

Self-assessment and Screening for Palliative Care Need in Patients with Chronic Heart Failure

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Characteristics		N pts	%
Gender	Female	45	30
	Male	103	70
Subtype of chronic heart failure	Ischemic Cardiomyopathy (CMP)	79	53
	Valvular CMP	40	27
	Acute myocardial infarction	11	7
	Acute cardiac decompensation	7	5
	Vascular disease	5	3
	Cardiac arrhythmia	4	3
	Cardiogenic shock	2	1
Comorbid conditions	Chronic renal insufficiency	57	39
	Diabetes Mellitus Type II	50	34
	Pulmonary co-morbidity	35	24
	Malignant co-morbidity	28	19
	Neurologic co-morbidity	23	16
	Nicotine abuse	33	22
	Adipositas	22	15
	Psychiatric-psychological disease	14	10
	Hypothyreosis	14	10
	Hyperthyreosis	10	7
	Alcohol abuse	7	5
Chronic heart failure-associated co-morbidities	Arterial hypertension	75	51
	Atrial fibrillation	63	43
	Peripheral edema	58	39
	Peripheral arterial occlusive disease	50	34
	Previous cardiac surgery	41	28
	Implanted cardiac pacemaker	31	21
	Left ventricular assist device	11	7
	Previous reanimation therapy	7	5
	High urgency status for transplantation	6	4
	Decompensation of prothrombin time	5	4

N pts: Number of Patients; NOS: Not Otherwise Specified

Table 2 Patient characteristics

The internal consistency of the "Palliative Care Screening Tool for

Screening items		N pts	%
1	Presence of chronic heart failure	148	100
	Functional status NYHA 1	22	15
	Functional status NYHA 2	37	25
	Functional status NYHA 3	53	36
2	Functional status NYHA 4	36	24
3	Presence of one or more serious complication of chronic heart failure usually associated with a prognosis of <12 months	87	56
4	Presence of one or more serious co-morbid disease also associated with poor prognosis (e.g. moderate-severe COPD, advanced malignant disease, dementia, AIDS, end-stage renal failure, end stage liver cirrhosis).	120	81
5	Presence of palliative care problems		
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Palliative care need assessed by external screening using the "Palliative Care Screening Tool for heart failure patients" was scored with 6.8 out of a maximum of 12 points. Using the cut-off value of >5 of the original version of the "Five Item Palliative Care Screening Tool" by Glare et al. validated in cancer patients as indicator for palliative care need [27,33], almost 80% of patients would have needed palliative care. Interestingly, the treating cardiologists recognized objective parameters for palliative care needs, like symptom burden, distress or decision-making quite frequently. In contrast, the request for palliative care by the patient, relatives or the cardiology team was indicated rarely (5% each). This is in correspondence to previous studies demonstrating that cardiologists and their patients restrict palliative care to end-of-life care and have no specific ideas about integrating palliative care in earlier phases of the disease trajectories [15,16,20].

This pilot study was designed as a feasibility and explorative study, which exhibits methodical limitations. The explorative data on symptom burden, distress, and palliative care need can only be interpreted as hypotheses generating especially as the final validation of the "Palliative Care Screening Tool for heart failure patients" is pending. Prospective studies with larger patient cohorts have to evaluate these parameters and further randomized trials have to examine beneficial effects of palliative care in correspondence to their indicated need. Further, it has to be noticed that only few socio-

24. Stiel S, Matthes ME, Bertram L, Ostgathe C, Elsner F, et al. (2010) Validation of the new version of the minimal documentation system (MIDOS) for patients in palliative care: The German version of the edmonton symptom assessment scale (ESAS). *Schmerz* 24: 596-604
25. Mehnert A, Mueller D, Lehmann C, Koch U (2006) The German version Of the NCCN 'Lstress- ermometer: Empirical examination of a screening instruments for the detection of psychosocial stress Cancer patients ZPPP 54: 213-223
26. Kroenke K, Spitzer RL, Williams JB, Löwe B (2009) An ultra-brief screening scale for anxiety and depression: The PHQ-4. *Psychosomatics* 50: 613-621.
27. Glare PA, Semple D, Stabler SM, Saltz LB (2011) Palliative care in the outpatient oncology setting: Evaluation of a practical set of referral criteria. *J Oncol Pract* 7: 366-370
28. Roth AJ, Komblith AB, Batel-Cooper L, Peabody E, Scher HI, et al. (1998) Rapid screening for psychologic distress in men with prostate carcinoma. *Cancer* 82:1904-1908
29. Löwe B, Wahl I, Rose M, Spitzer C, Glaesmer H, et al. (2010) A 4-item measure of depression and anxiety: validation and standardization of the Patient Health Questionnaire-4 (PHQ-4) in the general population. *J Affect Disord* 122: 86-95
30. Bruera E, Kuehn N, Miller MJ, Selmsler P, Macmillan K (1991) The