

HEART FAILURE CARE OR PALLIATIVE CARE? PATIENTS WANT AND NEED BOTH

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10.1136/bmjspcare-2016-001204.10

Introduction People with advanced heart failure have significant symptom/disease burden. Optimal models of care have not yet been widely tested and evaluated. We aimed to test a novel combined heart failure palliative care service model.

Method A mixed-method feasibility study, including comparison with an age- and gender-matched cohort receiving specialist palliative care.

Results 27 male and 13 female patients (mean age 84 years, range 60–99) were recruited. Integrated Palliative care Outcome Scale scores, compared with an age- gender- matched specialist palliative care population, demonstrated significantly higher levels of fatigue (mean score 2.6 v 1.9, $p = 0.01$), poor mobility (2.75 v 1.6, $p = 0.00$), drowsiness (2.03 v 0.6, $p = 0.00$), breathlessness (2.2 v 0.9, $p = 0.00$), sore/dry mouth (1.4 v 0.6, $p = 0.004$), depression (1.4 v 0.5, $p = 0.002$) and not feeling at peace (1.6 v 0.9, $p = 0.02$). 67% (95% CI: 49–79%) were severely/overwhelmingly affected by poor mobility and 50% (95% CI: 34–65%) were affected by weakness/fatigue in the previous week. In qualitative interviews (8 patients, 6 carers and 2 joint), patients sought heart failure care critical for optimal symptom control, and whilst realistic about the limitations of therapies, wanted parallel support to prepare for and manage future deterioration.

Conclusion People with advanced heart failure have considerably greater needs than an age-matched palliative care population. They have realistic expectations about interventions available but identify practical support and appropriately skilled healthcare teams as important to their care. Professionals skilled in both heart failure and palliative care interventions in an integrated service model are needed.

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