

# Clinical and palliative management of end stage CHF and COPD: dyspnea, despair, and "don't know what's coming, doc."

Family Medicine Refresher  
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# Disclosure

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I have no financial conflicts of interest or other relevant disclosures.



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# Objectives

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- List 3 medications and their related indications for management of common symptoms in advanced CHF and COPD.
- Integrate 3 approaches to the communication of prognosis.
- Reflect on the aspects of care that we find most challenging among those affected by advanced CHF and COPD.



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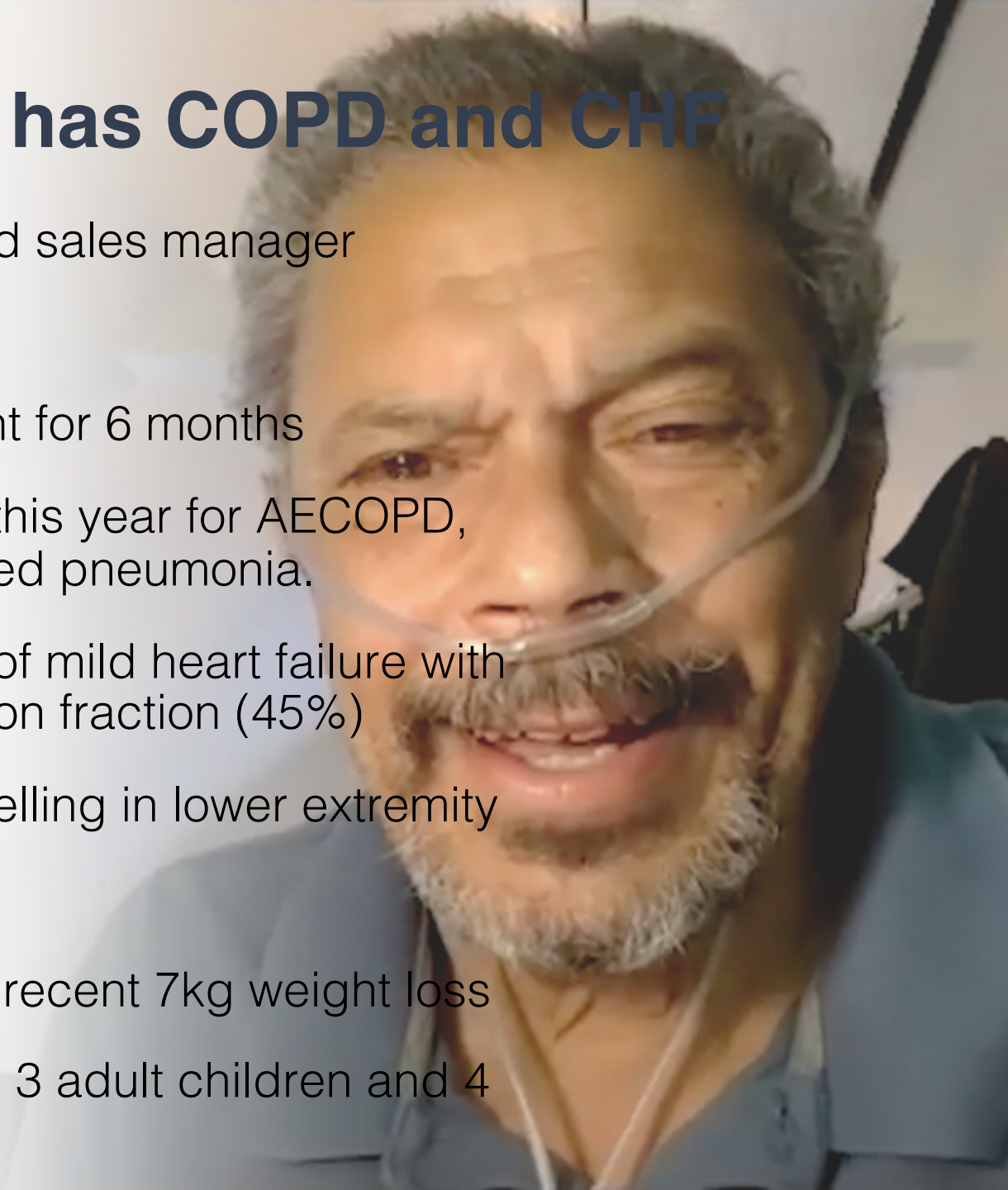
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# Mr. Jackson has COPD and CHF

