

POZVÁNKA


Kraj Vysocina

Palliative care in patients with CV disease The Spanish experience

Manuel Martínez-Sellés



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Gregorio Marañón

-
- ◆ **Atlas of Palliative Care**
 - ◆ **Palliative Care in Patients with CV diseases**
 - ◆ **The Spanish experience**

◆ Atlas of Palliative Care

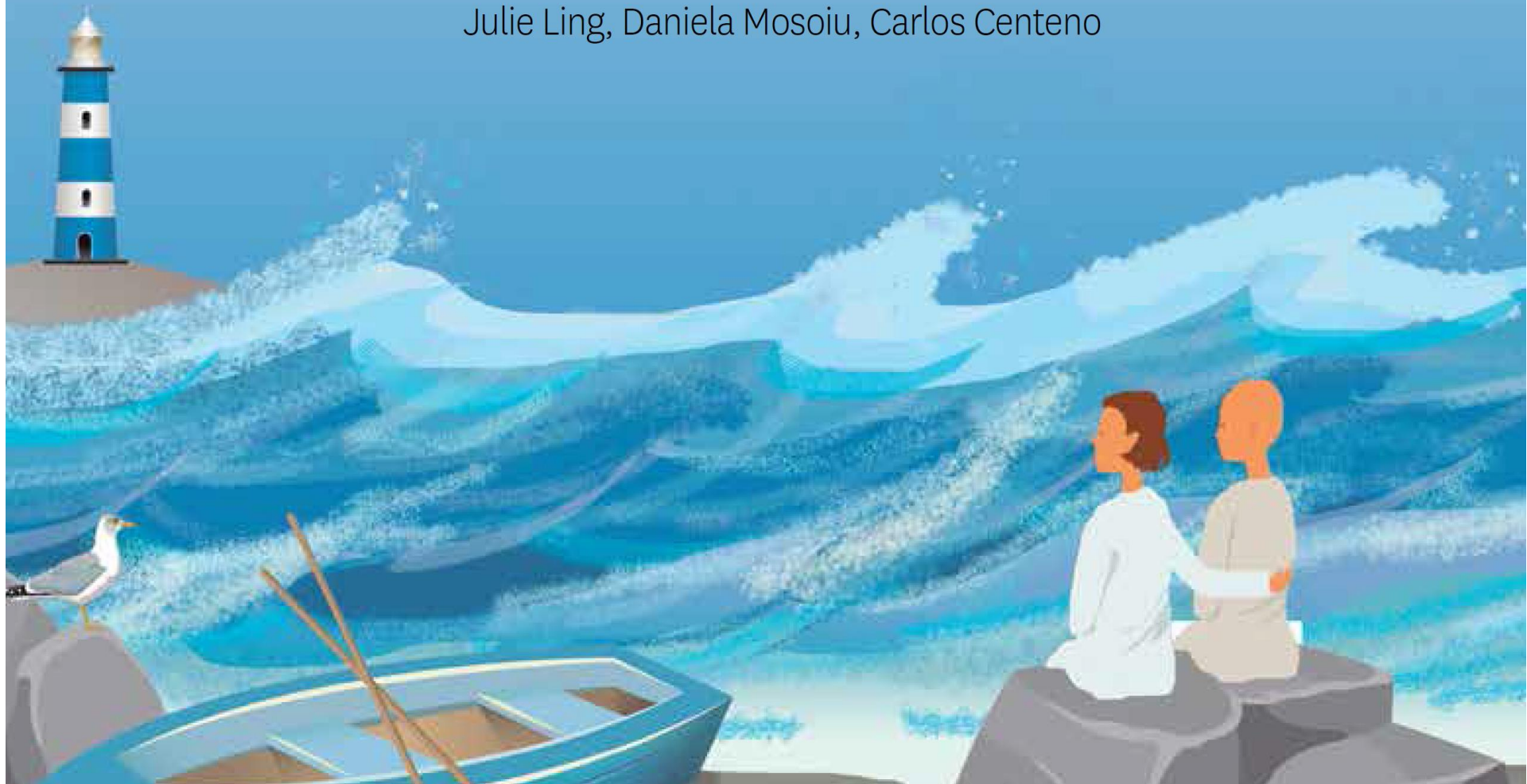
◆ Palliative Care in Patients with CV diseases

◆ The Spanish experience

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EAPC Atlas of Palliative Care in Europe

Authors Natalia Arias-Casais, Eduardo Garralda, John Y. Rhee, Liliana de Lima, Juan José Pons, David Clark, Jeroen Hasselaar, Julie Ling, Daniela Mosoiu, Carlos Centeno



Huge need in Europe

4,428,663

people die each year in need of PC in Europe.

