## Who Should Care for End-Stage Heart Failure?

BY DAMIAN MCNAMARA

Miami Bureau

BOCA RATON, FLA. — When it comes to treatment options, palliative care, and decision making for patients with end-stage heart failure, cardiologists, internists, family physicians, and geriatricians are similarly lacking in awareness, according to a national pilot survey.

The American College of Cardiology and the American Heart Association's recommendations for care of heart failure patients include a call for cardiologists to counsel patients about end-of-life issues.

However, most of the care of heart failure patients is provided by physicians other than cardiologists, and there is still uncertainty about which physicians should address end-of-life concerns with endstage heart failure patients.

The question is, who is going to have 'the talk'?" Paul J. Hauptman, M.D., said

"More and more patients have heart failure, and more and more patients are going to die from heart failure. What are we going to do with this burgeoning population of patients with heart failure?" asked Dr. Hauptman, professor of medicine, division of cardiology, and director of heart failure/transplantation at St. Louis

In an attempt to answer that question, Dr. Hauptman and his associates surveyed cardiologists, family physicians, internists, and geriatricians about the management of patients with end-stage heart failure. The investigators randomly selected physicians from the American Medical Association Master File.

The administration of the 51-question survey is ongoing, with the goal of garnering opinions from 1,450 physicians. Preliminary results from 76 responses were given in a poster presentation at the annual meeting of the Heart Failure Society of America.

The survey indicates a similar lack of awareness about published guidelines for heart failure (44% of cardiologists, 47% of noncardiologists), a similar belief in leftventricular pacing as a life-extending measure (44% of cardiologists, 41% of noncardiologists), and a similar level of uncertainty about when to refer a patient to hospice care (52% of cardiologists, 53% of noncardiologists).

Almost 85% of the noncardiologists believed that they, and not cardiologists, should initiate end-of-life discussions. "The noncardiologists really thought they were better [at that] than the cardiologists," Dr. Hauptman said. However, he added, most of the generalists reported they had never had such a discussion with a patient or a patient's family.

"Cardiologists have an acute-care perspective. We don't really know about what is going on at the end of life," Dr. Haupt-

"It's going to take education and discussions at national meetings [to understand that]," he added.

The majority of respondents (91% of cardiologists, 67% of noncardiologists) do not use standard quality-of-life measurements for patients with end-stage heart failure. "This would be kind of shocking" if confirmed by the full survey, he said.

Most of the cardiologists surveyed (65%) have discussed implantable cardioverter defibrillator deactivation with an end-stage patient or family member, compared with 35% of noncardiologists. With the increasing prevalence of heart failure, Dr. Hauptman said, "more patients are going to show up with a device. Do you turn them off or not turn them

Dr. Hauptman said he hopes that the final results of the survey will provide even more insight about physician attitudes toward end-stage heart failure and that the information can be used to design effective interventions in the future.

## - VERBATIM -

'We're doing high-risk patients. I tell them they can die from this. The whole family is involved in counseling. If anything happens, they were aware.'

Dr. P. Jason Granet, p. 50

American Heart Association's rec
In an interview.

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Adverse Events in Placebo-Controlled Studies (% of Patients)					
BODY SYSTEM	Placebo	Atorvastatin	Atorvastatin	Atorvastatin	Atorvastatin
Adverse Event		10 mg	20 mg	40 mg	80 mg
	N = 270	N = 863	N = 36	N = 79	N = 94
BODY AS A WHOLE					
Infection	10.0	10.3	2.8	10.1	7.4
Headache	7.0	5.4	16.7	2.5	6.4
Accidental Injury	3.7	4.2	0.0	1.3	3.2
Flu Syndrome	1.9	2.2	0.0	2.5	3.2
Abdominal Pain	0.7	2.8	0.0	3.8	2.1
Back Pain	3.0	2.8	0.0	3.8	1.1
Allergic Reaction	2.6	0.9	2.8	1.3	0.0
Asthenia	1.9	2.2	0.0	3.8	0.0
DIGESTIVE SYSTEM					
Constipation	1.8	2.1	0.0	2.5	1.1
Diarrhea	1.5	2.7	0.0	3.8	5.3
Dyspepsia	4.1	2.3	2.8	1.3	2.1
Flatulence	3.3	2.1	2.8	1.3	1.1
RESPIRATORY SYSTEM					
Sinusitis	2.6	2.8	0.0	2.5	6.4
Pharyngitis	1.5	2.5	0.0	1.3	2.1
SKIN AND APPENDAGES					
Rash	0.7	3.9	2.8	3.8	1.1
MUSCULOSKELETAL SYST	EM				
Arthra <b>l</b> gia	1.5	2.0	0.0	5.1	0.0
Myalgia	1.1	3.2	5.6	1.3	0.0

The following adverse events were reported, regardless of causality assessment in patients treated with atorvastatin in clinical trials. The events in italics occurred in ≥2% of patients and the events in plain type



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