- 76 years old retired sales manager
- 50 pack years
- Oxygen dependent for 6 months
- 3 hospitalizations this year for AECOPD, community acquired pneumonia.
- Recent diagnosis of mild heart failure with impaired LV ejection fraction (45%)
- Persistent mild swelling in lower extremity
- Chronic dyspnea
- Poor appetite and recent 7kg weight loss
- Lives with his wife. 3 adult children and 4 grandchildren.



# What challenges do you anticipate in caring for Mr. Jackson?

(raise your hand or use the chat)



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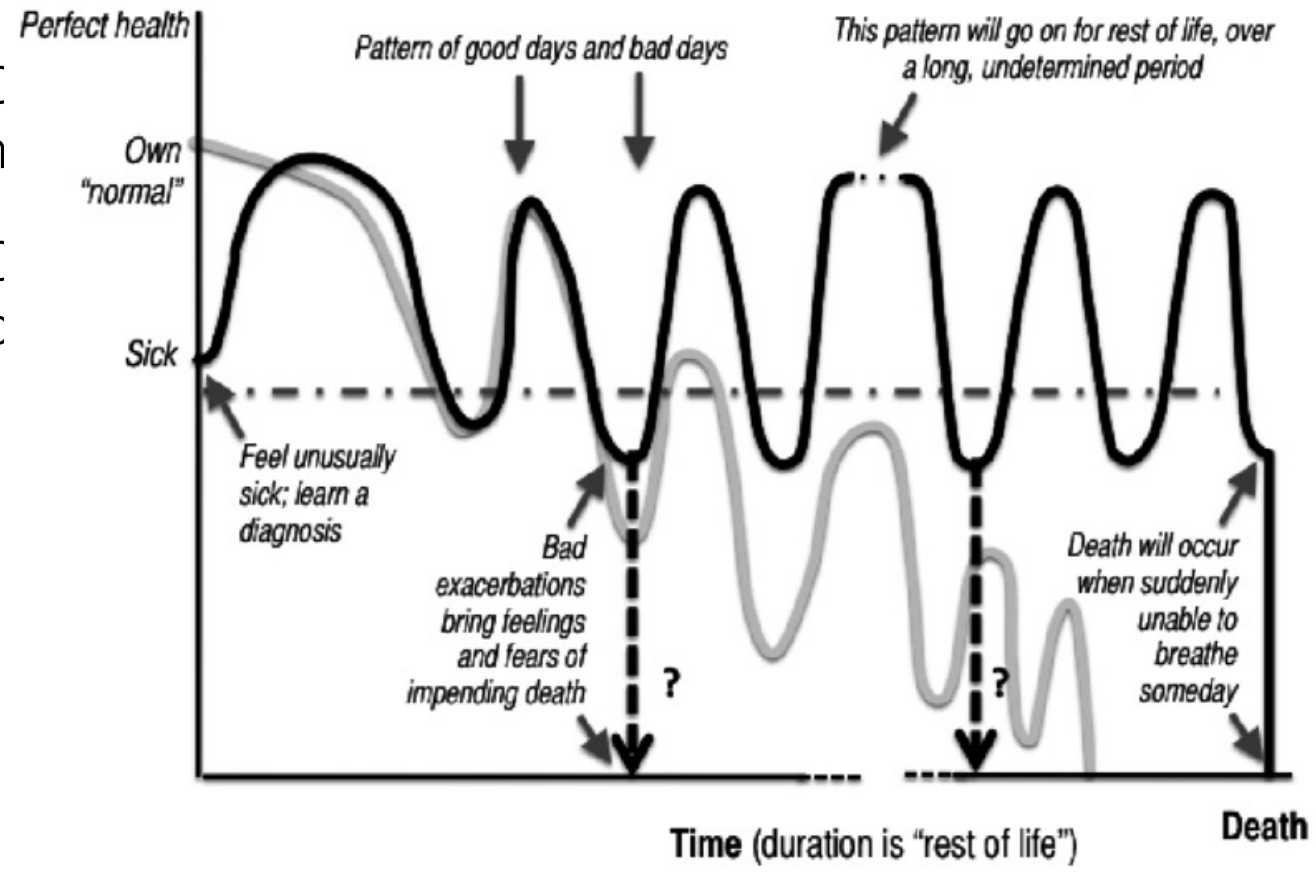
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# Challenges related to management of end-stage COPD/CHF