0

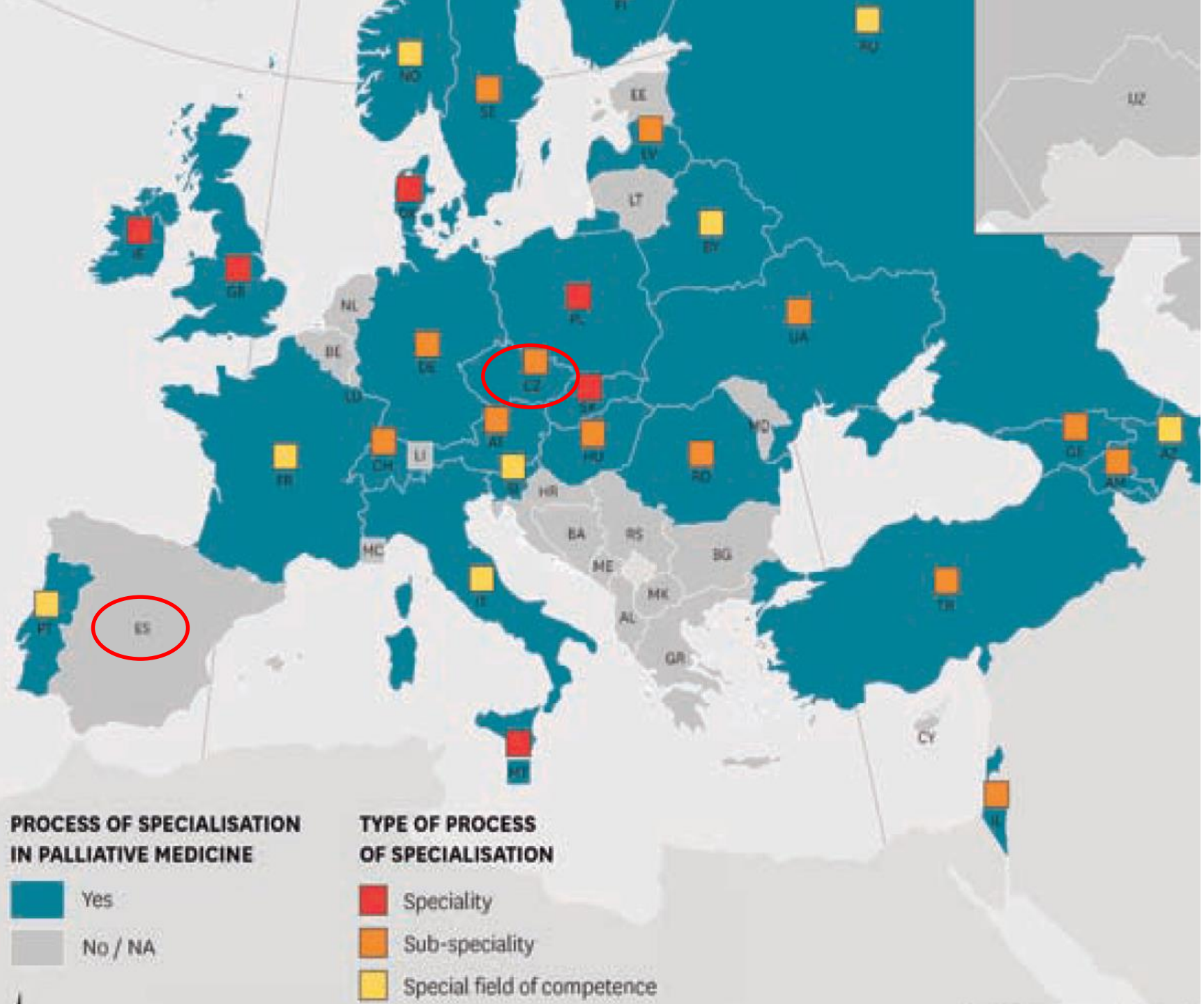
0,8

0.8 Specialised services per 100.000 inhabitants (median)

2 Specialised services per 100.000 inhabitants suggested by the EAPC

QUARTILES	COUNTRY	TOTAL SERVICES	SERVICES PER 100,000 INHABITANTS
FIRST QUARTILE	Austria	193	2,2
	Ireland	92	1,9
	Luxembourg	11	1,8
	Lithuania	49	1,7
	Belgium	197	1,7
	Sweden	165	1,6
	Poland	587	1,5
	Iceland	5	1,5
	Bulgaria	100	1,4
	Estonia	18	1,4
	Israel	119	1,4
	United Kingdom	860	1,3
	Norway	61	1,2
	SECOND QUARTILE	Hungary	112
Germany		914	1,1
Slovenia		22	1,1
France		653	1,0
Switzerland		82	1,0
Italy		570	0,9
Albania		27	0,9
Denmark		54	0,9
Portugal		96	0,9
Cyprus		11	0,9

