

# Cardiogeriatrics:

What is the impact on end-of-life care for older Cardiology patients?

**Background:** The UK has an ageing population, and with this, new challenges arise for modern health services. It has been suggested that there is an emerging role for the Cardiogeriatrician in the holistic management of the older Cardiology patient (Gaur et al, 2023). Older cardiology patients are more likely to have multiple comorbidities (Metra et al, 2015) and so their management may benefit from a new approach. In February 2023, a Cardiogeriatrics service providing Geriatrician in-reach to the Cardiology ward was introduced at the Royal Bolton Hospital, a district general hospital in the north-west of England. In tandem with Cardiologist-led management of cardiac disease, the Cardiogeriatrician delivered comprehensive geriatric assessment for patients with co-existent frailty and multimorbidity, including support with anticipatory care planning and end of life care.

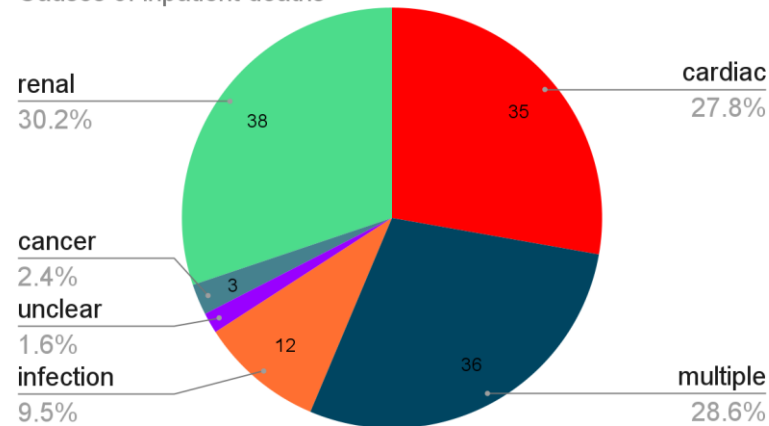
**Aims:** To evaluate the impact of the Cardiogeriatrics service on end of life (EoL) care for Cardiology inpatients.

**Methods:** Data on inpatients aged 75 and over who died as an inpatient on the cardiology ward was collected. Data collected included cause of death, expected or unexpected death, whether EoL care was initiated and by whom. A first cycle of data collection before the introduction of the Cardiogeriatrics service was performed, with a comparative second cycle after initiation of the service. Patients who died following procedural interventions were excluded.

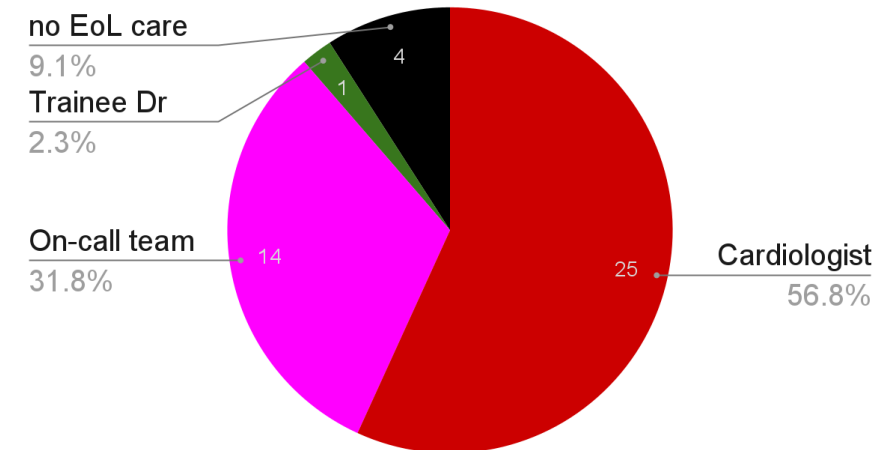
## Results:

- A total of 132 patients were included.
- Only **27.8%** of inpatient deaths were caused by solely a cardiac pathology on the cardiology ward.
- IMPACT OF CARDIOGERIATRIC SERVICE**
  - Improved recognition of deteriorating patients**, with fewer unexpected deaths (from 26% to 14%).
  - Reduced demand on the on-call team**, with a reduction in initiation of EoL care by the on-call team (from 32% to 10%).
  - Increased trainee involvement with EoL and DNAR decisions** (from 2% to 5%)

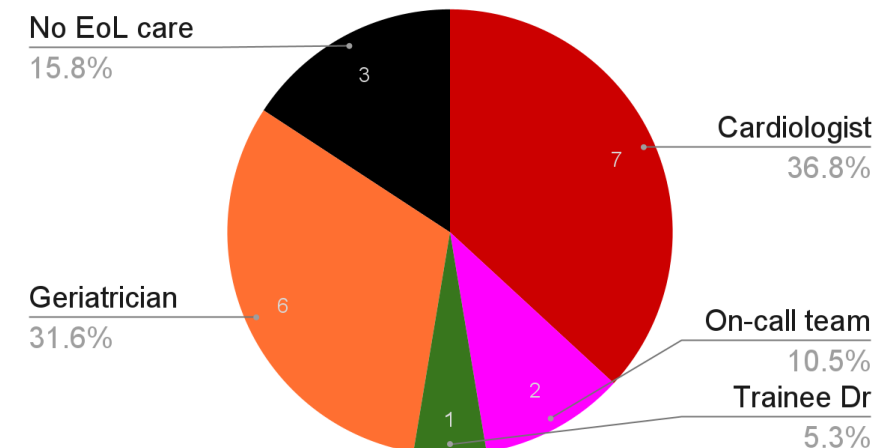
Causes of inpatient deaths



Clinician responsible for initiating EoL care: Before service began



Clinician responsible for initiating EoL care: After service began



## Take-away thoughts:

- Our mortality data has demonstrated the implications of multimorbidity for the older Cardiology patient and helped to illustrate the need for holistic management of these issues alongside cardiac disease
- Change in culture:**
  - Many patients audited were not reviewed directly by the Cardiogeriatrician, but deterioration was still recognised and managed – we feel this indicates a cultural change within the Cardiology team towards more proactive recognition and management of patients approaching the end of life.
  - The cardiogeriatrics service allowed all grades of medical team to feel confident in acting proactively in the management of end-of-life

## References:

- Marco Metra, Gad Cotter, Jill El-Khorazaty, Beth A. Davison, Olga Milo, Valentina Carubelli, Robert C. Bourge, John G. Cleland, Guillaume Jondeau, Henry Krum, Christopher M. O'Connor, John D. Parker, Guillermo Torre-Amione, Dirk J. van Veldhuisen, Maurizio Rainisio, Isaac Kobrin, John J. McMurray, John R. Teerlink, Acute Heart Failure in the Elderly: Differences in Clinical Characteristics, Outcomes, and Prognostic Factors in the VERITAS Study, *Journal of Cardiac Failure*, volume 21, Issue 3, 2015, Pages 179-188.
- Akshay Gaur, Fiona Carr, David Warriner, Cardiogeriatrics: the current state of the art, *Heart*, Volume 110, Issue 14, 2023.

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