End-of-life care for people dying from cardiovascular diseases

The report Deaths from Cardiovascular Diseases: Implications for End of Life Care in England (National End of Life Care Intelligence Network, 2013) highlights how people with these diseases are more likely to die in hospital (59%) than people dying from other conditions (51%). Fewer than 1% of all cardiovascular disease deaths occur in a hospice. While some of these deaths will be sudden and unexpected, more should be done to ensure that people with cardiovascular diseases can access the end-of-life care services they need and want.

Cardiovascular diseases, which include diseases of the heart and circulation such as coronary heart disease (angina and heart attack) and stroke, are the most common cause of death in England. Stroke is the most significant cause of disability. In 2011, 30% of all deaths were the result of cardiovascular diseases.

While there has been a reduction in the number of deaths from cardiovascular diseases in recent years (578,735 deaths in 2004 compared with 377,411 in 2011), because of improved awareness and diagnosis, certain types are increasing. For example, the number of deaths recorded where there is an underlying cause of cardiac arrhythmias has increased by 47% from 2,845 in 2004 to 4,179 in 2011.

Variations
The report found significant gender differences – while more men than women died of acute and long-term coronary heart disease from 2004-11, considerably more women died of acute cerebrovascular disease and cardiac arrhythmias than men.

There are regional variations across the country, with people in the north of England having a higher directly standardised mortality rate than those in the south east and south west.

People from the most socially deprived backgrounds were found to be more likely than others to die from acute coronary heart disease, and also more likely to die in hospital.

Many people dying from cardiovascular diseases were found to have comorbidities. For example, type 2 diabetes was mentioned in the records of 20% of patients whose underlying cause of death was acute coronary heart disease, 19% of deaths from chronic coronary heart disease and 19% of deaths from vascular dementia.

Preferred place of death
While the proportion of deaths in “usual place of residence” for people with cardiovascular disease has increased, more work is required to ensure that they are supported to die with dignity in their preferred place of death, whether that is at home, in a hospital, care home or hospice.

For example, specialist cardiovascular nurses working in hospitals or the community could collaborate with palliative care colleagues in areas such as advance care planning or undertake joint end-of-life care training.

End-of-life care provision requires a holistic, person-centred, multidisciplinary approach. People dying from cardiovascular diseases often have multiple conditions and their end-of-life care needs can be complex. Nurses will continue to play a key role in making improvements and ensuring everyone has access to high-quality care that respects their wishes and meets their needs. NT

Reference
National End of Life Care Intelligence Network (2013). Deaths from Cardiovascular Diseases: Implications for End of Life Care in England. tinyurl.com/EOL-CVD

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People with cardiac conditions often have complex end-of-life care needs