	Netherlands	150	0,9
	Croatia	32	0,8
	Finland	39	0,7
THIRD QUARTILE	Romania	122	0,6
	Latvia	12	0,6
	<u>Czech Republic</u>	63	0,6
	Georgia	22	0,6
	<u>Spain</u>	260	0,6
	Moldova	18	0,5
	Malta	2	0,4
	Slovakia	20	0,4
	Macedonia	7	0,3
	Armenia	7	0,2
FOURTH QUARTILE	Serbia	16	0,2
	Russian Federation	321	0,2
	Belarus	20	0,2
	Turkey	164	0,2
	Kyrgyzstan	12	0,2
	Ukraine	66	0,1
	Tajikistan	9	0,1
	Bosnia & Herzegovina	3	0,1
	Kazakhstan	12	0,1
	Greece	5	0,0
Azerbaijan	1	0,0	
Montenegro	0	0,0	
Uzbekistan	0	0,0	



◆ Atlas of Palliative Care

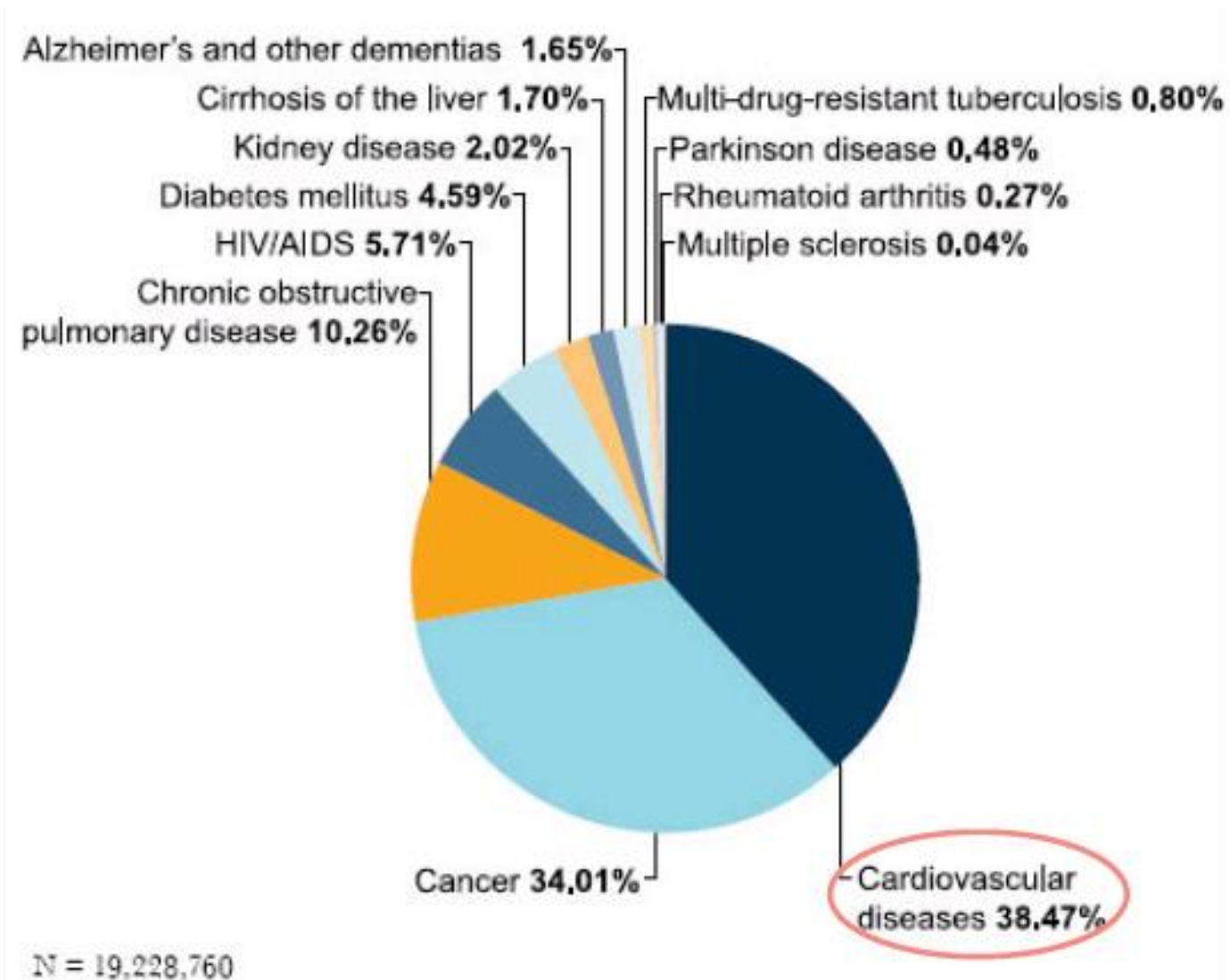
◆ **Palliative Care in Patients with CV diseases**

◆ The Spanish experience

- ◆ **There are higher levels of physical and mental distress in patients dying from heart failure than with cancer**

