

Use of Palliative Care Services in Patients with Cardiogenic Shock: Insights from the Critical Care Cardiology Trials Network (CCCTN) Registry



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BACKGROUND

- Cardiogenic shock is a common reason for CICU admission.
- Given the high mortality (30-50%) and resource-intensive nature of cardiogenic shock (CS), palliative care (PC) is increasingly relevant in the CICU management of CS.
- There are limited data regarding PC consultation practices in patients with CS admitted to CICUs.

OBJECTIVE

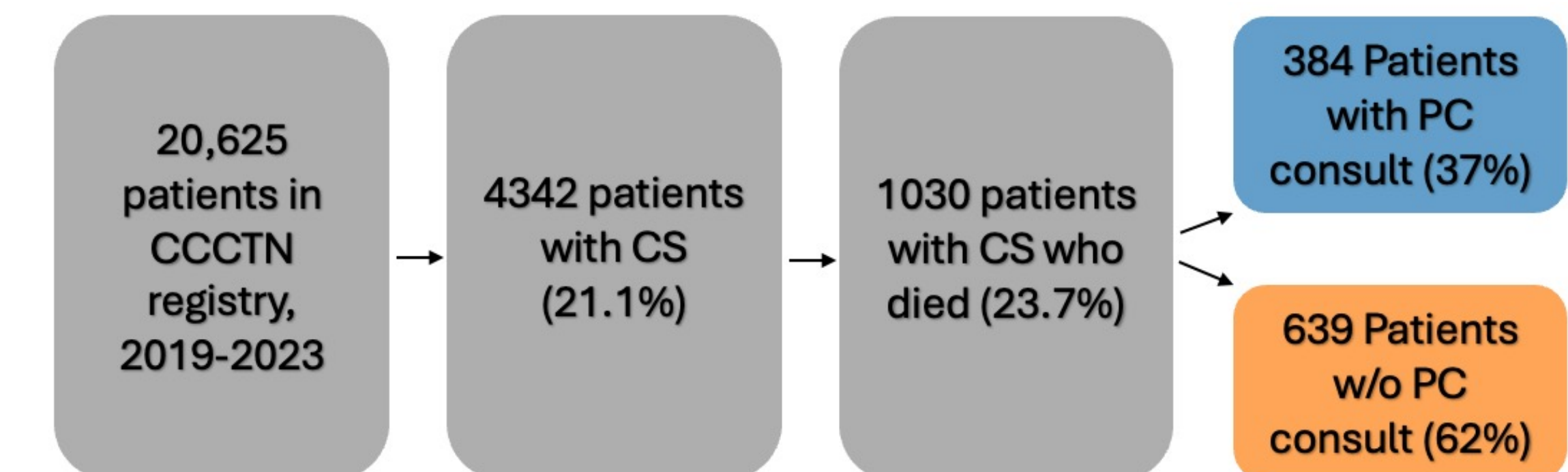
- To describe use of PC services in patients with CS who had a fatal outcome in the CICU

METHODS

- CCCTN is a multinational research network of CICUs coordinated by the TIMI Study Group (Boston, MA).
- Consecutive admissions were captured for a minimum of 2 months during annual collection periods (2019-2023) across participating CICUs.
- CCCTN sites were stratified by heart transplant (HT) center status
- Patient characteristics, CICU course, and final code status of CS patients managed with and without PC consultation prior to death were compared.

