Case Study: Congestive Heart Failure (CHF)

Ms. Mary Thompson, 78-Year-Old Female with Advanced Congestive Heart Failure (CHF)

Patient Overview: Name: Mary Thompson
Age: 78 years
Gender: Female
Primary Diagnosis: Congestive Heart Failure (CHF) – New York Heart Association (NYHA) Class IV, Left Ventricular Ejection Fraction (LVEF) 20%
Secondary Diagnoses: Atrial Fibrillation, Chronic Kidney Disease (CKD) Stage 3b, Hypertension, Type 2 Diabetes Mellitus

Current Medications:

- Furosemide 80 mg twice daily
- Spironolactone 25 mg daily
- Metoprolol Succinate 50 mg daily
- Digoxin 0.125 mg daily
- Warfarin 2 mg daily
- Lisinopril 10 mg daily
- Insulin Glargine 20 units at bedtime

Presenting Concerns: Ms. Thompson is a 78-year-old female with advanced congestive heart failure (CHF), currently classified as NYHA Class IV. Her condition has deteriorated over the past year despite optimal medical management. She has been hospitalized three times in the last six months for acute decompensated heart failure, requiring aggressive treatments.

Ms. Thompson presents with worsening dyspnea at rest, orthopnea, and increased peripheral edema. She can no longer walk from her bedroom to the bathroom without becoming severely short of breath and is mostly confined to her bed or chair. She also reports severe fatigue, poor appetite, and frequent dizziness and near-syncope. Her daughter, her primary caregiver, reports that Ms. Thompson is increasingly dependent and requires help with all activities of daily living (ADLs).

Clinical Assessment:

- **Cardiac Status:** Severe systolic heart failure with LVEF of 20%, NYHA Class IV symptoms. Ongoing dyspnea at rest, requiring 3 liters of supplemental oxygen to maintain an oxygen saturation of 90%. Significant volume overload with bilateral pitting edema to mid-thigh.
- **Functional Status:** Poor. ECOG Performance Status of 3. Bed- or chair-bound, requiring assistance with ADLs.
- **Nutritional Status:** 8% weight loss over the past three months. BMI of 18, indicating undernutrition.
- **Renal Status:** Worsening renal function with serum creatinine of 2.2 mg/dL and an eGFR of 35 mL/min/1.73m².

- **Symptom Burden:** Persistent dyspnea, fatigue, dizziness, and frequent near-syncope despite optimized therapy. Poor quality of life due to constant breathlessness and dependence on others.
- **Recent Hospitalizations:** Three hospital admissions in the past six months for heart failure exacerbations.

Eligibility for Hospice Care: Ms. Thompson qualifies for hospice care due to the combination of her advanced heart failure, significant symptom burden, and poor quality of life. Although palliative care has been focused on managing her symptoms, her worsening heart failure is leading to uncontrolled symptoms, making hospice care necessary.

- **Symptom Burden and Poor Quality of Life:** Despite palliative measures, Ms. Thompson's dyspnea, fatigue, and dizziness have become increasingly difficult to manage. Her symptoms significantly limit her ability to function and have contributed to a severely diminished quality of life. When symptoms cannot be effectively controlled by palliative care alone, the patient becomes a strong candidate for hospice care.
- **Advanced Heart Failure:** Ms. Thompson has NYHA Class IV heart failure with a reduced LVEF of 20%, indicating advanced disease. Her condition has continued to deteriorate despite maximum medical therapy, including diuretics, beta-blockers, and ACE inhibitors. She has frequent heart failure exacerbations that require hospitalization, and her prognosis is poor, with an estimated life expectancy of six months or less.
- **Frequent Hospitalizations:** Ms. Thompson’s three hospital admissions in the past six months for acute heart failure exacerbations highlight the severity of her disease and the limited efficacy of current treatment. These frequent hospitalizations are a predictor of poor survival in advanced heart failure.
- **Functional Decline:** Ms. Thompson has experienced significant functional decline, becoming mostly bed- or chair-bound, with an ECOG Performance Status of 3. She is dependent on others for all ADLs, a further indication of her poor prognosis.
- **Worsening Renal Function:** Ms. Thompson’s worsening chronic kidney disease complicates her heart failure management, limiting aggressive fluid management strategies and further contributing to her declining health.
- **Nutritional Decline:** She has lost 8% of her body weight in the past three months, with a BMI of 18, indicating undernutrition. This nutritional decline is another sign of terminal heart failure.

Conclusion: Ms. Thompson’s advanced heart failure, worsening symptom burden, severe functional decline, frequent hospitalizations, and declining renal and nutritional status suggest a life expectancy of six months or less. Her current symptoms are poorly managed despite palliative care, and her poor quality of life supports her need for hospice care. Hospice will focus on symptom relief and improving her quality of life during her final months, providing essential support for both Ms. Thompson and her family.

Key Points for Physicians: When evaluating a patient with congestive heart failure for hospice eligibility, consider the following:

- **Advanced Heart Failure:** NYHA Class IV heart failure with poor response to optimized medical therapy.
- **Symptom Burden and Poor Quality of Life:** Persistent, uncontrolled symptoms despite palliative care, leading to poor functional status and quality of life.
- **Frequent Hospitalizations:** Multiple admissions for heart failure exacerbations.
- **Functional Decline:** Limited ability to perform ADLs, with a high ECOG Performance Status.
- **Worsening Renal Function:** Complicated management due to declining kidney function.
- **Nutritional Decline:** Significant weight loss or cachexia.
- **Prognosis of Less Than Six Months:** Based on disease trajectory and clinical judgment.

If these criteria are met, the patient may be a candidate for hospice care.