



# The Role of Palliative Care in Heart Failure Management: A Comprehensive Systematic Review

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## Abstract

This systematic review article provides a comprehensive overview of the role of palliative care in heart failure management. The review found that palliative care interventions, including symptom management, psychosocial barriers to the integration of palliative care into heart failure management, such as a lack of awareness among healthcare providers, inadequate training in palliative care, and limited resources for palliative care services. The to provide it. Addressing the barriers to the integration of palliative care into heart failure management is crucial to ensure that patients with heart failure receive the best possible care and support throughout the course of their illness.

**Keywords:** Palliative care; Heart failure; Symptom management; Psychosocial support; Advance care planning; Early integration; Healthcare providers; Quality of life

## Introduction

Heart failure is a condition in which the heart is unable to properly pump blood to satisfy the body's demands. It is a chronic and progressive condition that can lead to a range of symptoms, including shortness of breath, fatigue, and swelling in the legs and ankles [1]. Heart failure affects millions of people worldwide and is a leading cause of hospitalization and death. Palliative care is a type of care that focuses on enhancing the quality of life of patients and their families who are dealing with life-threatening diseases. It aims to provide relief from symptoms, pain, and stress, and to address the psychosocial and spiritual needs of patients and their families [2]. Palliative care is not limited to end-of-life care and can be provided at any stage of an illness. In recent years, there has been growing interest in the role of palliative care in the management of heart failure. Palliative care can help manage the symptoms of heart failure, such as shortness of breath and fatigue, and improve the quality of life of patients and their families. Palliative care can also help patients and their families make informed decisions about their care, including end-of-life care [3]. This article provides an overview of the current evidence on palliative care in heart failure. It summarizes the findings of studies that have investigated the role of palliative care in heart failure management, including its effectiveness in reducing symptom burden, improving patient and caregiver satisfaction, and increasing the use of hospice care [4]. The review also identifies barriers to the integration of palliative care into heart failure management, such as a lack of awareness among healthcare providers and limited resources for palliative care services. Overall, this review article highlights the importance of palliative care in the management of heart failure [5,6]. It provides evidence to support the integration of palliative care into heart failure management and emphasizes the need for increased awareness and training in palliative care among healthcare providers [7]. The findings of this review article suggest that palliative care can improve the quality of life of patients with heart failure and their families and should be considered an important component of heart failure management.

## Methods

The method used in this review article was a systematic review. A systematic review is a rigorous and comprehensive method of reviewing the available literature on a particular topic. It involves a structured and systematic process of identifying, selecting, and critically appraising relevant studies. In this review, the aim was to identify studies that investigated the role of palliative care in heart failure. The review included studies that were published between 2000 and 2020. The search for relevant studies was conducted using electronic databases, such as PubMed, Embase, and Cochrane Library. The inclusion criteria for the studies were that they had to investigate the role of palliative care in heart failure management and report on relevant outcomes, such as symptom burden, quality of life, and healthcare utilization. The exclusion criteria were studies that did not meet the inclusion criteria or were not published in English. A total of 25 studies met the inclusion

presented in the review article. Overall, the systematic review method used in this review was found to be appropriate for Palliative Care, Sunderland, United Kingdom, E-mail: jamesbk@nhs.uk

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