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# Challenges related to management of end-stage COPD/CHF

- Disease and symptom overlap can raise questions about most effective medications for symptom management
- Complicated disease trajectories resulting in uncertain prognostication
- Sudden deaths are common, making planning difficult
- A variety of treatment options → patients are not typically well informed and may be less likely to participate in decision-making

Siouta N et al. BMC Palliative Care 2016;15:18



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# Symptoms

dyspnea, despair, etc...



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## Prevalence of physical and psychological symptoms in patients with COPD and patients with CHF

MSAS <sup>a</sup>	COPD	CHF	<i>P</i> -value <sup>b</sup>
	n=437	n=388	
	n (%)	n (%)	
<b>Psychological symptoms</b>			
Difficulty sleeping (57/57) <sup>c</sup>	233 (61)	188 (57)	0.208
Feeling irritable (62/58) <sup>c</sup>	208 (56)	151 (46)	0.010
Worrying (68/66) <sup>c</sup>	200 (54)	150 (47)	0.047
Feeling nervous (68/62) <sup>c</sup>	157 (43)	130 (40)	0.448
Feeling sad (70/58) <sup>c</sup>	151 (41)	137 (42)	0.941
Difficulty concentrating (68/65) <sup>c</sup>	149 (40)	131 (41)	0.932



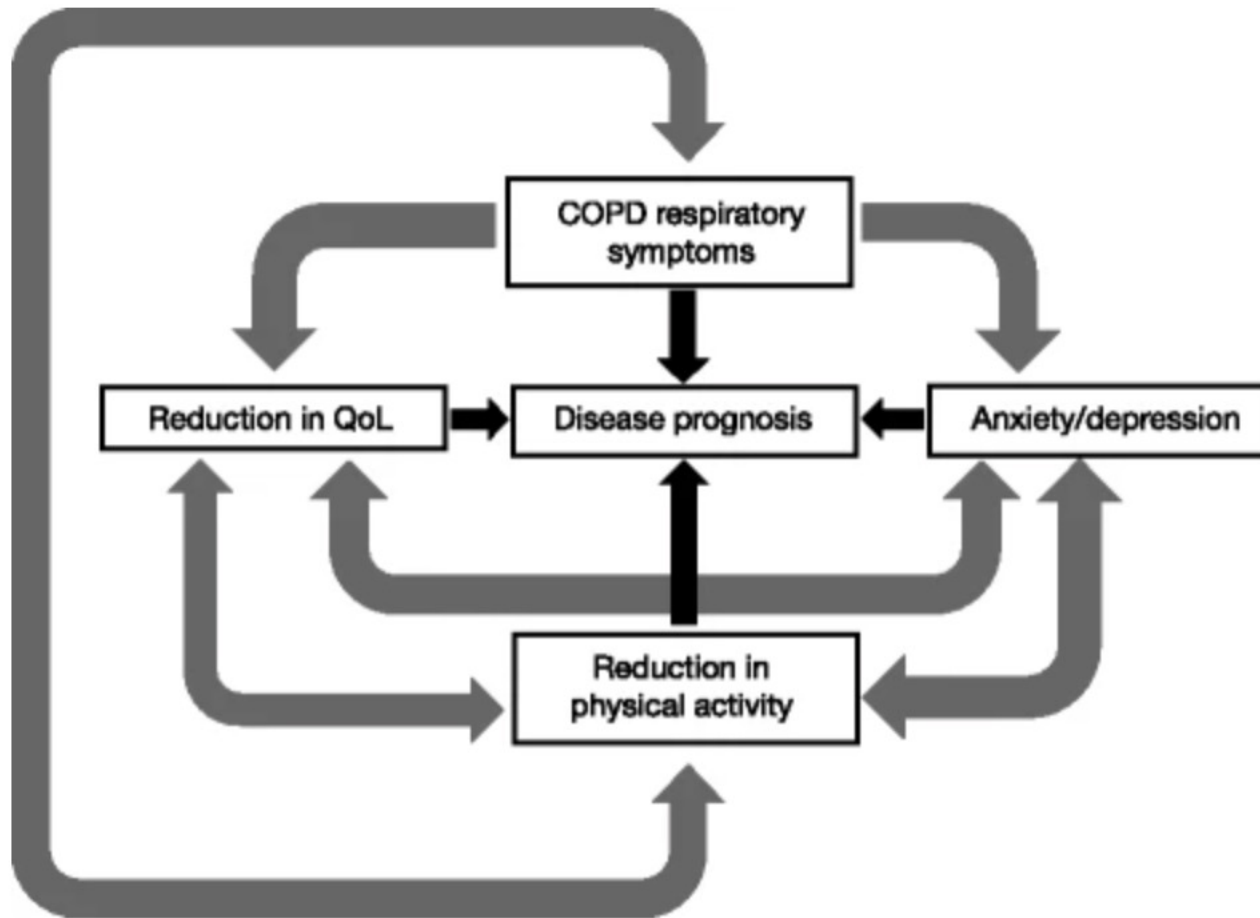
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# COPD Symptoms: A vicious cycle



