

## Palliative Care & Medicine: Lessons learned from a feasibility prospective study of palliative care eligible patients with chronic heart failure (CHF) and chronic obstructive pulmonary disease (COPD)

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### Background:

Initiation of PC practices in cardiology and pulmonology wards for patients with Chronic Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) remains a challenging topic. Objective: A feasibility prospective study was designed and implemented in the cardiology and pulmonology wards of the University Hospital of Leuven (Belgium) to measure the quality of life (QoL) and the quality of care in both chronic CHF and COPD patients and their informal caregiver.

### Methods:

Eligible patients and their informal caregivers were asked to complete the Palliative Care Outcome Scale (POS), the Can Help Lite questionnaire and a self-developed ad-hoc questionnaire. These questionnaires were completed at inclusion and after a three-month follow-up. Informed consent was required.

### Results:

The feasibility assessment has overall been positive. The sample size (23 CHF and 25 COPD patients) was collected but older patients were underrepresented. The majority of the participants were younger and with milder symptomatology. Despite the well-designed eligibility criteria, it became necessary to readjust the recruitment process and directly involve the main researcher in the identification of eligible patients.

### Conclusion:

The positive feasibility assessment and the lessons learned from this study can assist similar future efforts in this area. However, the implementation of integrated PC interventions is expected to raise further challenges that will need to be investigated in separate studies.

### Biography:

Naouma Siouta is a doctoral candidate from KU Leuven (Belgium), Department of Experimental Radiotherapy. The aim of her Ph.D. is the investigation of the early integrated palliative care in chronic heart failure (CHF) and chronic obstructive pulmonary disease (COPD). She obtained a bachelor degree in psychology from the Aristotle University in Thessaloniki (Greece) and a Master of Public Health degree from KU Leuven (Belgium)

### COPD among Women:

In the past, COPD was often thought of as a man's disease, but things have changed in the past couple of decades. Since 2000, more women than men have died from COPD in the United States.<sup>4</sup> In 2018, chronic lower respiratory disease, primarily COPD, was the fourth leading cause of death among US women.<sup>4</sup> The age-adjusted death rates for COPD have dropped among US men, but death rates have not changed for women.<sup>5</sup> More women than men are also living with COPD in the United States.<sup>5</sup>

There are several reasons why COPD might affect women differently than men.<sup>6</sup> Women tend to be diagnosed later than men, when the disease is more advanced and treatment is less effective. Women also seem to be more vulnerable to the effects of tobacco and other harmful substances, such as indoor air pollution. For example, tobacco smoke is the main cause of COPD in the United States, but women who smoke tend to get COPD at younger ages and with lower levels of smoking than men who smoke. There also appear to be differences in how women and men respond to different treatments.

**Foot Note:** This work is partly presented at Event on 4th International Conference on Palliative Care, Medicine and Hospice Nursing August 27-28, 2018 Boston, USA