Objective

Identify one factor associated with palliative care referral for patients with decompensated cirrhosis.

List the three components of the Model for End-Stage Liver Disease (MELD) score.

Original Research Background: Decompensated cirrhosis is associated with substantial symptom burden and poor overall quality of life. Despite symptom burden and high mortality, palliative care (PC) consultation among patients with decompensated cirrhosis may be underutilized.

Research Objectives: To assess timing, utilization rate, and predictors of PC consultation among patients with cirrhosis.

Methods: This is a retrospective review of patients from Veterans Health Administration inpatient and outpatient files for VISN 11 from 2001-2011. Cirrhosis diagnosis was determined using a validated ICD-9 code algorithm and study cohort limited to those that died within 1 year of diagnosis. Primary outcome was receipt of PC consultation. Model for End-Stage Liver Disease (MELD), a widely used prognostic tool among patients with cirrhosis, was calculated using the first INR, creatinine, and bilirubin values after the diagnosis of cirrhosis.

Results: The cohort included 622 patients (mean age 59.5 years, 99.1% male, 70.9% Caucasian, 20.6% African American, 36.7% hepatitis C). A total of 47 (7.5%) patients received a PC consultation; median time from PC consultation to death was 32 days (IQR 18-118). Median survival was longer among those seen by a PC clinician versus not (156 vs 104 days, p<0.001). Presence of liver cancer was the only covariate associated with receipt of PC services. Age, decompensation symptoms (e.g., encephalopathy, ascites), MELD score, and comorbidities were not associated with PC consultation.

Conclusions: Palliative care consultation occurred infrequently and late in disease course, especially for those with cirrhosis without cancer. Liver cancer was the only predictor of PC consultation, emphasizing the discomfort of physicians in referring patients with nonmalignant disease.

Implications for Research, Policy, or Practice: Guidelines are needed to help clinicians decide when and for whom to initiate end of life discussions and palliative care referral in this population. Prospective studies are needed to verify longer survival among those that received palliative care.