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Palliative care in heart failure: a comprehensive perspective

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Introduction

Heart failure (HF) is a chronic and progressive disease with a significant impact on patients' quality of life. Palliative care, focused on alleviating suffering and improving quality of life, is essential in the comprehensive management of HF. Two decades of clinical experience in palliative care provide a deep understanding of the unique needs of these patients.

Definition and need for palliative care in HF

Palliative care in HF aims to alleviate physical, emotional, and social symptoms associated with the disease. These cares are crucial due to the high prevalence of debilitating symptoms such as dyspnea, fatigue, pain, and anxiety, which profoundly affect the patient's quality of life.

Multidimensional assessment

The assessment in palliative care should be holistic, including not only physical evaluation but also psychological, social, and spiritual aspects. Active listening and empathy are essential to understand the concerns and wishes of the patient and their family.

Symptom management

Dyspnea: Managing dyspnea includes optimizing HF treatment, using diuretics, oxygen therapy, and occasionally opioids to reduce the sensation of breathlessness.

Pain: Pain in HF can be cardiac or non-cardiac. Management includes analgesics, adjustments in HF medication, and non-pharmacological therapies.

Fatigue and Weakness: Comprehensive approach with medication adjustments, rehabilitation therapies, and energy conservation strategies.

Anxiety and Depression: Psychosocial interventions, emotional support, and, if necessary, pharmacological treatment.

Communication and shared decision making

Effective communication is vital to explore the patient's care goals and for shared decision-making. This includes discussions about advanced care plans, preferences for the place of care, and decisions about invasive or life-sustaining treatments.[1–4]

Support for family and caregivers

Family members and caregivers are an essential part of the palliative care team. Providing emotional support, education about the disease, and home care management are key components.

Care transitions

Transition between different levels of care, such as hospitalization, home care, or hospice admission, must be carefully managed, ensuring continuity and coherence of care.

Integration of palliative care and HF management

Early integration of palliative care, along with active HF management, can improve quality of life and, in some cases, clinical outcomes. This integration requires close collaboration between cardiologists, palliative care teams, and other health professionals.

Criteria for inclusion in palliative care for patients with heart failure

With twenty years of experience in palliative care, I have observed that the appropriate and timely inclusion of patients with heart failure (HF) in palliative care programs is fundamental to improving their quality of life. HF, being a progressive and chronic disease, presents unique challenges that justify a comprehensive and personalized care approach.[5–8]

General criteria for inclusion

Advanced Stage of Disease: Patients with HF in stage III or IV according to the New York Heart Association (NYHA) classification, where symptoms significantly limit physical activity and quality of life.

Frequent Hospitalizations: Patients with multiple hospitalizations or emergency visits related to HF exacerbations.

Refractory Symptoms: Presence of debilitating symptoms such as dyspnea, fatigue, and chest pain that do not adequately respond to conventional treatments.

Significant Comorbidities: Concomitant diseases that complicate HF management, such as chronic kidney disease, advanced diabetes, or pulmonary diseases.

Specific evaluation criteria

Failure of Optimal Cardiological Treatments: Despite receiving maximum medical therapy, the patient continues to experience significant symptoms and limitations.

Decision Against Aggressive Interventions: Patients who choose not to undergo invasive or advanced procedures, such as the implantation of a defibrillator or a ventricular assist device.

Fragility or Functional Decline: Progressive deterioration in functionality and autonomy of the patient, including difficulties with daily life activities.

Nutritional Criteria: Problems like significant weight loss or malnutrition that impact the patient's general state.

Psychosocial and spiritual aspects

Psychological Needs: Anxiety, depression, or any other mood disorder that significantly impacts the life of the patient.

Limited Social Support: Patients with insufficient family or social support to manage their illness at home.

Patient Preferences and Values: The patient and their family's wishes regarding end-of-life approach and decisions about advanced care.

Continuous and dynamic evaluation

Periodic Re-evaluation: The criteria should be periodically re-evaluated, as the progression of the disease and the patient's circumstances may change over time.[9–12]

Conclusion

The criteria for inclusion in palliative care for patients with heart failure should be broad and consider physical, psychological, social, and spiritual aspects. As a palliative care professional, I emphasize the importance of a comprehensive and ongoing evaluation, adapting the care plan to the changing needs of the patient and their family. Timely inclusion in palliative care can significantly.

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None.

Conflicts of interest

The author declare that there are no conflicts of interest.

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