Miravittles & Ribera. Respiratory Research. 2017;18:67



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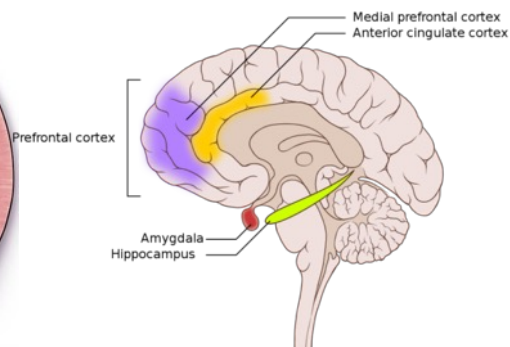
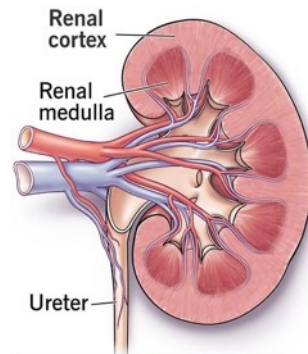
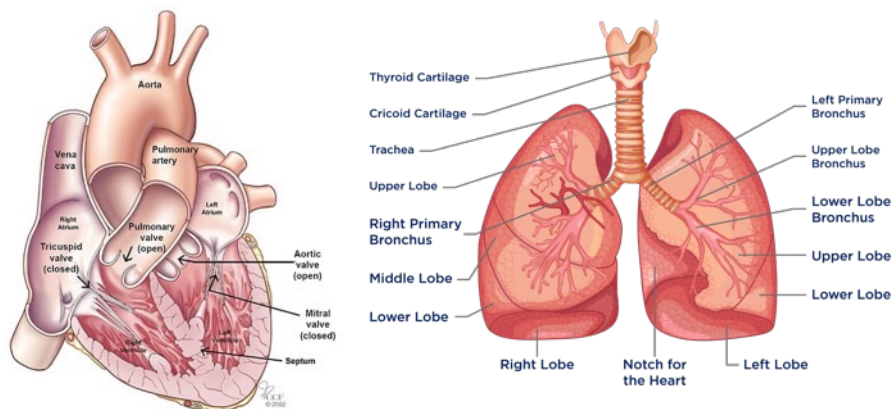
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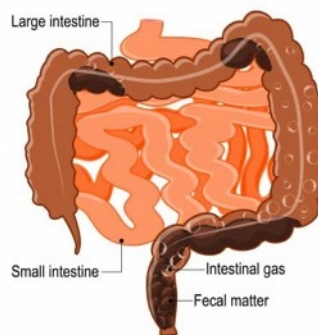
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# Dyspnea management

The challenge: A broad differential diagnosis



## Constipation



Electrolytes	Imbalance	Number of patients	%
Na <sup>+</sup>	Hyponatremia	600	60
	Hypermnatremia	52	5
K <sup>+</sup>	Hypokalemia	152	15
	Hyperkalemia	80	8
Ca <sup>++</sup>	Hypocalcemia	512	51
	Hypercalcemia	38	4
Mg <sup>++</sup>	Hypomagneseemia	52	5
	Hypermagneseemia	10	1

Na<sup>+</sup>: sodium; K<sup>+</sup>: potassium; Ca<sup>++</sup>: calcium; Mg<sup>++</sup>: magnesium.



