

1.21 Congestive Heart Failure

Key Points

1. Congestive heart failure (CHF) includes physical, social, emotional, and spiritual suffering.
2. All forms of suffering and distress affect the Quality of Life (QOL).
Fewer than half of respondents rate QOL as good. Loss of function, low mood, mental confusion, and incontinence are predictive of poor QOL. Pain and dyspnea, while contributing to poor QOL, are not as predictive.
3. Data about dying from CHF come from retrospective and prospective studies and clinical experience.
Results reveal that 2 of 3 patients experience one or more difficult-to-tolerate physical or emotional symptoms. Family reports indicate that 59% of patients would have preferred a palliative approach and that, in 10% of patients, some aspect of care was contrary to stated wishes.
4. Survival in CHF patients is variable and hard to predict.
Poor prognostic signs are lower systolic BP, elevated creatinine, and persistent rales. Attempts to predict survival contribute to unrelieved suffering by depriving many patients of palliative management since they are not deemed six months from death.
5. The palliative approach to caring for CHF patients is comprehensive and holistic.
Palliative care for CHF focuses on symptom management rather than disease modification. Interventions include psychological, emotional and bereavement support; care of the family; access to community resources; interdisciplinary teaching; home services; and advance care planning.
6. Communication problems are common between CHF patients and physicians.
Communication problems may be due to patient confusion and short-term memory loss, difficulty of prediction, or physicians' discomfort about addressing key concerns openly and frankly.

Congestive Heart Failure



The Palliative Response

Dying from Heart Disease Physical Suffering at Life's End

- PAIN was one of the most common problems
- 78% report pain in the last year
- 63% report pain in the last week
- 50% say pain is "very distressing"
- DYSPNEA was the second most common problem
- 61% report dyspnea in the last year
- 51% report dyspnea in the last week
- 43% say dyspnea is "very distressing"

McCarthy et al., 1996

Dying from Heart Disease Physical Suffering at Life's End

- Loss of appetite 43%
- Nausea/vomiting 32%
- Constipation 37%
- Fecal incontinence 16%

McCarthy et al., 1996

Dying from Heart Disease Physical Suffering at Life's End

- Low mood 59%
 - Sleeplessness 45%
 - Anxiety 30%
 - Mental confusion
 - Under age 55 27%
 - Over age 85 42%
- Much more distressing for younger than older patients*

McCarthy et al., 1996

Social and Spiritual Suffering at Life's End

- Dying in setting other than home (70%)
- Declining functional status
- Social isolation
- Depletion of financial resources
- Caregiver fatigue
- Questions of meaning – Why?

Predictors

of Poor Quality of Life (QOL)

- Loss of function
- Low mood
- Mental confusion
- Incontinence
- Pain/dyspnea contribute but less predictive

*All forms of suffering reduce QOL
Fewer than half report good QOL at Life's End*

Status and Symptoms at Life's End

- 55% conscious in the last three days
- 4 of 10 had severe pain most of the time
- 8 of 10 had severe asthenia
- 1 of 4 had severe dysphoria
- 2 of 3 had one or more difficult-to-tolerate physical or emotional symptoms

Interventions at Life's End

- 11%—final resuscitation event
- 25%—ventilator support
- 40%—feeding tube
- 59%—would have preferred comfort care (as reported by family)
- 10%—some aspect of care was contrary to stated wishes

Congestive Heart Failure Survival Study

<u>Time in Months</u>	<u>Survival</u>
1	81%
3	75%
6	70%
12	62%
18	57%

*Poor Prognostic Signs
Lower Systolic BP—Elevated Creatinine
Persistent Rales*

Cowie et al, 2000

Six-Month Survival Rates Congestive Heart Failure

- Ejection fraction <20% 73%
- Arrhythmia 75%
- Inclusion to hospice

Broad 473	75%
Intermediate 170	69%
Narrow 12	58%

Lynn et al, 1999

Congestive Heart Failure Survival Can Be Unpredictably Short

- Impossible to predict accurately which congestive heart patients will die in given period
- Many patients die before judged "eligible" for hospice care by their predicted life expectancy
- Thus, many patients amenable to palliative care instead experience unrelieved suffering

