Evaluating Palliative Pharmacological Management for Symptom Control in Advanced Heart Failure

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BACKGROUND

- Patients with advanced heart failure (New York Heart Association Class iii-iv) frequently experience distressing symptoms including breathlessness, fluid overload, anxiety and pain.
- Although national and international guidelines advocate for the use of palliative medications to manage these symptoms, their use remains inconsistent particularly opiods and anxiolytics.

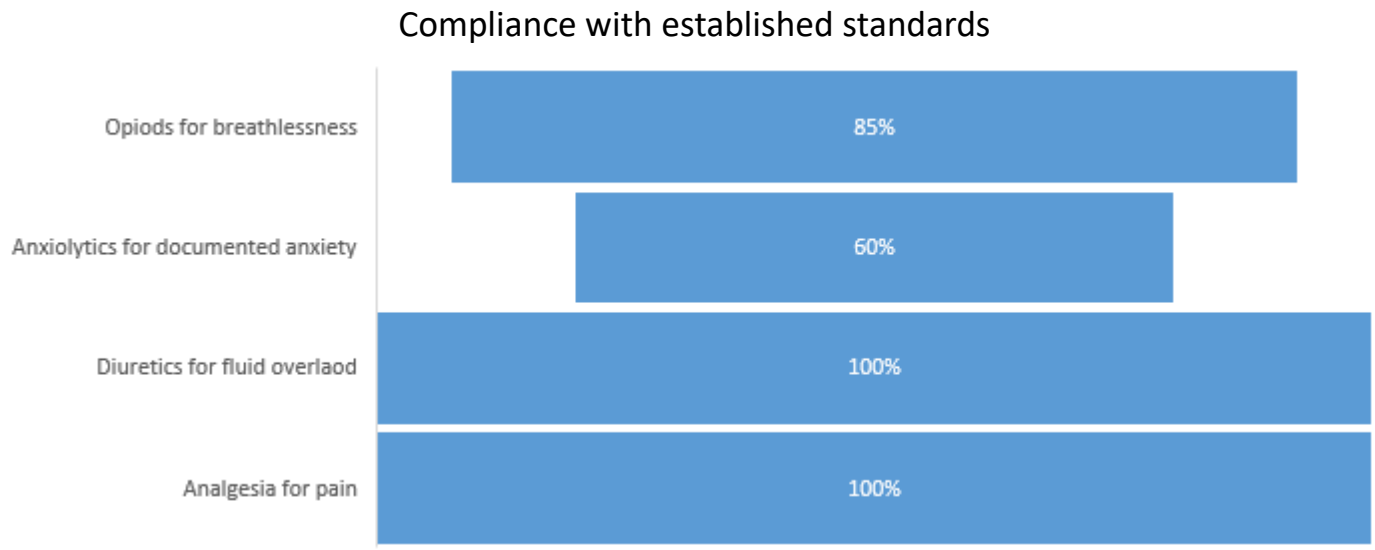
AIMS

- To evaluate current prescribing practices for symptom relief in patients with advanced heart failure and identify areas for clinical improvement
- To measure compliance with established standards:
  - ❑ Opiods prescribed in at least 90% of patients with refractory breathlessness
  - ❑ Anxiolytics prescribed in 90% of patients with documented anxiety
  - ❑ Diuretics should be reviewed or adjusted in 100% of cases with fluid overload
  - ❑ Analgesia provided in 100% of patients with ongoing pain

METHODS AND ANALYSIS

- Data was collected from electronic patient records over a six-month period from January 2025, n=35.
- Data collected included heart failure NYHA class, symptom documentation and appropriate management with palliative medications.

RESULTS



CONCLUSION

- Findings indicate strong compliance with diuretic and pain management standards but a notable underuse of opiods and anxiolytics despite clinical indications.
- Results suggest a need for increased education and confidence in palliative prescribing for patients with advanced heart failure.

RECOMMENDATIONS

- To improve practice, a teaching session was provided on these findings.
- Educational posters with key points and dosing guidelines have been distributed to prescribers.
- A follow -up audit is planned to assess the impact of these interventions.

LIMITATIONS

- Small sample size of the audit may have lead to inaccurate representation of the patient pool.
- Quality of audit may be affected by the quality of documentation in electronic patient records.