

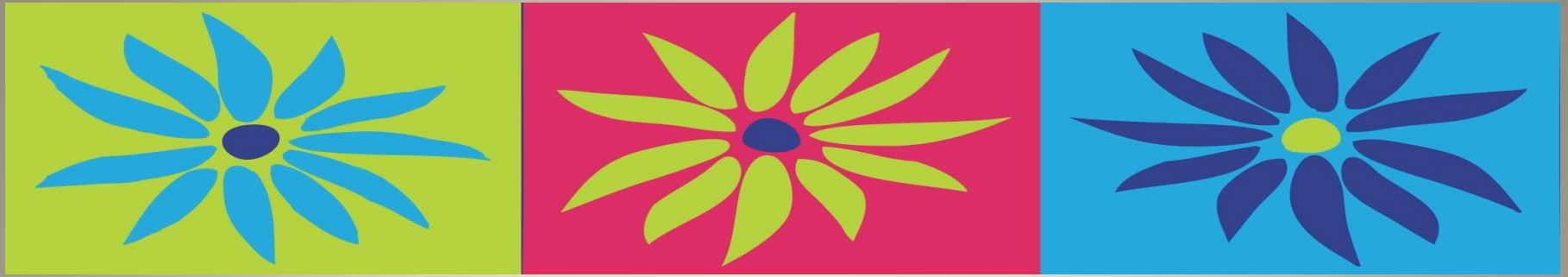


HEART FAILURE  
HUB SCOTLAND

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# Ensuring Success with Heart Failure

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# Practical Symptom Management in Heart Failure

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# Aims

- Review symptom burden in HF
- Review of evidence for palliative care interventions in HF
- Management of breathlessness, pain, fatigue, depression
- Future of integrated HF / pall care services??

# Symptoms in HF

Symptom burden of people with HF compares with the symptom burden of those with cancer and other chronic diseases.

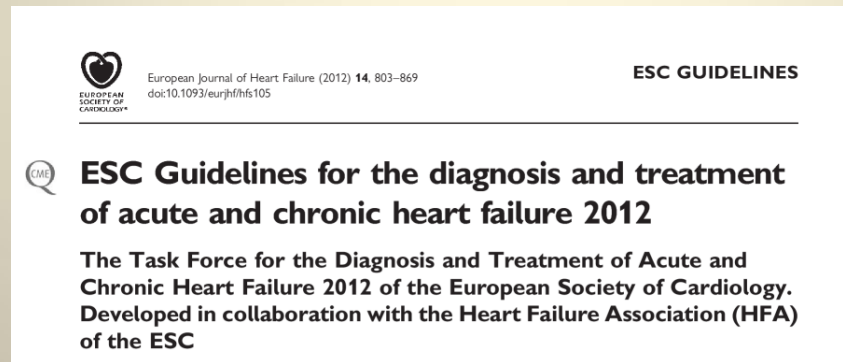
*Solano, Gomes and Higginson 2006  
Journal of Pain and Symptom Management 31:  
58-69*

The difficulty of managing symptoms in HF: multimorbidity, elderly population, organ dysfunction, polypharmacy, poor evidence base....

Symptom	Cancer %	HF %	COPD %	CKD %
Pain	<b>35-96</b>	<b>41-77</b>	34-77	47-50
Depression	3-77	9-36	37-71	5-60
Anxiety	13-79	49	51-75	39-70
Fatigue	<b>32-90</b>	<b>69-82</b>	68-80	73-87
Breathlessness	<b>10-70</b>	<b>60-88</b>	90-95	11-62
Insomnia	9-69	36-48	55-65	31-71
Nausea	6-68	17-48		30-43
Constipation	23-65	38-42	27-44	29-70
Diarrhoea	3-29	12		21
Anorexia	30-92	21-41	35-67	25-64

# Symptom management in HF

- First, optimise HF treatment
- Guidelines recommend integration of palliative care into HF care



*McMurray JJV, Adamopoulos S, Anker SD et al. Eur Heart J 2012; 33: 1787-1847*

*NICE Clinical Guideline no 108: Chronic Heart Failure 2010*

# Integration of specialist palliative care into HF care

- Evidence of this actually happening is sparse – survey of SPC services in 2013 showed 47% of SPC services get less than 10 referrals per year
- Exemplar services – Karen Hogg and team in GGC

*Cheang MH, Rose G, Cheung CC, Thomas M Open Heart 2015; 2:e000188*

# Evidence of benefit of pall care in HF

## PREFER trial

- 72 patients, randomised to usual HF care or palliative care intervention
- Intervention: patients narrative drives formulation of a care plan, assessment of holistic needs, nurse led assessments of self image, social relationships, self management, symptom control

# PREFER trial results

- Improved HRQoL ( $p=0.02$ )
- Reduced symptom burden ( $p=0.035$ )
- Improvement in NYHA class ( $p=0.015$ )
- Reduced no. days in hospital ( $p=0.011$ )
- Required many more nurse visits ( $p= 0.000$ ),  
same no. doctor visits

