

Bölüm 4

Kalp Yetmezliğinde Palyatif Bakım

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Palyatif bakım (PB) uygulamasında çoğunlukla yaşamı tehdit eden ve kesin tedavisi mümkün olmayan hastalıklara sahip hastalara multidisipliner bir yaklaşımla özel bakım verilir. Bu hastaların yakınlarında ortaya çıkan sıkıntıları da gidermek için destek sağlayan yaklaşımlar uygulanır (1). Kalp hastalıklarının insidansı ve prevalansı yaşla birlikte artmaktadır. Kalp yetmezliği (KY) 65 yaşı üzeri hastalarda en sık ve giderek artan hastaneye yatiş nedenidir. "KY" tanısı almak insanlar için çok fazla korkutucu olmasa da KY'de sağkalım oranlarının birçok kanser tanısı alanlardan daha kötü olduğu bilinmektedir (1,2.). KY tedavisinin kompleks ve pahalı olması, hayat boyu süren tedavi gereksinimi hasta ve hasta yakınları için ciddi bir problem oluşturabilir. Üstelik KY, birçok kalp hastalığının son evresidir. Eğer toplumsal bir farkındalık oluşturulabilirse, KY erken tanı ve bakımının sağlanabilmesi ile beklenen yaşam süresi ve kalitesinin artacağı düşünülmektedir. KY, hastanın geri kalan ömrünün tamamını kaplayan bir hastalık olarak düşünülecek olursa, bu hastalar için PB gereksiniminin ne kadar önemli olduğu aşikardır.

Kalp Yetmezliğinin Tanım ve Sınıflandırılması

KY, fizyopatolojik olarak kalbin kasılma ve/veya gevşeme gücünün bozulduğu veya birim zamanda pompaladığı kan miktarının normalin altına indiği bir klinik tablodur. Avrupa Kardiyoloji Derneği'ne (European Society of Cardiology: ESC) göre KY yapısal veya fonksiyonel kardiyak anormalliklerin neden olduğu, dinlenme ya da efor sırasında düşük kardiyak output ve artmış intrakardiyak basınçların sonucunda tipik semptomlara (nefes darlığı, ayak bileği ödemi ve yorgunluk) eşlik eden bulgularla (artmış juguler venöz basıncı, pulmoner raller ve periferik ödem) karakterize klinik bir sendromdur. KY, kalbin dokuların metabolik ihtiyaçlarını karşılayacak ölçüde oksijen sunamamasıdır (3). Kişinin efor kapasitesini düşürdüğü için normal hayatını idame

Sonuç olarak ölümlerin en sık sebebi olan kalp hastalıkları ve KY hızla artmaktadır. Bu nedenle ilerlemiş kalp hastalarına da PB hizmeti verilmeli ve kardiyologlar ile işbirliği içinde hastaların tedavi ve bakımları planlanarak beklenen yaşam sürelerini kaliteli bir şekilde geçirmeleri sağlanmalıdır.

Kaynaklar

1. World Health Organization. WHO Definition of Palliative Care. Available at: <http://www.who.int/cancer/palliative/definition/en/>. Accessed Septemb, 2018.
2. Lemond L, Allen LA. Palliative care and hospice in advanced heart failure. Progress in cardiovascular diseases 2011;54:168-78.
3. Ponikowski P, Voors AA, Anker SD, Bueno H, Cleland JG, Coats AJ, et al. 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC) Developed with the special contribution of the Heart Failure Association (HFA) of the ESC. Eur Heart J. 2016 Jul 14;37(27):2129-2200.
4. Stewart S, MacIntyre K, Hole DJ, Capewell S, McMurray JJ. More 'malignant' than cancer? Five-year survival following a first admission for heart failure. Eur J Heart Fail 2001;3:315-22
5. Azad N, Lemay G. Management of chronic heart failure in the older population. J Geriatr Cardiol 2014;11(4):329-37.
6. Lie JT, Hammond PI. Pathology of the senes- cent heart: anatomic observations on 237 au- topsy studies of patients 90-105 years old. Mayo Clin Proc 1998;63(6):552-64.
7. Okumura T, Sawamura A, Murohara T. Palliative and end-of-life care for heart failure patients in an aging society. The Korean journal of internal medicine 2018;33:1039-49.
8. LeMond L, Goodlin SJ. Management of Heart Failure in Patients Nearing the End of Life-There is So Much More To Do. Cardiac failure review 2015;1:31-4.8.
9. Komajda M, Follath F, Swedberg K, Cleland J, Aguilar JC, Cohen-Solal A, et al. The Euroheart failure survey programme—a survey on the quality of care among patients with heart failure in Europe. Part 2: treatment. Eur Heart J 2003;24:464-47
10. Albert NM. Improving medication adherence in chronic cardiovascular disease. Crit Care Nurse 2008;28:54-64
11. Packer M, Fowler MB, Roecker EB, Coats AJ, Katus HA, Krum H, et al. Effect of carvedilol on the morbidity of patients with se- vere chronic heart failure: results of the carvedilol prospective ran- domized cumulative survival (COPERNICUS) study. Circulation 2002;106:2194-9.
12. Ponikowski P, Voors AA, Anker SD, Bueno H, Cleland JG, Coats AJ, et al. 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart

- failure of the European Society of Cardiology (ESC) Developed with the special contribution of the Heart Failure Association (HFA) of the ESC. Eur Heart J 2016;37:2129-200
13. Iqbal J, Francis L, Reid J, Murray S, Denvir M. Quality of life in patients with chronic heart failure and their carers: a 3-year follow-up study assessing hospitalization and mortality. Eur J Heart Fail 2010;12(9):1002-8.
 14. Bekelman DB, Rumsfeld JS, Havranek EP, Yamashita TE, Hutt E, Gottlieb SH, et al. Symptom burden, depression, and spiritual well-being: a comparison of heart failure and advanced cancer patients. J Gen Intern Med 2009;24(5):592-8.
 15. eskiSeferovic PM, Stoerk S, Filippatos G, Mareev V, Kavoliuniene A, Ristić AD, et al. Organization of heart failure management in European Society of Cardiology member countries: survey of the Heart Failure Association of the European Society of Cardiology in collaboration with the Heart Failure National Societies/Working Groups. Eur J Heart Fail 2013;15:947-59
 16. Johnson MJ, McDonagh TA, Harkness A, McKay SE, Dargie HJ. Morphine for the relief of breathlessness in patients with chronic heart failure--a pilot study. Eur J Heart Fail 2002;4(6):753-6.
 17. Hauptman PJ, Mikolajczak P, George A, Mohr CJ, Hoover R, Swindle J, et al. Chronic inotropic therapy in end-stage heart failure. American heart journal 2006;152:1096.e1-8.
 18. O'Connor CM, Jiang W, Kuchibhatla M, Silva SG, Cuffe MS, Callwood DD, et al. Safety and efficacy of sertraline for depression in patients with heart failure: results of the SADHART-CHF (Sertraline Against Depression and Heart Disease in Chronic Heart Failure) trial. Journal of the American College of Cardiology 2010;56:692-9.
 19. De Smedt RH, Denig P, Haaijer-Ruskamp FM, Jaarsma T. Perceived medication adverse effects and coping strategies reported by chronic heart failure patients. Int J Clin Pract 2009;63(2):233-42.
 20. SJ, Houser J, Kwon J, Albert NM, Pressler SJ, Houser J, Kwon J, et al. Investigating pain in heart failure patients: the pain assessment, incidence, and nature in heart failure (PAIN-HF) study. J Card Fail 2012;18(10): 776-83.
 21. Faris R, Purcell H, Henein MY, Coats AJ. Clinical depression is common and significantly associated with reduced survival in patients with non-ischaemic heart failure. Eur J Heart Fail 2002;4(4):541-51.
 22. Rudisch B, Nemeroff CB. Epidemiology of comorbid coronary artery disease and depression. Biol Psychiatry. 2003; 54: 227-40.
 23. Gelfman LP, Kavalieratos D, Teuteberg WG, Lala A, Goldstein NE. Primary palliative care for heart failure: what is it? How do we implement it? Heart failure reviews 2017;22:611-20.
 24. Williams RB, Marchuk DA, Gadde KM, Barefoot JC, Grichnik K, Helms MJ, et al. Central nervous system serotonin function and cardiovascular responses to stress. Psychosom Med. 2001; 63: 300-5.
 25. Glassman AH, O'Connor CM, Califf RM, Swedberg K, Schwartz P, Bigger JT, Jr. et al. Sertraline treatment of major depression in patients with acute MI or