Hinton JM. The physical and mental stress of dying. Q J Med 1963

Adults that need PC





ESC









European Society
of Cardiology

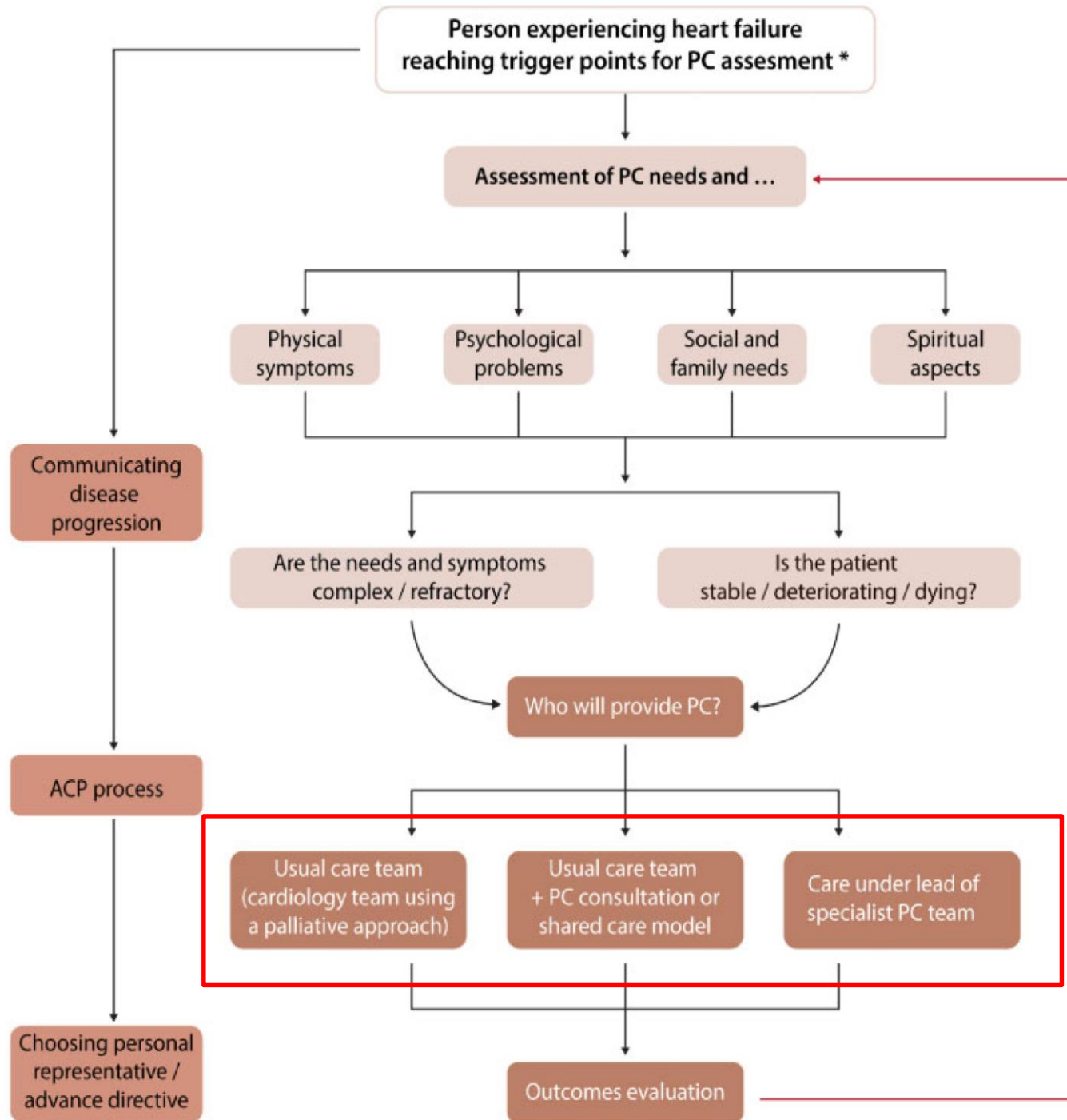
Cardiovascular Research

doi:10.1093/cvr/cvz200

REVIEW

Palliative care for people living with heart failure: European Association for Palliative Care Task Force expert position statement

Piotr Z. Sobanski ^{1*}, Bernd Alt-Epping², David C. Currow^{3,4}, Sarah J. Goodlin⁵, Tomasz Grodzicki⁶, Karen Hogg ⁷, Daisy J. A. Janssen ^{8,9}, Miriam J. Johnson ¹⁰, Małgorzata Krajnik¹¹, Carlo Leget ¹², Manuel Martínez-Sellés¹³, Matteo Moroni¹⁴, Paul S. Mueller ¹⁵, Mary Ryder ¹⁶, Steffen T. Simon^{17,18}, Emily Stowe ¹⁹, and Philip J. Larkin^{20,21}





