



Physician to Physician: Caring for Patients with End-stage Stroke

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Even in an era of improved preventive health care and skilled management of hypertensive and cardiovascular disease, stroke remains a leading cause of death in the US. In 2017, the latest year of complete statistics, cerebrovascular disease (including stroke) was the fifth-leading cause of death – almost 150,000 American deaths.

Strokes are either hemorrhagic, with an intracerebral or subarachnoid bleed, or ischemic, with thrombosis, embolism, or hypoperfusion leading to infarction. Catastrophic hemorrhages leading to stroke often present with little forewarning. When such a bleed is large and is associated with lack of responsiveness for days, expected survival is limited, usually to just days or a few weeks. Early referral to hospice in such cases can lead to inpatient hospice services or a short-term home hospice stay that allows patients to return home one final time to be with family. Hospice teams are prepared to provide care and ensure comfort for such patients while providing support for family.

More commonly, strokes are ischemic and the typical course is one of recovery after the infarct, with provision of rehabilitation. Indicators of limited prognosis for these patients includes findings such as failed rehabilitation with marked functional dependence, inability to maintain nutritional status, recurrent aspiration with pneumonia, or other recurrent infections that do not respond to curative care. Functional and cognitive impairments, along with other sequelae due to stroke, can often be associated with pain, depression, and other symptoms that hamper quality of life. The palliative care provided by the hospice team addresses these symptoms, with numerous studies showing improved quality of life for not only these patients, but also for their families.

When patients with stroke are determined to have a limited prognosis, patient goals of care change. Patients and families choose to have the emphasis of care turn more toward comfort and not life-prolongation. One particular area this impacts for hospice patients with ischemic stroke involves appropriate choice of anticoagulant therapy. When prognosis is years and there is an expectation of improving or sustained function, full anticoagulant therapy may be needed. When prognosis is less than six months with an expected outcome of death in the near term, maintaining full anticoagulation is a lesser priority and may cause unwanted side effects. Simplification of treatment regimens, often including deprescribing of anticoagulants, is usually better aligned with comfort care goals of care.

Hospice care is an important option for patients with stroke who have a limited prognosis. Because determining prognosis is sometimes difficult, requesting a hospice evaluation may be helpful. Hospice team members are skilled at helping families through these difficult experiences, including having conversations regarding prognosis. Hospice care can be provided wherever the patient resides, whether that is at home, in an assisted living or skilled nursing facility, or in a hospital. Comfort care and palliative support allow for improved quality of life during the patient's last days, weeks, or months.

Let us know how we can assist with patient with end-stage stroke or other neurological disorders.