

The Current Role of Specialist Palliative Care in Patients with End Stage Liver Disease - A Single Centre Review

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Introduction

The prevalence of cirrhosis is rising and currently stands as the third leading cause of death in patients between 45 & 64 years of age. Cirrhosis is a uniquely challenging disease; patients often present with decompensated disease at the time of initial diagnosis and palliative care input is often only considered at a much later stage of the disease course. However, symptom burden is substantial & impacts on quality of life.

The British Association for the Study of Liver Disease recently released a position statement highlighting the important role of specialist palliative care (SPC) in the management of patients with end stage liver disease (ESLD).

Their 'Decompensated Cirrhosis Care Bundle' updated in 2020 includes discussion of advanced care planning at an earlier stage.

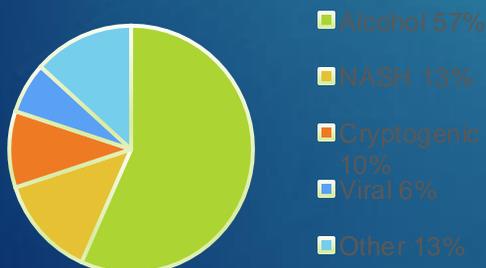
Aims and Objectives:

The aim of this study was to explore the current collaborative practice between medical physicians and SPC in our centre in order to identify if there is scope for a more integrated approach.

Methods:

We conducted a retrospective study of patients with ESLD who passed away in a 2 year period. Key patient characteristics were identified, and patient's data was stored in compliance with GDPR.

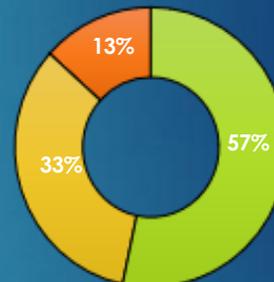
Causes of Cirrhosis



Results

- 57 patients with ESLD who died between 2018-2020 were identified in our centre.
- The median age was 68, 57% had a MELD score of >18.
- 53% of these were referred to SPC or had active SPC involvement prior to death.
- None of these patients had been listed for transplantation.
- 43% of patients referred had co-existing hepatocellular carcinoma.
- 40% had >3 admissions within their last year of life but only 13% had been referred to palliative care prior to their final admission.
- 93% of these patients died in hospital and 7% in a home or hospice setting.

Reason for Referral to SPC



- End of Life Care
- Symptom Control
- Other

Discussion

- ESLD is fluctuant in nature, however those with a high MELD score have a poor prognosis and advanced care planning could avoid unnecessary intervention.
- Only half of our patients received a SPC referral and interestingly out of those that were referred over 40% had a co-existent malignancy.
- Current in-house guidelines do not list advanced care planning as a consideration in those with end stage liver disease and a significant portion of these patients are not being cared for as inpatients by specialists. This provides scope for us to update our guidelines to be more reflective of the 'Decompensated cirrhosis care bundle'.