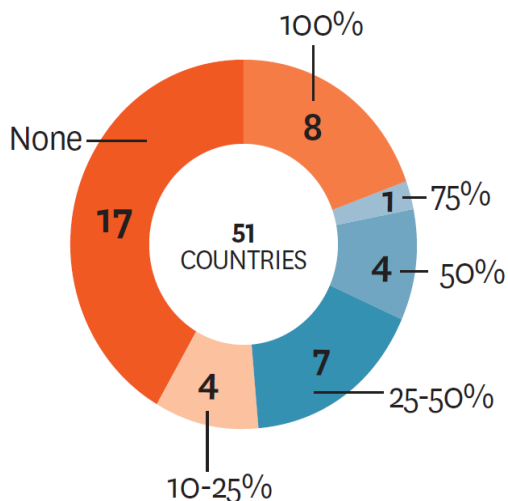
◆ Atlas of Palliative Care

◆ Palliative Care in Patients with CV diseases

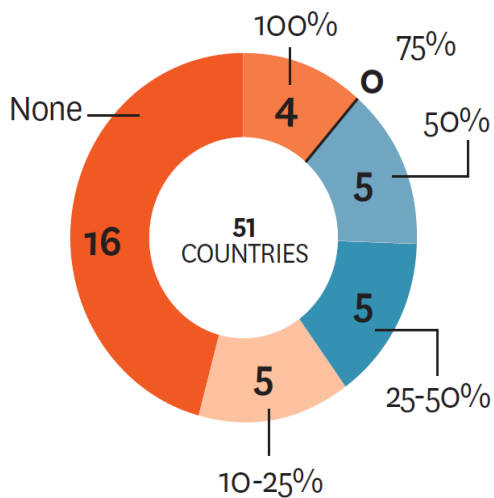
◆ **The Spanish experience**

Proportion of universities teaching PC as a specific and mandatory subject

MEDICINE



NURSING



Integration into other fields. Key notes

12/34 countries have systems to identify patients in need of PC at the primary level.

PC is being integrated into **oncology**.

10 countries have registered clinical trials on early integration of PC and oncology.

Eight reference cardiology centres providing PC were identified.

1/19 countries reported presence of PC trained staff in Long-Term Care Facilities.

Volunteers are active throughout Europe.

8 countries report over 1000 registered PC volunteers.

41/51 countries have at least one national PC association.

Chapter 10. Integration of Palliative Care into Cardiology

Eduardo Garralda
 Manuel Martínez Sellés
 Pablo Díez Villanueva

PIONEERING CARDIOLOGY SERVICES PROVIDING PC

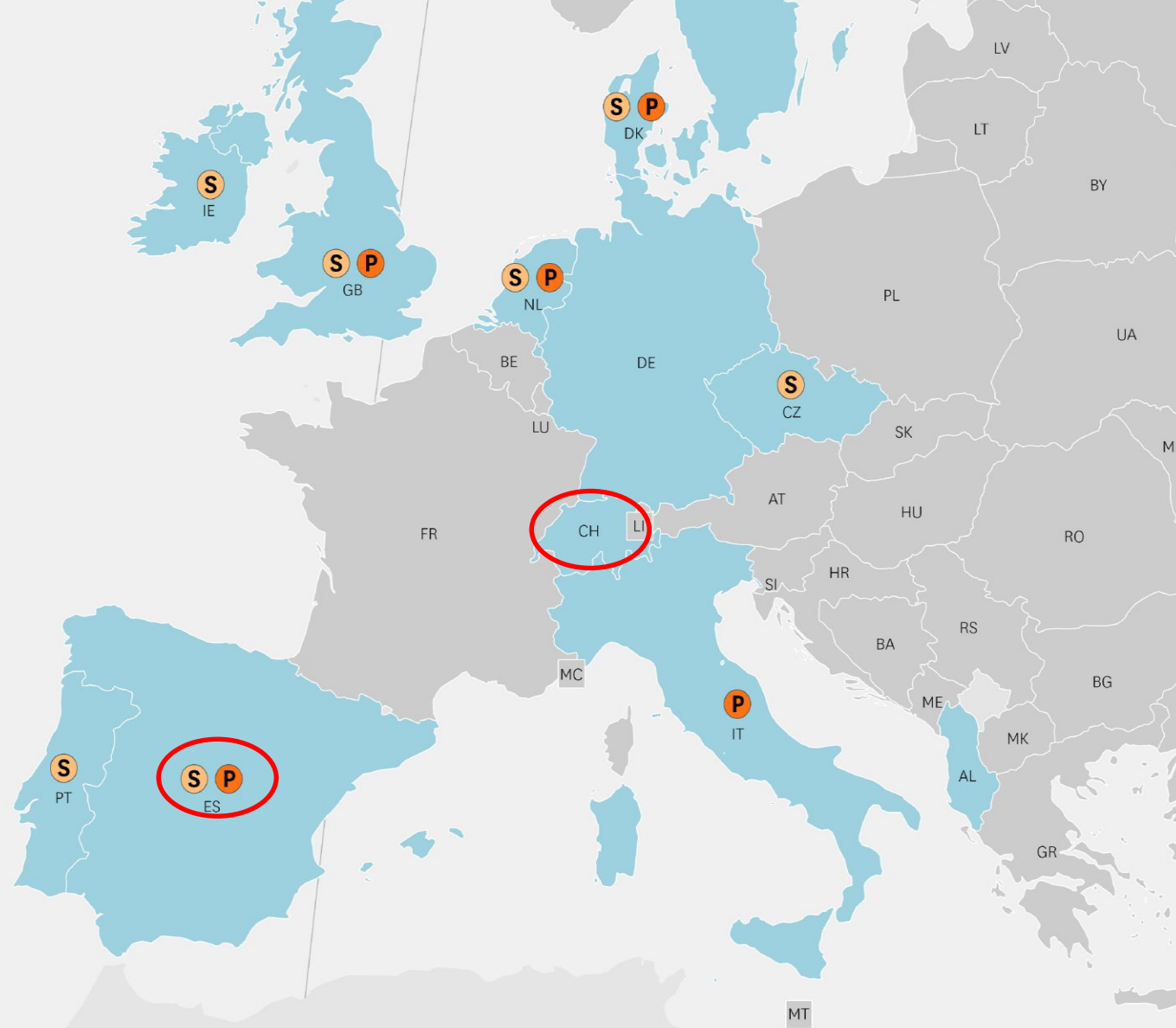
COUNTRY	SERVICE, HOSPITAL OR INSTITUTION
Czech Republic	Department of Cardiology, Tomas Bata Regional Hospital, Zlin
Denmark	Department of Cardiology, Vejle Hospital, Vejle
Ireland	Heart failure service, University Hospital Waterford, Waterford
Portugal	Unidade Mais Sentido, Centro Hospital Universitario Lisboa Norte, Lisboa
Spain	Department of Cardiology Hospital Gregorio Marañón, Madrid
Sweden	Vrinnevy Hospital, Vrinnevy
The Netherlands	Radboud University Nijmegen Medical Centre, Nijmegen
United Kingdom	Cardiac Palliative Care service, NHS Greater Glasgow and Clyde. Hub base Glasgow Royal Infirmary Scotland