RESULTS

CCCTN Palliative Care in Cardiogenic Shock Study Population

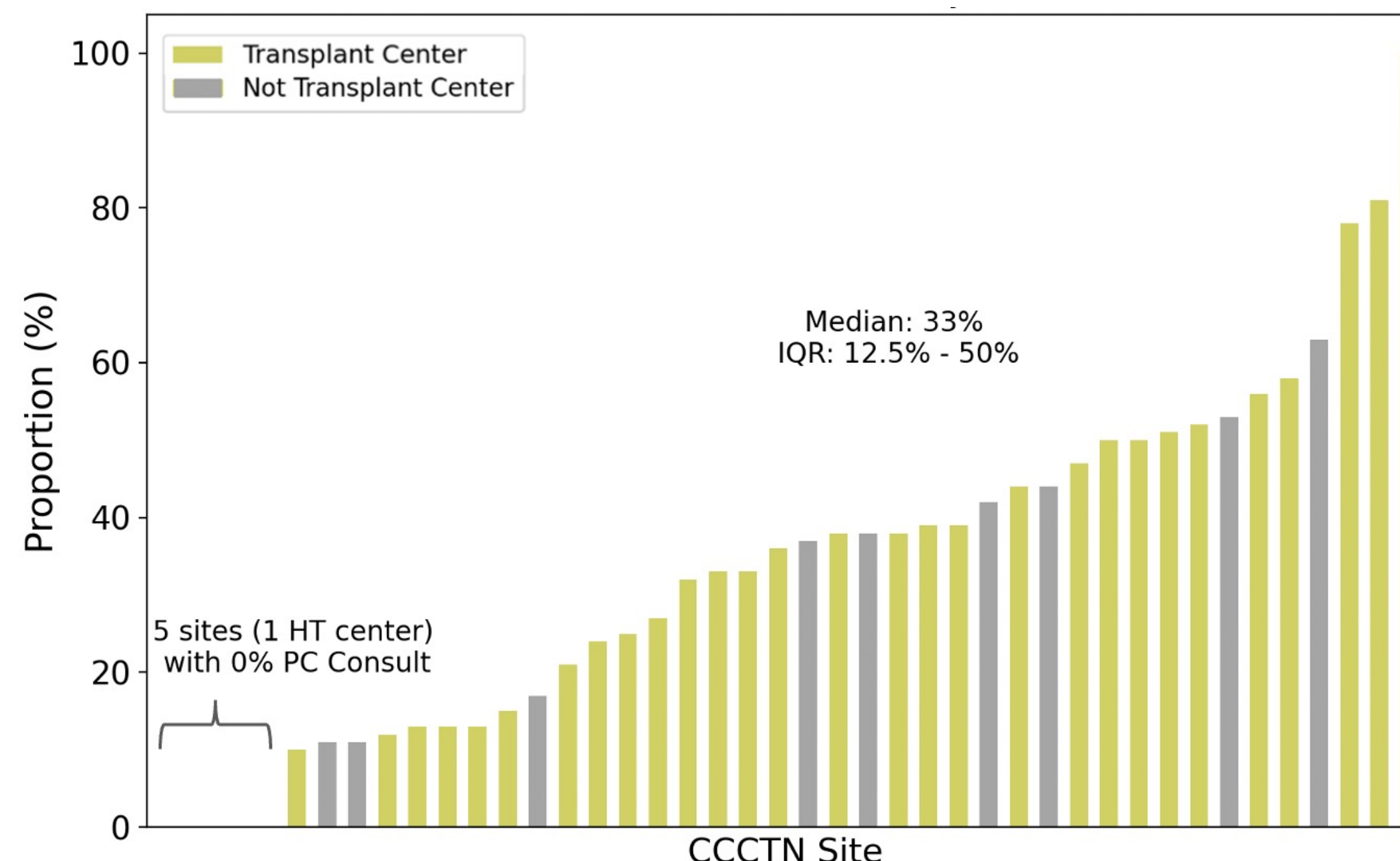


DISCLOSURES

DJM has no disclosures. EAB, DAM, DDB are members of the TIMI Study Group which has received institutional grant support through the Brigham and Women's Hospital from: Abbott, Amgen, Anthos Therapeutics, ARCA Biopharma, AstraZeneca, Boehringer Ingelheim, Daiichi-Sankyo, Ionis, Merck, Novartis, Pfizer, Regeneron Pharmaceuticals, Roche, Sagmos Therapeutics, Siemens Healthcare Diagnostics, Softcell Medical Limited, Verve Therapeutics, and Zora Biosciences.

RESULTS

Figure 1. Rate of Palliative Care Consult Prior to Death by CCCTN Site.



- There was wide variation in use of PC services across CCCTN sites, both among HT centers (n=30) and non-HT centers (n=13) (Fig 1).

Table 1. Baseline Characteristics of Patients by PC Consult.

Characteristic	PC Consult (n=384)	No PC Consult (n=639)	P-Value
Demographics			
Age, years	69 (60-77)	71 (63-78)	0.001
Female	36%	38%	0.38
White race	51%	58%	0.02
BMI, kg/m ²	28 (24-33)	28 (24-32)	0.40
Medical History and Presentation			
Prior heart failure	49%	41%	0.007
LVEF <30%	50%	44%	0.20
Active malignancy	8%	8%	0.80
Preceding cardiac arrest	50%	67%	<0.001
SOFA Score (Median, IQR)	9 (6-11)	10 (7-12)	<0.001

