Journal Watch

Comparing Unmet Needs between Community-Based Palliative Care Patients with Heart Failure and Patients with Cancer

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Abstract:

**Background:** As the role of palliative care (PC) has yet to be clearly defined in patients with heart failure (HF), such patients may face barriers regarding PC referral. In order to maximally meet the needs of HF patients, it is necessary to understand how they compare to the classic PC population: patients with cancer.

**Objective:** To characterize the unresolved symptom and treatment needs with which patients with HF and those with cancer present to PC.

**Methods:** We used data from the Palliative Care Research Registry (PCRR), a repository of quality improvement data from three community-based PC organizations. We abstracted first PC visit data from the PCRR for patients with primary diagnoses of HF or cancer seen between 2008 and 2012. We assessed the association of primary diagnosis (i.e., HF or cancer) on three outcomes: unresolved symptoms, treatment gaps, and a composite indicator of symptom control and quality of life. Analyses included descriptive statistics and multivariate Poisson regression.

**Results:** Our analytic sample comprised 334 patients with HF and 697 patients with cancer, the majority of whom were white and male. Compared to patients with cancer, patients with HF presented with fewer unresolved symptoms, both overall and at moderate/severe distress levels. Patients with HF more commonly reported moderately/severely distressful dyspnea (25% versus 18%, \(p=0.02\)), and more commonly experienced dyspnea-related treatment gaps (17% versus 8%, \(p<0.001\)).

**Conclusions:** Patients with HF possess care needs that are squarely within the purview of PC. Future work is needed to delineate how PC referral policies should be refined to optimize PC access for patients with HF.

**Strengths:**
- Good sample size for both HF and cancer patients
- Many symptoms addressed, including quality of life
Weaknesses:
- Study of patients from one geographic region
- Little diversity in patient demographics
- PC-PHS is not a formally validated tool

Relevance to palliative care:
The burden of chronic heart failure will continue to grow with better treatment options and increasing survival rates. Heart failure can lead to significant distress for patients and caregivers and therefore may benefit from palliative care. For example, dyspnea is a “high-priority symptom” in HF, comparable to pain in decreasing quality of life and increasing caregiver burden. As this study outlines, appropriate palliative care interventions for HF patients is necessary to improve their quality of life.