Palliative Care and Stroke
- an Update -

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September 13th 2016
Palliative Care and Cardiovascular Disease and Stroke: A Policy Statement From the American Heart Association/American Stroke Association

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Stroke

6 million
I SUFFER FROM SEVERE STROKE

Your family is affected by your illness

http://www.ipyyouth.org/
The past two decades: Stroke

↓ Incidence
↓ Death rate
↑ Chance of Independence

Koton S et al., JAMA 2014
Mozaffarian D et al., Circulation 2015
NINDS tpa, ECASS
MR CLEAN, ESCAPE, EXTEND-IA, SWIFT PRIME etc.
The past two decades: Palliative Care

↑ Quality of life and survival (cancer)
↓ Length of stay in ICUs
↓ Distress among ICU family members

https://reportcard.capc.org/
Temel JS et al., NEJM 2010
Aslakson R et al., J Palliat Med 2014
Khandelwal N et al., Crit Care Med 2015
The Next Era of Palliative Care

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The Next Era of Palliative Care

“The initial era of palliative care demonstrated proof of concept.”
Palliative Care

specialized care for people with serious illness
Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer


Early PC Improves Quality of Life

Early PC Reduces Symptoms
Early Palliative Care improves survival

Temel JS et al., N Engl J Med. 2010
Early Palliative Care in advanced lung cancer

1. Relationship/Rapport
2. Symptoms
3. Coping
4. Family engagement
5. Illness understanding
6. Cancer treatments
7. End-of-life planning
• “Although the majority of palliative care and hospice research has been conducted in the cancer population, similar benefits are suggested for patients with advanced CVD.”
“There’s no easy way I can tell you this, so I’m sending you to someone who can.”
Palliative Care Models

“Curative” or “life-prolonging” treatment

symptom control and palliative care

“Curative” or “life-prolonging” treatment

symptom control and palliative care

“Curative” or “life-prolonging” treatment

Goals of Care, Treatment decisions, symptom control, palliative care
Primary vs. Specialty Palliative Care

- Shortage of palliative care specialists
- Existing therapeutic relationships; patient-centered care
- “a growing primary palliative care practice will enable our discipline to flourish”

Quill T and Abernethy A, NEJM 2013
Primary vs. Specialty Palliative Care

“Although palliative care specialists may not be best suited to share specific information about prognosis and treatment, they have a valuable role in encouraging patient-provider communication, dealing with barriers, and facilitating shared decision making among patients, families, and care teams”
Illness trajectories

Short period of decline (e.g. cancer)

Chronic illness with exacerbations (e.g. chronic heart failure)

Prolonged Dwindling (e.g. dementia)

Severe Acute Brain Injury

Creutzfeldt CJ, Longstreth WT, Holloway RG. BMJ 2015
256 patients, 365 surrogates
Intervention: 2+ meetings with ‘support and information team’

3 months later: - No difference in anxiety/depression
- No difference in length of stay
- Higher PTSD in the intervention group
3 months later:
- No difference in anxiety/depression
- No difference in length of stay
- Higher PTSD in the intervention group

256 patients, 365 surrogates
Intervention: 2+ meetings with ‘support and information team’
“The search continues…”

- Who is most likely to benefit? And when?
- What are their specific needs?
- What are best ways to meet these needs?
Palliative care consultation triggers

Severe IPH
Cardiac arrest
Metastatic cancer
Age >80 + >2 comorbidities
ICU admission on day 10+

Creutzfeldt CJ et al., Neurocritical Care 2015
Palliative care consultation triggers

NeuroICU patients more likely to have withdrawal of life-sustaining therapies (19.4 vs 8.0 %, p < 0.001).

Creutzfeldt CJ et al., Neurocritical Care 2015
• more family conferences (p=0.019)
• more palliative care consultations (p=0.056)
Palliative Care in severe acute brain injury

1. Prognosis
2. Values
3. Understanding
4. Conflict
“Is there hope?”

“Is she there?”

Moving forward....

1. Stroke primary palliative care skillset
2. Train Stroke providers in basic palliative care skills
3. Train Palliative care specialists in basic stroke concepts
4. Develop a triage system for consultation
Palliative Care: A Core Competency for Stroke Neurologists
Claire J. Creutzfeldt, Robert G. Holloway and J. Randall Curtis

Stroke. 2015;46:2714-2719; originally published online August 4, 2015
Thank you

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The Fourth Trajectory: Severe Acute Brain Injury

Building Trust in Crisis

Adjustment, adaptation, Symptom management, Chronic illness

Shared decisions based on prognostication; Evidence and preference-based

End-of-Life care

Time
Advance Care Planning

Shared decisions based on prognostication; evidence and preference-based
End-of-Life care

Building Trust in Crisis
Adjustment, adaptation, symptom management, chronic illness

High
Function

Low
End-of-Life care

Time