PUBLICATIONS REGARDING PC PROVISION IN CARDIOLOGY SERVICES



7/12

7 countries (17%) report scientific publications with regard to Palliative Care provision in Cardiology Services. Seven in Spain, three in the United Kingdom, two in Italy, and at least one in the Czech Republic, Denmark, Portugal, and the Netherlands.



PALLIATIVE CARE AND CARDIOLOGY



Identified national expert on Palliative Care provision in Cardiology



Identified pioneering Cardiology Service providing Palliative Care



Identified Palliative Care protocols specific for Cardiology

We started more than 10 years ago

Rev Esp Cardiol. 2009;62(4):409-21

End-Stage Heart Disease in the Elderly

Manuel Martínez-Sellés,^a María Teresa Vidán,^b Ramón López-Palop,^c Lourdes Rexach,^d Elisabet Sánchez^{a,b} Tomás Datino,^a María Cornide,^e Pilar Carrillo,^c José M. Ribera,^f Óscar Díaz-Castro,^h and Camino Bañuelos^g, on behalf of the members of the Spanish Society of Cardiology Section on Geriatric Cardiology “Endstage heart disease in the elderly” working group



José Manuel García Pinilla^{a,b}, Pablo Díez-Villanueva^{c,*}, Ramón Bover Freire^{b,d}, Francesc Formiga^e, Marta Cobo Marcos^{b,f}, Clara Bonanad^{b,g}, María G. Crespo Leiro^{b,h}, Juan Ruiz Garcíaⁱ, Beatriz Díaz Molina^j, Cristina Enjuanes Grau^k, Lluisa García^l, Lourdes Rexach^m, Alberto Estebanⁿ y Manuel Martínez-Sellés^{b,o}

Consensus document and recommendations on palliative care in heart failure of the Heart Failure and Geriatric Cardiology Working Groups of the Spanish Society of Cardiology

ABSTRACT

Heart failure is a complex entity, with high morbidity and mortality. The clinical course and outcome are uncertain and difficult to predict. This document, instigated by the Heart Failure and Geriatric Cardiology Working Groups of the Spanish Society of Cardiology, addresses various aspects related to palliative care, where most cardiovascular disease will eventually converge. The document also establishes a consensus and a series of recommendations with the aim of recognizing and understanding the need to implement and progressively apply palliative care throughout the course of the disease, not only in the advanced stages, thus improving the care provided and quality of life. The purpose is to improve and adapt treatment to the needs and wishes of each patient, who must have adequate information and participate in decision-making.