*SUPPORT Study
Lynn et al, 1999*

Congestive Heart Failure The Palliative Response

- Symptom management (vs. disease modification)
- Psychological, emotional, and bereavement support
- Care of the family unit
- Access to community resources
- Interdisciplinary assistance
- Home services
- Advance care planning

Doctor–Patient Communication

about Death and Dying

Evidence of communication difficulty

- Many patients realized they were dying, but without any input from physician about this reality
- Patients queried researchers about condition, prognosis, and likely manner of death

Etiology of communication difficulty

- Patients—confusion, memory loss
- Physicians—discomfort, unwillingness to provide information

Optimum Medical Treatment

- Ace inhibitors
- Digoxin
- Loop diuretics
- Beta-blockers
- Spironolactone
- Anticoagulant therapy
- Nitrates

Breathlessness

- KEEP DRY, reposition, reassure, provide a fan
- Oxygen
- Morphine or another opioid in short-acting form

Ms 10mg/5ml 5–10mg q1–2 hour for dyspnea

- Mild anxiolytic
Lorazepam 0.5–1mg q2–4 hours
- Relief of dyspnea is more important than determining the creatinine level

Diuretic Treatment Is Key in Breathlessness

Goals

- Minimal rates and patient comfort
- Weight control

Weigh and chart daily

If weight increases, increase diuretics/reduce fluid intake

If weight decreases, reduce diuretic until weight stabilizes

Possible unavoidable side effects

- Hypotension
- Elevated creatinine and BUN
- Dry mouth

Home Nursing Role

- Assist with medicines
- Assist with diet
- Assist with memory
- Assess patient safety and comfort

Bed or recliner with raised head?

Easy access to toilet

Family support

Need for additional assistance (home health aides, homemaker, meals)

Fatigue and Lightheadedness

- Reassess drug therapy
- Consider depression
- Recommend energy conservation
- Check for postural hypotension
- If dyspnea is controlled, may be able to titrate fluid intake to increase intravascular volume with oral hydration

Nausea and Anorexia

Etiology

- Complications of drug therapy
- Constipation secondary to medicines or decreased fluid intake

Interventions

- Frequent small meals to accommodate fatigue
- Appetite stimulant (e.g., alcohol or decadron)
- Metoclopramide for decreased emptying

Edema

Interventions

- Diuretic therapy
- Fluid restriction
- Elevation
- Salt restriction
- Reassurance

Consider Etiology

- Anasarca
- Decreased albumin level

Emotional Suffering

Manifestations

- Delirium
- Depression
- Anxiety

Interventions

- Medical management
- Supportive home environment
- Openly address fears to help regain sense of control

Social Suffering

Etiology

- Loss of income
- Cost of treatment
- Difficulty with transportation and errands
- Necessity for residential care vs. home care
- Time limits and lack of defined prognosis

Interventions

- Access community resources

Spiritual Suffering

Etiology

- Uncertainty about timing/manner of death
- Guilt and anger
- Sense of isolation and abandonment due to fatigue of caregivers and other supporters

Intervention

- Improve symptom control
- Reconnect with community

Programmatic Response

- Hospice care in advanced and difficult cases for intensive support
- Congestive heart home health specialist (offered by some insurances)
- Medicaring demonstration project (supportive services for CHF and COPD)

Congestive Heart Failure

Selected Readings

Incidence and Survival

Levy, D., S. Kenchaiah, M. G. Larson et al. “Long-term Trends in the Incidence of and Survival with Heart Failure.” *New England Journal of Medicine* 347 (2002): 1397–1402.

Care of the Bereaved

Edwards, L. and D. G. Shaw. “Care of the Suddenly Bereaved in Cardiac Care Units: A Review of the Literature.” [Review] [66 refs]. *Intensive and Critical Care Nursing* 14 (1998): 144–152.