



SUPPORTIVE CARE PEARLS

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Hospice & Heart Disease

You have probably heard that patients who are hospitalized with new onset Congestive Heart Failure often have 5 year survival rates that are worse than most cancer diagnoses. Congestive Heart Failure is a chronic and progressive disease, but the trajectory is not smooth. There are peaks and valleys of function and symptom status.

When hospitalized, aggressive treatment can result in a return to *nearly* the same status as when they were admitted. This leads to the patient and family having the belief that every exacerbation will always have the same outcome. Unfortunately, there is no way to predict which exacerbation will be the last one.

It has been said that every hospitalization for chronic progressive disease should be a rehearsal for the final admission. Physicians should start Advance Care Planning when patients are first diagnosed to assist with early, well-informed decision making and to assure that patient's wishes are honored.

Hospice referral: Given the prolonged and variable trajectory this disease follows, it is challenging to determine when a hospice referral should be initiated. Certainly patients and families must be aware that their condition is life-limiting, and they should have made the decision to focus on symptom management.

Initial consideration for hospice referrals: A patient's frequent hospitalizations, functional decline, nutritional decline or general progression of their disease.

Other prognostic factors: The likelihood of mortality increases with patients who show:

- Symptoms of CHF at rest
- Patients classified as New York Heart Association Class IV
- Ejection fraction of 20% or less
- Patients already optimally treated with diuretics, vasodilators, and ACE inhibitors if appropriate
- Symptomatic arrhythmias
- History of syncope
- History of cardiac arrest
- History of CVA of cardiac origin.
- Other co-morbidities

Ask yourself if you would be surprised if this patient died within one year. Clinical judgment must always be applied to each individual patient. Since prognosis is difficult, the hospice team can always be brought in for a consult visit, and can help with determination of appropriateness for hospice care. Even if patients are not ready yet for hospice, they can benefit from the education about the services that they may need in the future.