SPECIAL ARTICLE

Guidelines on the management of implantable cardioverter defibrillators at the end of life[☆]

T. Datino^a, L. Rexach^b, M.T. Vidán^c, A. Alonso^d, Á. Gándara^e, J. Ruiz-García^f,
B. Fontecha^g, M. Martínez-Sellés^{a,h,i,*}

^a Unidad de Arritmias y Electrofisiología, Servicio de Cardiología, Hospital General Universitario Gregorio Marañón, Madrid, Spain

^b Unidad de Cuidados Paliativos, Hospital Universitario Ramón y Cajal, Madrid, Spain

^c Servicio de Geriatria, Hospital General Universitario Gregorio Marañón, Madrid, Spain

^d Unidad de Cuidados Paliativos, Hospital Universitario La Paz, Madrid, Spain

^e Unidad del Dolor y Cuidados Paliativos, Clínica Ruber, Madrid, Spain

^f Servicio de Cardiología, Hospital Universitario La Paz, Madrid, Spain

^g Servicio de Geriatria y Cuidados Paliativos, Consorci Sanitari Integral L'Hospitalet de Llobregat, Barcelona, Spain

^h Servicio de Cardiología, Hospital General Universitario Gregorio Marañón, Madrid, Spain

ⁱ Universidad Europea de Madrid, Madrid, Spain



Medicina Paliativa

www.elsevier.es/medicinapaliativa



Revista Española de Geriatria y Gerontología

www.elsevier.es/regg



Revista Clínica Española

www.elsevier.es/rce

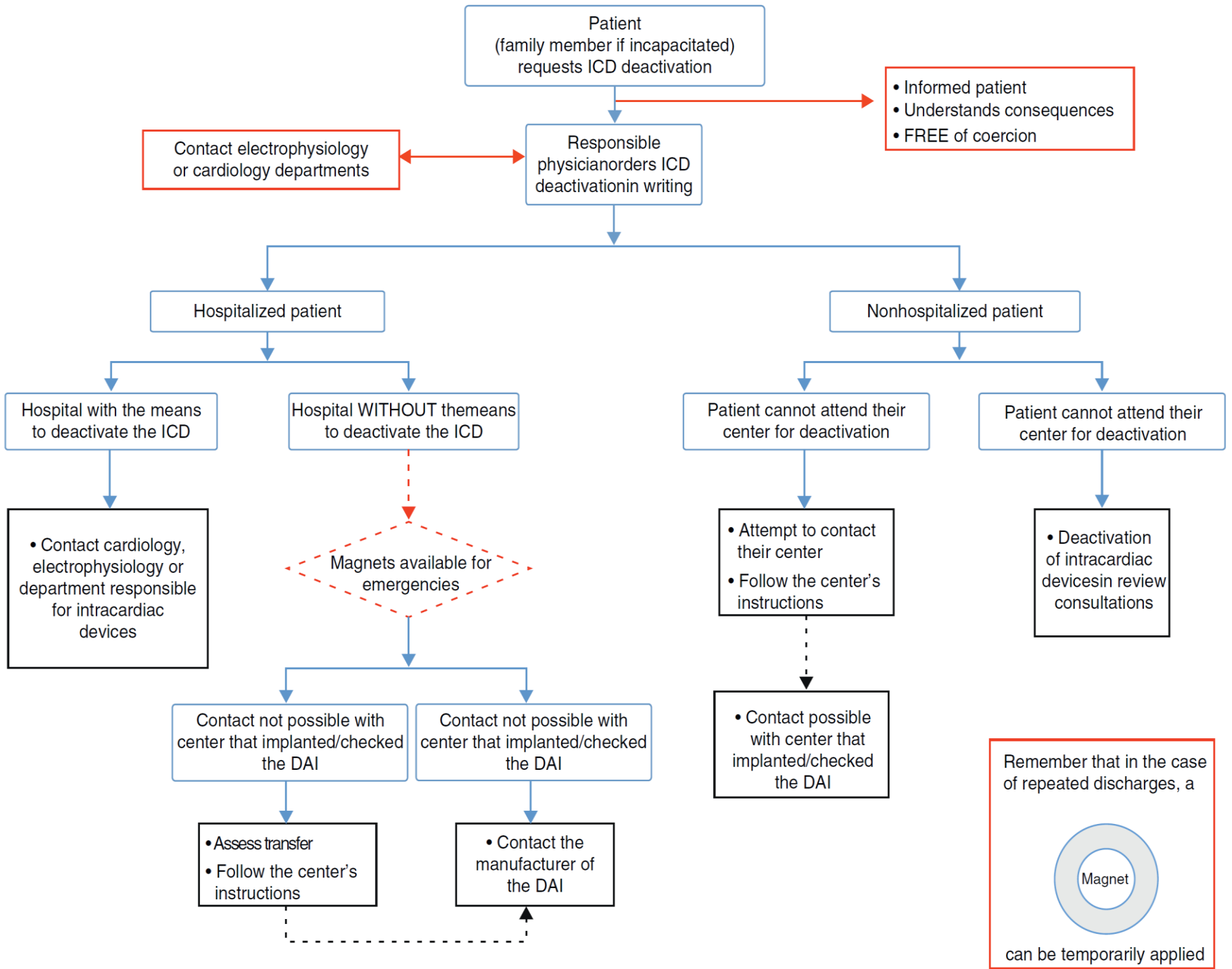


ARTÍCULO ESPECIAL

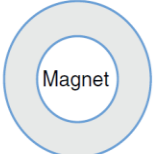
Guía sobre el manejo de desfibriladores automáticos implantables al final de la vida

