

Social worker-led intervention beneficial in heart failure

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the control group at six months (65 versus 33 percent). The likelihood of revising their baseline prognostic assessment in a direction consistent with the physician's assessment was also increased for surviving [patients](#) allocated to the intervention group (94 versus 26 percent).

"Without an adverse impact on quality of life, prognostic understanding and patient-physician communication regarding goals of care may be enhanced by a focused, social worker-led palliative care intervention that begins in the hospital and continues in the outpatient setting," the authors write.

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(HealthDay)—A social worker-led palliative care intervention seems beneficial for patients with advanced heart failure at high risk for mortality, according to a study published online April 11 in *JAMA Cardiology*.

Arden E. O'Donnell, M.P.H., from Boston University School of Social Work, and colleagues compared a social worker-led palliative care intervention with usual care for patients recently hospitalized for management of [acute heart failure](#) with risk factors for poor prognosis. Fifty patients were randomized to the intervention or usual care.

The researchers found that 82 percent of the patients had been hospitalized more than once for management of [heart failure](#) within 12 months of enrollment. Treating physicians anticipated death within a year for 64 percent of the patients at enrollment; 84 percent of patients predicted their life expectancy to be more than five years. Physician-level documentation of advanced care preferences in the electronic health record was seen for more patients in the intervention versus

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