debility
Need for additional support services
• Existential/Spiritual angst
Hopelessness secondary to prognosis
Palliative Care Response Management
• Symptom management
Develop plan of care to palliate symptoms not relieved by disease-modifying treatment
• Advance care planning
Discuss choice of surrogate decision-maker(s)
Inform and guide regarding treatment preferences
Any patient with end-stage liver disease needs to document surrogate(s) and preferences
Palliative Care Response Truth-Telling and Referral
• Truth-telling/prognostication
Assists with symptom management
Enables access of community resources
Facilitates preparing and planning care
Prevents lurching from crisis to crisis
• Assess eligibility for hospice care
Triggers for Prognostication
• Multiple Emergency Room visits
• Multiple hospital admissions
Typical of patients with hepatic failure
Indicate poorly controlled symptoms

Determining Prognosis

Determining individual prognosis is difficult

"Would I be surprised if this patient died in next six months?"

yields more accurate prognosis than

"Will this patient die in the next six months?"

If you would not be surprised, assess palliative needs

Sharing Prognosis

Important for people to know that prognosis is limited

- "While no one knows how long anyone will live, there are certain signs that your health is very poor and declining and that time could be limited"
- "People are eligible for hospice when their illness is so severe that they might die in the next six months to a year"

Language Is Important

"Because of the severity of your disease, you and your family are eligible for the assistance of hospice at home"

is preferable to

"You have a prognosis of less than six months; therefore, I am referring you to hospice"

Is Patient a Candidate for Liver Transplant?

If YES:

- Pursue aggressive treatment goals

Is Patient a Candidate for Liver Transplant?

If NO (due to ineligibility or choice):

- Patient and/or family may elect palliative care

  After discussion with physicians

  Direct Goals of Care and treatment to relief of symptoms and suffering rather than to cure of underlying diseases

Markers for Poor Prognosis

Synthetic Function Impairment

- Severe synthetic function impairment

  Serum Albumin less than 2.5gm/dl

  Prolonged INR greater than 2.0

- Indications to assess for improvement

  Acute illness resolves

  Abstinence from alcohol

Markers for Poor Prognosis
Clinical Indicators

- Refractory ascites
  Lack of response to diuretics
  Nonadherence to treatment
- Spontaneous bacterial peritonitis
- Hepatorenal syndrome

Markers for Poor Prognosis
Clinical Indicators

- Recurrent hepatic encephalopathy
  Decreased response to treatment
  Nonadherence to treatment
- Recurrent variceal bleeding
  Despite medical intervention and management

Other Markers for Poor Prognosis

- Unintentional weight loss
  Greater than or equal to 10% of body weight In the last 6 months
- Muscle wasting/reduced strength
- Continued alcohol use
- HBsAg positivity
- Multiple ER and hospital admissions

Consider
Palliative Care Consult

- Any combination of markers for poor prognosis
- Not necessary for patient to have all signs or symptoms

Palliative Care Consult

- Unrelieved suffering
  Assess symptom control
  Advise about Goals of Care
  Assist to meld symptom management with disease- modifying treatment
- Advance care planning
- Evaluate for hospice referral
  Help establish life-expectancy
  Determine eligibility for hospice care

Palliative Care and Progressive Liver Disease

Consult often and early.

Selected Readings

Management of Ascites

Bui, C. D. H., C. J. Martin, and D. C. Currow. "Effective Community Palliation of Intractable Malignant Ascites with a Permanently Implanted Abdominal Drain." *Journal of Palliative Medicine* 2 (1999): 319–321.

Iyengar, T. D. and T. J. Herzog. "Management of Symptomatic Ascites in Recurrent Ovarian Cancer Patients Using an Intra-abdominal Semi-permanent Catheter." *American Journal of Hospice and Palliative Care* 19 (2002): 35–38.

Management of Variceal Hemorrhage

Sharara, A. I. and D. C. Rockey. "Gastroesophageal Variceal Hemorrhage." *New England Journal of Medicine* 345 (2001): 669–679.

Management of Complications of Cirrhosis

McGuire, B. M. and J. R. Bloomer. "Complication of Cirrhosis: Why They Occur and What to Do about Them." *Postgraduate Medicine* 102 (1998): 209–223.