

PREDICTORS OF PALLIATIVE MEDICINE CONSULTATION IN PATIENTS WITH END-STAGE HEART FAILURE: A 6-YEAR NATIONAL INPATIENT RETROSPECTIVE ANALYSIS

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Background

 Several consensus statements and care guidelines recommend the incorporation of palliative medicine into the management of heart failure (HF) because of the complex somatic and psychosocial stressors associated with this progressive disease.

Objective

 To determine factors associated with the utilization of palliative care (PC) in patients with end-stage HF.

Methods

Study Design: Retrospective Cohort

Study Setting: Multi-center

>4500 hospitals across 48 US states

Study sample:

End-stage HF patients admitted from 01/2015 to 12/2020

Data Source: NIS database

Outcome measures:

Predictor of PC Consultation

Statistics:

- Cochrane-Armitage test for trend
- Multivariate logistic regression for adjusted odds ratio (aOR)
- Analysis via STATA at 95% confidence interval (CI) with p <5% as statistically significant

End-stage HF patients with increased odds of palliative medicine consultation

	aOR	95% CI	p
Prior DNR	12.13	11.1 - 13.3	<0.001
Cardiogenic shock	1.55	1.40 - 1.72	<0.001
Mechanical ventilation	1.21	1.05 - 1.38	0.006
Female	1.14	1.05 - 1.23	0.001

End-stage HF patients with reduced odds of palliative medicine consultation

	aOR	95% CI	p
Medicare Insurance	0.91	0.84 - 0.99	0.031
Medicaid	0.84	0.74 - 0.96	0.008
Dyslipidemia	0.84	0.78 - 0.91	<0.001
s/p ICD implantation	0.83	0.75 - 0.95	<0.001
Diabetes mellitus	0.82	0.70 - 0.95	0.008
ESRD with dialysis dependent	0.81	0.68 - 0.95	0.010
Hypertension	0.77	0.71 - 0.83	<0.001
Asian	0.65	0.48 - 0.85	0.002
Heart transplant rejection	0.33	0.18 - 0.60	<0.001

Results

- 113,515 were admitted for endstage HF
- 25% (28,265) had palliative care encounter
- Patients who utilized PC tend to be older $(73.1 \pm 0.3 \text{ vs } 64.7 \pm 0.2 \text{ years})$ P<0.001)
- Utilization of PC increased by 2% over 6 years (from 23.2% to 25.4%, Ptrend <0.001)

Conclusions

- Involvement of PC medicine significantly increased for end-stage HF patients
- Factors positively associated with the use of PC in end-stage HF are:
 - pre-existing DNR
 - cardiogenic shock
 - mechanical ventilation
 - Female patients



