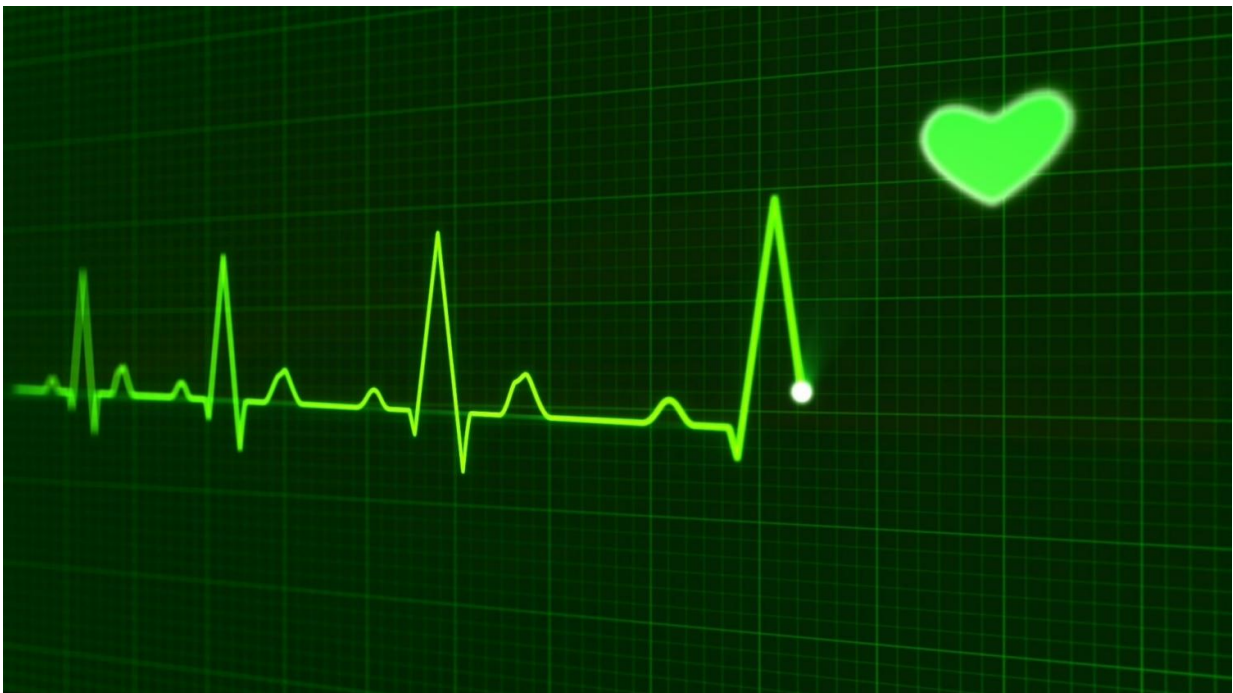


Palliative care for heart failure patients may lower rehospitalization risk and improve outcomes

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Palliative care is valuable for heart failure patients, and, for those who are hospitalized, it can significantly lower the risk of repeated hospital admissions and the need for invasive procedures such as mechanical ventilation and defibrillator implantation, according to new research

published today in the *Journal of the American Heart Association*, an open access journal of the American Heart Association.

Palliative care focuses on [pain relief](#), emotional support and maximizing a patient's quality of life. Unlike hospice services, however, [palliative care](#) does not limit life-prolonging therapy. Yet continuing aggressive medical treatment is not always appropriate, especially when it eclipses a patient's most basic need—to make the most out of the time they have left.

As heart failure progresses, patients experience high symptom burden that negatively impacts their ability to function, creates suffering and increases risk of death. By 2030, the prevalence of heart failure will grow resulting in millions of adults living with the condition.

"There is a misunderstanding about when palliative care would be beneficial, even within the [medical community](#). There's a perception that it's provided only at the very end of life, and that's not true," said James L. Rudolph, M.D., S.M., study co-author and the director of the Center of Innovation in Geriatric Services at the Providence VA Medical Center, professor of medicine at the Warren Alpert Medical School at Brown University and professor of health policy at Brown University School of Public Health in Providence, Rhode Island. "Palliative care added to heart failure treatment plans especially when a patient is hospitalized can have a big impact on the patient and the entire health system."

Using data from the Veterans Affairs (VA) External Peer Review Program, researchers identified more than 57,000 patients who had been hospitalized for heart failure at any of the 124 VA medical centers between 2010 and 2015. Among those, about 1,400 patients received palliative care prior to and during hospitalization for heart failure. Patients were matched for age, gender and similar health conditions with

the same number of patients who did not receive palliative care ([control group](#)).

Researchers examined how often within six months after hospital discharge patients were readmitted, went to the [intensive care unit](#) and received procedures such as mechanical ventilation, pacemaker implantation or defibrillator implantation.

Researchers found:

- Palliative care reduced the rates of multiple rehospitalizations. Overall, 31% of patients in the palliative care group experienced repeated hospital readmissions, compared to 40% of patients in the control group.
- Mechanical ventilation and defibrillator implantation were significantly lower in the palliative care group (2.8% for palliative care versus 5.4% in the control group; and 2.1% for palliative care versus 3.6% in the control group, respectively).
- After adjusting for hospital differences around the country, palliative care reduced the chance of hospital readmission or being put on mechanical ventilation by about 25%.

"Palliative care can be delivered along with aggressive heart failure treatment. In our study, palliative care patients still got defibrillators, went to the ICU and received [mechanical ventilation](#)," Rudolph said. "The team-based approach to palliative care seems to enable patients to make difficult decisions about life-limiting conditions such as heart failure."

The major limitation of this study is that patients receiving palliative care were a little older and sicker than those in the control group. Additionally, missing electronic medical record data varied by VA site.

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