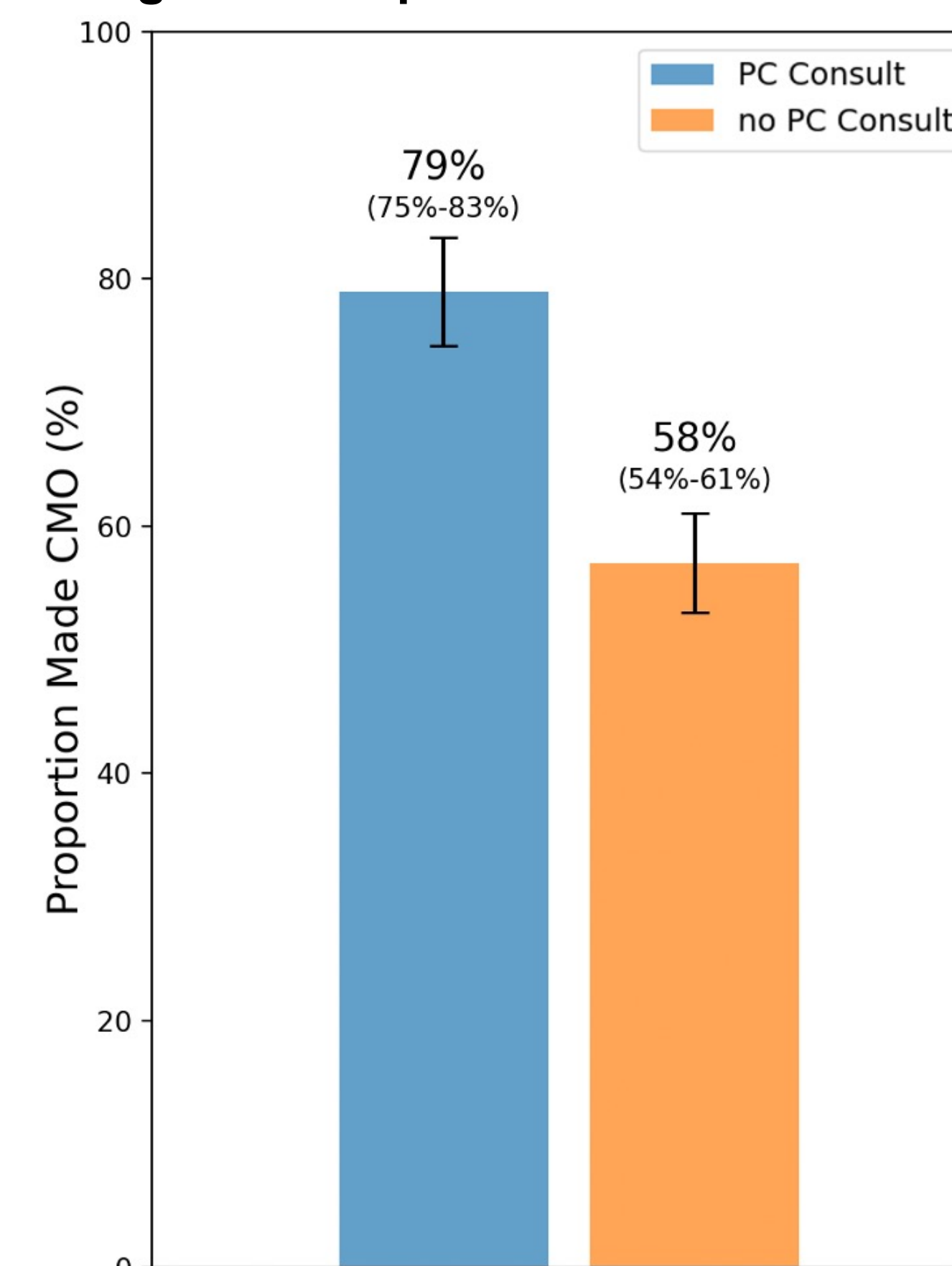
- CS patients for whom PC was consulted tended to be younger, more likely to have pre-existing heart failure, and less likely to have suffered a cardiac arrest prior to CICU admission (Table 1).
- CICU resource utilization was generally greater and LOS generally longer in CS patients for whom PC was consulted (Table 2)

RESULTS

Table 2. CICU Course of Patients by PC Consult.

	PC Consult (n=384)	No PC Consult (n=639)	P-Value
Advanced ICU Therapies			
Temporary MCS	42%	35%	0.030
Acute RRT	33%	23%	0.001
PA catheter	57%	39%	<0.001
CICU Length of Stay			
Median (IQR), days	5.5 (2.3-11.9)	1.9 (0.6-4.9)	<0.001

Figure 2. Proportion of Patients Transitioned to CMO Prior to Death.



- Most patients with CS who had a fatal outcome were transitioned to comfort measures only (CMO) prior to death
- Patients managed with PC consultation were more likely to be transitioned to CMO prior to death (78.9% vs 57.5%, p<0.001; Fig 2)

CONCLUSIONS

- PC is consulted prior to death in ~1/3 of CS admissions
- Although practice patterns vary widely, PC consultation is often pursued in younger CS patients with pre-existing HF receiving resource-intensive care, among whom end-of-life decision-making may be particularly challenging for families.
- PC consultation is associated with a higher likelihood of being transitioned to comfort-focused care prior to death.