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# Principles of dyspnea management

- Take a deep breath
- Fix things that are broken
  - Acuity can give you clues
- Mitigate things that can't be fixed
  - Medications – bronchodilators, steroids, diuretics
  - Oxygen
  - Fluids
  - Behaviors – positioning, fanning, planning
- Opioids - start low (with morphine)
  - 5-10mg PO, 2-4mg SC/IV



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# Remember things that are not dyspnea

- Tachypnea
- Cough
- Death rattle



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# Communication

“don’t know what’s coming, doc.”



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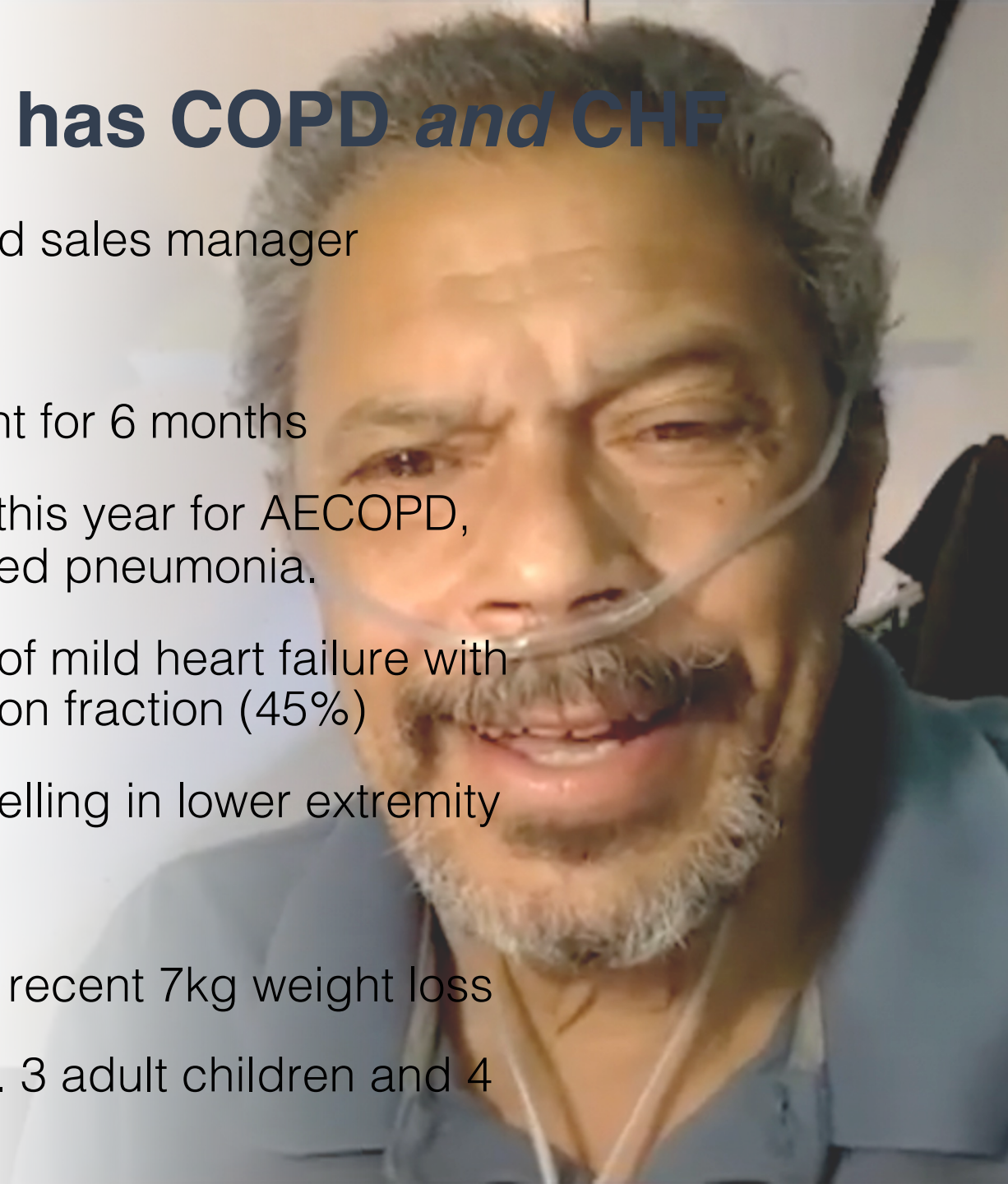
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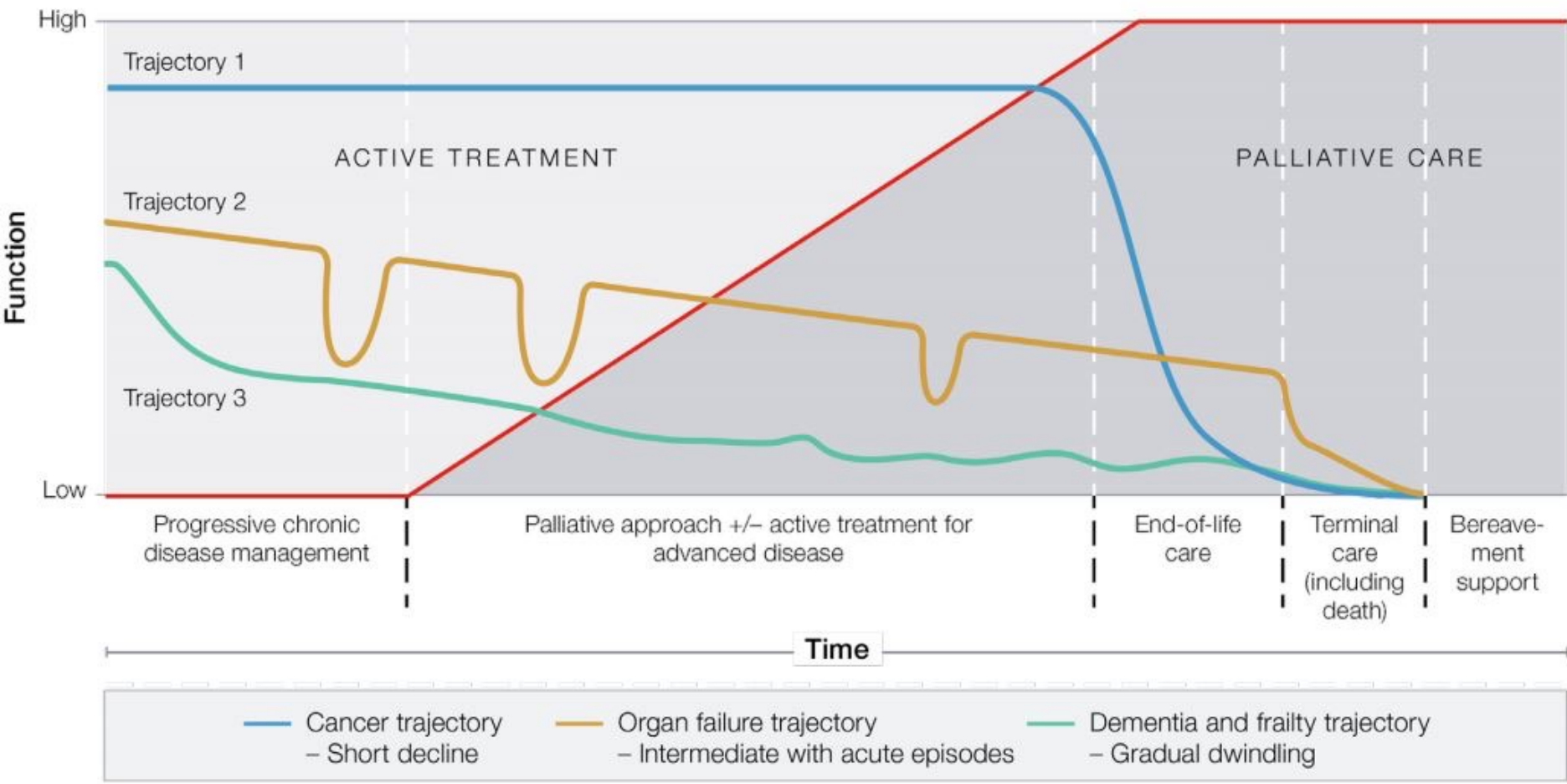