- unstable angina. *JAMA: the journal of the American Medical Association*. 2002; 288: 701-9.
26. Berkman LF, Blumenthal J, Burg M, Carney RM, Catellier D, Cowan MJ, et al. Effects of treating depression and low perceived social support on clinical events after myocardial infarction: the Enhancing Recovery in Coronary Heart Disease Patients (ENRICHD) Randomized Trial. *JAMA*. 2003; 289: 3106-16.
 27. von Haehling S, Anker SD. Prevalence, incidence and clinical impact of cachexia: facts and numbers – update 2014. *J Cachexia Sarcopenia Muscle* 2014;5:261 – 263
 28. Evans WJ, Morley JE, Argile 's J, Bales C, Baracos V, Guttridge D, et al. Cachexia: a new definition. *Clin Nutr* 2008;27: 793 – 799.
 29. Anker S. Cachexia and cardiology. *Circulation* 2006;113:f53–4.
 30. Okoshi MP, Capalbo RV, Romeiro FG, Okoshi K. Cardiac Cachexia: Perspectives for Prevention and Treatment. *Arq Bras Cardiol* 2017;108:74–80.
 31. Strassburg S, Anker SD. Metabolic and immunologic derangements in cardiac cachexia: where to from here? *Heart Fail Rev* 2006;11:57 – 64.
 32. Anker SD, Chua TP, Ponikowski P, Harrington D, Swan JW, Kox WJ, et al. Hormonal changes and catabolic/anabolic imbalance in chronic heart failure and their importance for cardiac cachexia. *Circulation* 1997; 96:526 – 534.
 33. Collamati A, Marzetti E, Calvani R, Tosato M, D'Angelo E, Sisto AN, et al. Sarcopenia in heart failure: mechanisms and therapeutic strategies. *J Geriatr Cardiol* 2016;13:615–24.
 34. von Haehling S. The wasting continuum in heart failure: from sarcopenia to cachexia. *Proc Nutr Soc* 2015;74:367–77.
 35. Gaviria M, Pliskin N, Kney A. Cognitive impairment in patients with advanced heart failure and its implications on decision-making capacity. *Congest Heart Fail* 2011;17:175–9.
 36. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders -DSM-5. 5th ed. Arlington: American Psychiat- ric Association; 2013.
 37. Petersen RC. Clinical practice. Mild cognitive impairment. *N Engl J Med* 2011;364:2227–34.
 38. Zuccalà G, Onder G, Marzetti E, Monaco MR, Cesari M, Cocchi A, et al. GIFA Study Group. Use of angiotensin-converting enzyme inhib- itors and variations in cognitive performance among patients with heart failure. *Eur Heart J* 2005;26:226–33.
 39. Levi Marpillat N, Macquin-Mavier I, Tropeano AI, Bachoud-Levi AC, Maison P. Antihypertensive classes, cognitive decline and incidence of dementia: a net- work meta-analysis. *J Hypertens* 2013;31:1073–82.
 40. Kubo T, Sato T, Noguchi T, Kitaoka H, Yamasaki F, Kamimura N, et al. Influ- ences of donepezil on cardiovascular system-possible ther- apeutic benefits for heart failure-donepezil cardiac test registry (DOC- TER) study. *J Cardiovasc Pharmacol* 2012;60:310–4.
 41. Fried LP, Tangen CM, Walston J, Newman AB, Hirsch C, Gottdiener J, et al; Cardiovascular Health Study Collaborative Research Group. Frailty in older adults: evidence for a phenotype. *J Gerontol A Biol Sci Med Sci* 2001;56:M146–56.

42. Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet* 2012;380:37–43.
43. Dahlström U. Frequent non-cardiac comorbidities in patients with chronic heart failure. *Eur J Heart Fail* 2005;7:309–16.
44. Arnett DK, Goodman RA, Halperin JL, Anderson JL, Parekh AK, Zoghbi WA. AHA/ACC/HHS strategies to enhance application of clinical practice guidelines in patients with cardiovascular disease and comorbid conditions: from the American Heart Association, American College of Cardiology, and U.S. Department of Health and Human Services. *J Am Coll Cardiol* 2014;64:1851–6.
45. Ponikowski P, Voors AA, Anker SD, Bueno H, Cleland JG, Coats AJ, et al. 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC). Developed with the special contribution of the Heart Failure Association (HFA) of the ESC. *Eur J Heart Fail* 2016;18:891–975.
46. Palliative Care Outcome Scale (POS). Available at:<http://pos-pal.org>. Accessed 02 Decemb, 2018.
47. Johnson MJ, Bland JM, Davidson PM, Newton PJ, Oxberry SG, Abernethy AP, et al. The relationship between two performance scales: New York Heart Association Classification and Karnofsky Performance Status Scale. *J Pain Symptom Manage* 2014;47:652–8.
48. Lee DS, Austin PC, Rouleau JL, Liu PP, Naimark D, Tu JV. Predicting mortality among patients hospitalized for heart failure: derivation and validation of a clinical model. *JAMA* 2003;290:2581–7.
49. Back AL, Arnold RM, Baile WF, Fryer-Edwards KA, Alexander SC, Barley GE, et al. Efficacy of communication skills training for giving bad news and discussing transitions to palliative care. *Arch Intern Med* 2007;167:453–60.
50. Dunlay SM, Roger VL. Understanding the epidemic of heart failure: past, present, and future. *Current heart failure reports* 2014;11:404–15.
51. LeMond L, Goodlin SJ. Management of Heart Failure in Patients Nearing the End of Life—There is So Much More To Do. *Cardiac failure review* 2015;1:31–4.
52. Lemond L, Allen LA. Palliative care and hospice in advanced heart failure. *Progress in cardiovascular diseases* 2011;54:168–78.
53. Hauptman PJ, Goodlin SJ, Lopatin M, Costanzo MR, Fonarow GC, Yancy CW. Characteristics of patients hospitalized with acute decompensated heart failure who are referred for hospice care. *Arch Intern Med* 2007;167:1990–7.