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Palliative integration in advanced heart failure**Donna Phan**

Virginia Tech Carilion School of Medicine, USA

Heart failure (HF) affects 5 million people in the United States, with almost 80% of cases occurring in patients over the age of 65. Several studies have found that HF is associated with a 2-year mortality rate of approximately 45-50%. Although palliative care can compliment traditional medical management at any stage in HF its role becomes more prominent as patients transition to late stages of HF. There is need to develop and further examine models that integrate symptom guided palliative care interventions with established guideline directed therapies in the advancing HF population. For HF patients with a significantly high disease burden as outlined by the New York Heart Association (NYHA) Stage III/IV there are many under utilized interventions that the Palliative Care Department could use to improve symptom management. This retrospective study will examine whether patients who meet criteria for NYHA Stage III/IV are receiving appropriate services and pharmaceutical interventions for their degree of symptom burden (as measured through use of appropriate anxiolytics, antiemetics, or opioids). Palliative care intervention will be measured through proxy of implemented DNR orders, and reduced symptom burden measured through reduced Emergency Department (ED) visits from exacerbation of HF symptoms. Hypothesizing earlier palliative care interventions will reduce symptom burden thereby improving quality of life and reducing hospital readmissions. Study group sample sizes will be 61 patients in Group 1 (palliative care intervention group) and 61 patients in Group 2 (control).

Biography

Donna Phan has completed her MPH at Tufts University and is currently Medical student at Virginia Tech School of Medicine. She has a special interest in the congestive heart failure population, and done research and published on the outcomes of LVAD implantation.

dkphan@carilionclinic.org

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