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# Communicating Prognosis: 3 approaches

**This Issue**

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**Viewpoint**

August 15, 2019

## Communication Strategies for Sharing Prognostic Information With Patients Beyond Survival Statistics

Joanna Paladino, MD<sup>1,2</sup>; Joshua R. Lakin, MD<sup>1,3</sup>; Justin J. Sanders, MD, MSc<sup>1,3</sup>

» [Author Affiliations](#) | [Article Information](#)

*JAMA*. 2019;322(14):1345-1346. doi:10.1001/jama.2019.11533



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# Communicating Prognosis:

## 3 approaches

**Time:** “I **wish** we were not in this situation, but I **worry** that time could be as short as \_\_\_\_ (expressed as a range, e.g. days to weeks, weeks to months, months to a year).”

**Function:** “I **hope** this is not the case, but I’m **worried** that this may be as strong as you will feel, and things are likely to get more difficult.”

**Uncertainty:** “It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time, but I’m **worried** that could get sick quickly, and I think it’s important to prepare for that possibility”



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# Communication Principles

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- Prognosis → Preparation
- Emotion > Information
  - NURSE statements



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# Communication Principles

- Emotion > Information
  - NURSE statements

**Table 2.** “NURSE” – Steps for Responding to Emotional Aspects of Patient Communication

Step	Action	Example Statements
N	NAME the emotion	“You sound worried”; “I can see this is making you sad”
U	UNDERSTAND the emotion	“I understand how you must feel right now”; “I can imagine how scary this must feel to you”
R	RESPECT the emotion	“I’m so impressed with how strong you have been through all of this”; “You have shown a lot of courage”
S	SUPPORT the patient	“We are in this together, no matter what you choose”; “I will be here for you until the end”
E	EXPLORE the emotion	“Tell me more about what is most scary to you”; “What worries you the most?”



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# Communication Principles

- Structure Helps



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## Serious Illness Conversation Guide

### PATIENT-TESTED LANGUAGE

- SET UP** | “I’d like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — **is this okay?**”
- ASSESS** | “What is **your understanding** now of where you are with your illness?”  
“How much **information** about what is likely to be ahead with your illness would you like from me?”
- SHARE** | “I want to share with you **my understanding** of where things are with your illness...”  
*Uncertain:* “It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I’m **worried** that you could get sick quickly, and I think it is important to prepare for that possibility.”  
OR  
*Time:* “I **wish** we were not in this situation, but I am **worried** that time may be as short as \_\_\_\_ (express as a range, e.g. days to weeks, weeks to months, months to a year).”  
OR  
*Function:* “I **hope** that this is not the case, but I’m **worried** that this may be as strong as you will feel, and things are likely to get more difficult.”
- EXPLORE** | “What are your most important **goals** if your health situation worsens?”  
“What are your biggest **fears and worries** about the future with your health?”  
“What gives you **strength** as you think about the future with your illness?”  
“What **abilities** are so critical to your life that you can’t imagine living without them?”  
“If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?”  
“How much does your **family** know about your priorities and wishes?”
- CLOSE** | “I’ve heard you say that \_\_\_\_ is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we \_\_\_\_\_. This will help us make sure that your treatment plans reflect what’s important to you.”  
“How does this plan seem to you?”  
“I will do everything I can to help you through this.”



“I want to share with you **my understanding** of where things are with your illness...”

“What are your most important **goals** if your health situation worsens?”

“What are your biggest **fears and worries** about the future with your health?”

“What gives you **strength** as you think about the future with your illness?”

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# Communicating Prognosis: Let's Practice

In breakouts of two...

- Introduce yourself
- Share a story about the last time you gave a prognosis
  - What did you say?
  - How did it land?
- Become your patient
- Your partner is going to share a prognosis with you using one of the three options
- Reflect: How did it land?



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# Communicating Prognosis: Let's Practice

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# Group Reflection

What surprised you?

What are you still curious about?

What will you take away?



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