Integrated teams improve palliative care for heart failure

Palliative care for patients suffering from heart failure can be improved, particularly if clinicians have the courage to talk about death with their patients, according to a service evaluation led by the University of Hull and Hull York Medical School (Johnson et al, 2012).

The study describes data from two areas in Yorkshire where palliative care and heart failure services are fully integrated – Bradford & Airedale and Scarborough. The results show that integrated team work can reduce unwanted hospital deaths for heart failure patients, enabling many to die where they prefer.

The study was led by Dr Miriam Johnson, Reader in Palliative Medicine at the University of Hull and Hull York Medical School and Honorary Consultant at St. Catherine's Hospice, Scarborough, who commented: 'There's long been a perception that you can't talk to heart failure patients about death mainly because it's seen as difficult to predict when patients are close to end of life. However, our work shows that many heart failure patients are able to have honest discussions with their clinicians about their prognosis and appreciate the opportunity it provides for them to make plans and set their affairs in order.'

The team found that heart failure specialist nurses were able to recognize when patients were nearing end of life in the vast majority of cases and discuss the issues with them. Over two thirds of patients put plans in place for end of life and stated where they wished to die – most choosing to be at home – and their preferred place of death was achieved in 61% of cases.

Over half of all patients accessed specialist care services compared to the 2011 National Audit Office figures of just 4% overall in the UK, but Dr Johnson stresses that the national figures are not completely reliable.

'Unfortunately the systems in hospitals for registering where patients access palliative care aren't well established, so we need to take these figures with a pinch of salt,' she said. 'However, the lack of good reporting mechanisms itself may indicate that many hospitals do not perceive palliative care provision for their heart failure patients as a priority.'

Johnson M, Nunn A, Hawkes T, Stockdale S, Daley A (2012) Planning for end-of-life care in heart failure: experience of two integrated cardiology-palliative care teams. *Br J Cardiol* **19**: 71–5

One in four cases of invasive pneumococcal disease in adult risk groups prove fatal

Over one quarter (27.8%) of cases of invasive pneumococcal disease result in death among adults in England aged 16 years and over from clinical risk groups, according to new data (Van Hoek et al, 2012). In some cases, such as adults aged 65 years and over with chronic liver disease, half of those who contract invasive pneumococcal disease will die.

Invasive pneumococcal disease is an important cause of preventable illness, disability and death in the UK. It is estimated that 15% of adults in England aged 16 years and older live with an underlying condition, such as HIV, chronic respiratory disease or kidney disease. When adults over 65 years of age are considered alone, the figure is 45%. These conditions increase the risk of contracting invasive pneumococcal disease and lead to 2784 cases among those aged 16 years and over each year. In some patient populations, the risk is particularly high: patients aged 16–64 years with chronic liver disease are 33 times more at risk of infection than the healthy population.

Despite the increased risk of contracting invasive pneumococcal disease, uptake of pneumococcal vaccination can be as low as one third (34.4%) among at-risk patients aged 16–64 years. Uptake increases to 67% among those aged 65 years and over, but a third still remain unvaccinated and at increased risk. This underscores a lack of awareness of available vaccine options among patients and a need for multidisciplinary teams in primary and secondary care to create a greater emphasis on proactive prevention.

Van Hoek AJ, Andrews N, Waight PA, Stowe J, Gates P, George R, Miller E (2012) The effect of underlying clinical conditions on the risk of developing invasive pneumococcal disease among hospitalised patients in England. *J Infect* Mar 3 (Epub ahead of print)

Guidelines for treatment of people living with HIV

The British HIV Association has launched two new guidelines for the treatment of people living with human immunodeficiency virus (HIV) infection in the UK.

The new adult treatment guidelines set out world-leading recommendations on the treatment that HIV clinicians provide for their patients, and highlight the role of treatment as prevention.

The new guidelines for the treatment of pregnant women living with HIV will enable more women who are HIV positive to have the same experience in childbirth as women who are HIV negative.

The guidelines are intended for use by HIV specialists and set a global standard in the treatment and care of patients with HIV infection.

Professor Jane Anderson, Chair of British HIV Association, commented: 'These two new guidelines which are informed by the most up to date evidence and developed to rigorous standards are amongst the best in the world. Combined with the excellent outcomes for HIV therapy in the UK these guidelines are an example of HIV care at its best.'

She continued: 'Crucially, these guidelines will increase patient involvement in decision making, a point that came across strongly through our community engagement during the drafting process.'

The guidelines can be downloaded from www.bhiva.org/Home.aspx