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What is the role of palliative care principles in cirrhosis care: Three Initiatives

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Cirrhosis is a chronic progressive illness that affects 4.5% to 9.5% of the population, and an estimated 50 million adults worldwide. Alcohol, NASH and viral hepatitis are reported to be the most common causative factors. HCV is carried by an estimated 170 million people worldwide and approximately 3-4 million new cases occur a year. In 2001, cirrhosis ranked as the 14th and 10th leading cause of death in the world and in developed countries, respectively. Projections suggest that growth in the cirrhosis population is rapid, and is expected to rise to the 12th leading cause of death worldwide in 2020. Despite high mortality rates, frequent hospitalizations, low rates of advance care planning, and high symptom burden, discussions surrounding these issues are infrequent. In an Edmonton, Alberta, Canada Cirrhosis Care Clinic, only 15% of patients have ACP discussions and resulting goals of care designations (GCD), few have clear documentation and management of symptom burden, and Palliative Care specialists are infrequently involved. An outpatient non-cancer Palliative Care Clinic, has been in operation since 2012, and data has been collected for the 45 patients seen with cirrhosis. Retrospective analysis of local inpatient experience has also been published. Within these settings, a multi-disciplinary group at the University Hospital in Edmonton has undertaken multiple research and clinical initiatives, to heighten the awareness of palliative principles applying to the care continuum of patients with cirrhosis. Three ongoing initiatives will be described: 1) Work expanding knowledge translation and utilization with respect to Advance Care Planning in cirrhosis patients. 2) Outpatient non-cancer palliative clinic outcomes in cirrhosis patients describing symptom burden, success of symptom management, ACP utilization and issues in transitions of care. 3) Burden of pain in the cirrhosis population, difficulties with therapy, and utility of non-pharmacologic therapies, including an ongoing study in mindfulness intervention. For all initiatives, educational pamphlets have been created and testing is underway. The multi-disciplinary group is involved in local, Canadian and international education regarding the integration of palliative principles into regular cirrhosis care.

Biography

Amanda J Brisebois is an Internal Medicine and Palliative Care Specialist, who works in Edmonton, Alberta, Canada. She undertook her undergraduate education and Master's degree at Queen's University in Kingston, Ontario Canada. She completed her medical school training in Calgary, Alberta, and her General Medicine Specialty at the Mayo Clinic Rochester Minnesota, University of Calgary in Calgary, Alberta, and University of Alberta, in Edmonton. Since 2000, she has been practicing General Internal Medicine in both inpatient and outpatient settings. She also is a certified Palliative Care Specialist. She has a keen interest in Medical Education, and has won over 15 major teaching awards since starting her practice. Her focused area of research and interest is now in non-cancer palliative care. She has created an outpatient non-cancer palliative care clinic at the University of Alberta, and sees patients with severe symptoms in the major areas of cardiology, pulmonary, renal, and cirrhosis care. She has published in this area, and is collaborating on multiple research projects in these areas. She has a keen interest in interdisciplinary and inter-specialty collaboration, with aims to improve transitions in care when navigating our health systems. She is currently an Associate Clinical Professor at the University of Alberta, and the Medicine Facility Chief at the Grey Nuns Hospital in Edmonton.

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