Brannstrom M, Boman K. E J Heart Failure (2014) 16: 1142-1151



# Symptom management:

- The impact of breathlessness

*“It makes you feel useless. I mean you can’t do things that you are normally able to do. Like gardening, walking....I sometimes clean up the kitchen and wash the bowls. But I am too tired.”*

# Breathlessness in advanced HF

- Non-drug therapies (mostly extrapolated from studies of COPD...)
  - Exercise
  - Pacing
  - Physiotherapy
  - Breathing training
  - Hand held fan



*Bausewein C, Booth S, Gysels M et al. Cochrane Database Syst Rev 2008; 2: CD005623*

*Galbraith S, Fagan, Perkins P et al. J Pain Symptom Management 2010; 39: 831-838*

# Breathlessness – medicines

- Drug therapy
  - Opioids in low dose.
  - 90% respond to dose of <20mg morphine per day
  - Start low, go slow with oramorph
  - *1mg qds and titrate*



*A-L Jennings et al Thorax 2002;57:939-944*

# Breathlessness – what doesn't work

- LTOT **not** helpful in HF if normal sats.
  - HOT trial
  - Oxygen adherence was poor and no evidence of improved QoL or symptoms
- Benzodiazepines – insufficient evidence of benefit in breathlessness

*Clark AL, Johnson M, Fairhurst C et al. Health Technology Assessment 2015; 19: 75*

*Simon ST, Higginson IJ, Booth S et al. Cochrane Database Syst Rev 2010; 1: CD007354*

# Pain in HF

- Prevalent symptom 41 – 77%
- Mixed aetiologies
- Gout, GI congestion, angina, OA, peripheral oedema, diabetic neuropathy....
- Each pain needs assessment and appropriate management
- Multimorbidity and polypharmacy complicate management

# Analgesics to avoid in HF

- NSAIDS – salt and water retention, risk of AKI
- Tricyclics – Increase HR, postural hypotension, dry mouth drives fluid intake

# Pain case

Sore legs due to:

diabetic neuropathy

oedema

OA

1. *Paracetamol regularly*
2. *Neuropathic agent such as gabapentin / pregabalin*
3. *Topical analgesics- menthol 1% in aqueous cream, capsaicin cream can help neuropathy with no systemic SE*
4. *Duloxetine safety poorly studied in HF*

# Opioids in HF

Pain **may** be helped by opioids.  
Assess for response and stop if  
ineffective. Misuse potential...

Start low, go slow

*eg 1mg oramorph qds*

Renal function important in  
determining which opioid is chosen



# Opioids in CKD eGFR<30

## SAFER OPIOIDS

1. Very low dose Oxycodone (1mg bd )
2. Very low dose Morphine (1mg bd)
3. Very low dose tramadol (50mg bd)
4. Fentanyl – potency!
5. Buprenorphine – potency!
6. Alfentanil - EOLC in syringe driver

*Poor evidence base extrapolated from cancer care*

*Start low, go slow!*

# Opioids to avoid if eGFR<30

- Normal doses of
  - Morphine
  - Diamorphine
  - Codeine
  - Dihydrocodeine



# Fatigue

Very common  
symptom,  
multifactorial

Are there reversible  
factors?

Hypokalaemia

Sleep disturbance

Hypothyroidism

Depression

Anaemia



*Poor evidence base*

*Optimise HF management*

*Exercise and pacing*

*“FAB course”*

# Depression in HF

- Prevalence 9-36%
- Associated with long term mortality

Rutledge et al J Am Coll Cardiol 2006; 48:1527-37

- SADHART 2010 – Sertraline vs Placebo for 12 weeks. Established safety of Sertraline, but did not show improvement in depression...

# Rx of Depression in HF

- Poor evidence base again
  - Most evidence is for safety in Sertraline
  - Mirtazepine as an alternative to SSRI
  - Role for CBT – small non-RCT trials
- *AVOID:*
    - TCA
    - Citalopram
    - Escitalopram
    - Venlafaxine

## What is the antidepressant of choice in coronary heart disease (CHD)?

Prepared by UK Medicines Information ([UKMI](http://www.ukmi.nhs.uk)) pharmacists for NHS healthcare professionals  
Before using this Q&A, read the disclaimer at [www.ukmi.nhs.uk/activities/medicinesQAs/default.asp](http://www.ukmi.nhs.uk/activities/medicinesQAs/default.asp)  
Published: September 2014

# The Future...

- Building on evidence base: Better collaborative working between HF and pall care services
- Palcare in HF trial – currently recruiting in USA. Holistic assessment and shared care btw HF and pal care.....
- Get to know your local interdisciplinary colleagues and be creative in supporting your patients
  - Out patient IV diuretics, OPD, MDTs...

# Summary

- HF causes comparable symptom burden to cancer
- The evidence base for much symptom management in HF is sparse
- A collaborative approach to management of advanced HF is recommended – we are better together



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