



Featured VITAS Expert

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End-Stage Pulmonary Disease

GOAL: To understand the range of conditions and symptoms that define advanced lung disease (ALD), its impact on patients and families, and the role of palliative care and hospice services to relieve symptom burden and support quality of life at the end of life.

<https://www.vitas.com/partners/continuing-education/end-stage-pulmonary-october-18-2018>

Key Takeaways:

1. ALD, a leading reason for visits to US doctors and specialists, encompasses a spectrum of lung disorders that impair breathing.
2. The most common forms of ALD include asthma, chronic obstructive pulmonary disease (COPD), chronic bronchitis and emphysema. Less common forms of ALD are pulmonary fibrosis, sarcoidosis and cystic fibrosis.
3. Healthcare professionals can help patients and families understand ALD by framing it as an advanced or chronic disease that progresses from mild to moderate to severe.
4. As lung disease worsens, palliative care and hospice services can relieve symptoms and improve quality of life; reduce hospital readmissions and overall healthcare utilization; reduce invasive interventions near the end of life; improve patients' overall satisfaction with their care, and support severely ill patients' preferences to be cared for and to die at home.
5. ALD symptoms include coughing, shortness of breath, fatigue, rapid breathing, wheezing, fatigue and muscle wasting. As the disease progresses, patients will experience more persistent symptoms, weakness, inability to walk or speak without effort, functional decline, depression, weight loss, isolation, limited self-care and increased stress on the lungs, heart and other organs.
6. Hospice-eligible ALD patients have severe or advanced disease; more frequent COPD exacerbations; are dependent on oxygen, and are increasingly unresponsive to standard medications, bronchodilators, anti-inflammatory drugs, inhalers, assistive breathing devices and other interventions.

Question: How can you advocate for patients with ALD? At what stage would palliative care or hospice services improve a patient's quality of life? When should palliative and hospice care be initiated?