T. Datino^a, L. Rexach^b, M.T. Vidán^c, A. Alonso^d, Á. Gándara^e, J. Ruiz-García^f,
B. Fontecha^g y M. Martínez-Sellés^{a,h,i,*} 2014

Martínez-Sellés REC 2015



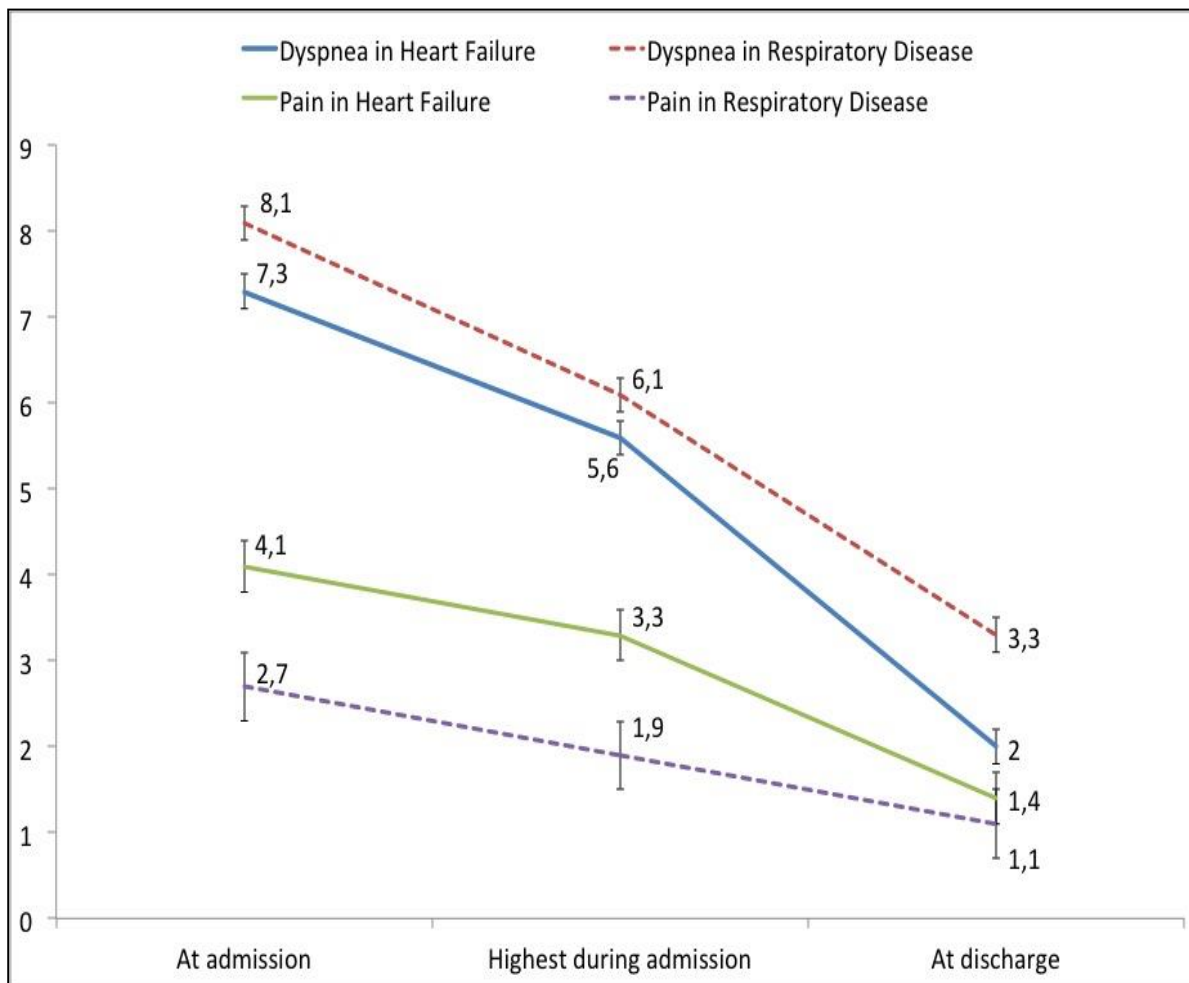
Remember that in the case of repeated discharges, a Magnet can be temporarily applied



Registry!



- ◆ **Hospital without dyspnea. Rationale and design of a multidisciplinary intervention.** Vicent, Nuñez, Puente, Artajona, Fernández-Avilés, Martínez-Sellés.
J Geriatr Cardiol 2016



◆ **Degree of dyspnea at admission and discharge in patients with heart failure and respiratory diseases.** L Vicent, JM Nuñez, L Puente, A Oliva, JC López, A Postigo, I Martín, R Luna, F Fernández-Avilés, M Martínez-Sellés. BMC Palliative Care 2017

Conclusions

- ◆ **Palliative Care: huge need**
- ◆ **Palliative Care in Pts with CV diseases: even more**
- ◆ **The Spanish experience: multidisciplinary team work**