

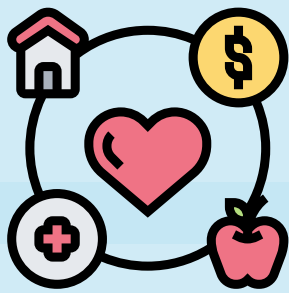
BENEFITS OF INCLUDING PATIENTS WITH SEVERE HEART FAILURE IN PALLIATIVE CARE

Author: Celia Martín García
Tuthor: María Begoña Errasti Ibarrondo

INTRODUCTION

Congestive heart failure (CHF) is a common medical condition worldwide, with an estimated prevalence of 1-2% of the world's adult population (1).

The number of patients with heart failure is increasing more and more, of this reason, there are a large number who are in the most severe phase of the disease in which they are affected in different dimensions. Palliative care is necessary to ensure a good quality of life, which must be encouraged in non-oncological areas.



OBJECTIVE

Determine the benefits for patients with severe heart failure in palliative care.

METHODOLOGY

Literature review

Databases searched:



Research question: *What are the benefits of palliative care for patients with severe heart failure?*

Keywords: Severe heart failure, benefits, palliative care.

Booleans: "AND", "OR".

Limits:  10 years  English and Spanish

Criteria:

- | <u>Inclusion</u> | <u>Exclusion</u> |
|---|---|
| • Patients in advanced phase of the illness | • Not oncologic disease or COPD |
| • Aged over 18 | • Dissertations, manuscripts, letters, editorials and grey literature |
| • Home hospitalized or in PC units | |

RESULTS

All the benefits found can be grouped in three thematic areas.



Physical symptoms: (2-6)

- Dyspnea
- Anorexia and/or cachexia
- Edemas
- Pain
- Constipation
- Fatigue

Psychological symptoms: (2-6)

- Depression
- Anxiety
- Confusion
- Delirium
- Hopelessness
- Isolation
- Altered self-image
- Insomnia

End-of-life decisions: (2,3,5,6)

- Living will
- Do Not Resuscitate Terms
- Allow Natural Death
- Decisions regarding device therapy



CONCLUSIONS

Palliative care in severe heart failure patients has an impact on the development of symptoms and in the quality-of-life of the patients.

Implications for practice:

Nurses will have a better understanding of the situation when managed and treated in their workplace. Additionally, educating nurses in PC will help to reduce the symptoms and to advise on measures at the end of life.

Implications for research:

There should be a continuous study on severe HF patients in these circumstances which will promote more investigation and visibility in palliative care in non-oncologic diseases.



BIBLIOGRAPHY

