De“liver”ing Palliative Care to Patients with Advanced Liver Disease: Creating Collaborative Models Between GI and Palliative Medicine (FR462)

Cristal Brown, Duke University Medical Center, Durham, NC
Arif Kamal, MD, Duke Cancer Institute, Durham, NC
Andrew Muir, Duke University Medical Center, Durham, NC

Objectives

- Discuss common symptoms and psychosocial issues impacting the management of patients with advanced liver disease.
- Discuss medications and procedures frequently used to address symptom management issues to familiarize palliative care specialists with the “toolbox” of gastroenterologists.
- Discuss methods of creating a collaboration between palliative care specialists and gastroenterologists to improve the management of these challenging, chronically ill patients based on the experience of a combined palliative care and liver outpatient clinic that opened in July 2014.

End-stage liver disease (ESLD) is defined as chronic liver disease with a decompensating event, such as ascites formation, variceal bleeding, or hepatic encephalopathy, and is a leading cause of morbidity and mortality. Though its disease manifestations, symptoms, and effects on psychosocial distress are frequent and burdensome, few cooperative models between gastroenterology and palliative care have been reported. Further collaboration would provide an extra layer of support to this population through better understanding of unmet needs and unique perspectives for symptom management that leverages the expertise and resources of each service. Using a case-based format examining the management of patients experiencing uncontrolled symptoms of ascites and encephalopathy, a multidisciplinary panel including gastroenterology and palliative medicine specialists will provide actionable insights into how specialty palliative care services can better integrate into the care of advanced liver disease patients. We will review common sources of physical and psychosocial distress, such as ascites management, substance abuse issues, and caregiver fatigue. Further, we will explore traditional pharmacologic and novel interventional symptom management approaches from both the GI and palliative care literature. Lastly, we will describe our unique model with embedded specialty palliative medicine within an established liver disease clinic. Participants will leave with practical tips to better manage sources of distress in patients with advanced liver disease and engage local gastroenterology colleagues in parallel care models.