Reviewer's report

Title: Provision of palliative care for chronic heart failure inpatients: how much do we need?

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Reviewer: Daisy J.A. Janssen

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This article addresses an interesting issue: the point prevalence of inpatients suffering from CHF appropriate for palliative care and the patient characteristics associated with palliative care appropriateness.

Comments:

Discretionary Revisions

1. Background, page 4, first sentence:
The prevalence of the symptom fatigue is probably even higher than the prevalence of nausea and I would recommend adding the symptom fatigue here (prevalence range 69-82%, Solano JP et al, J Pain Symptom Manage, 2006; prevalence range 42-82%, Janssen DJ et al, Palliat Med, 2008).

Minor Essential Revisions

1. Abstract: last sentence of the result section, page 2:
I would recommend the use of 4.4% (instead of 4.38%), because this is more in line with the other mentioned percentages.

2. Abstract, conclusions, page 3:
#45%" and "#45%" is mentioned. What is the cut-off for the ejection fraction? "<45% vs #45%" or "#45% vs >45%"? I assume #45% vs >45% as mentioned in figure 1?

3. Background, first sentence, page 4:
‘End stage CHF is associated with high pain and symptom burden’ in stead of ‘CHF is associated with high pain and symptom burden’.

4. Figure 1: I suggest the use of 1 decimal for all the percentages in stead of two, one and none.

5. Figure 1:
Ejection fraction: I recommend adding ‘(21.4%)’ after ‘n=6’.

6. Discussion, page 11 and 12:
" #45%" and “#45%” is mentioned. Please correct.

7. Conclusions, page 12:
‘4.7%’? In the abstract, result section and figure 1 ‘4.38%’ is mentioned.

Major Compulsory Revisions

1. Abstract, Conclusions, page 3:
Because an important conclusion of this study is that CHF patients with ejection fraction #45% also require palliative care, I would recommend not only mentioning the point prevalence of the patients with palliative care needs and ejection fraction #45% (2.7%), but also the point prevalence of patients with palliative care needs and clinical diagnosis of CHF (4.4%).

2. Background, page 4-5:
The second aim (to identify patient characteristics associated with CHF-related palliative care appropriateness to inform referral criteria) and the third aim (to generate evidence based referral criteria to specialist palliative care) of this study are very important, but also very difficult. The limited data available from this study (limited sample size and limited patient characteristics) make these aims very ambitious for this study.

3. Methods, definition and procedure, page 5-6:
How are the symptoms measured and recorded? I understand that pain/symptoms and psychosocial problems are extracted from the clinical files. Are patients routinely screened for unresolved pain/symptoms and/or complex psychosocial needs using a measurement instrument? Or are these data based on chart review, without routinely measurement of the symptoms? This could severely underestimate the prevalence of symptoms and thereby the prevalence of patients appropriate for palliative care will be underestimated. In the discussion is mentioned that file recording of symptom prevalence is likely to be lower than prevalence when prospectively assessed. The method for symptom measurement should be mentioned more clearly in the method section and the limitations should be elaborated in the discussion.

4. Methods, definition, page 6:
The need for palliative care is assessed according to pain/symptoms and/or psychosocial needs. Why are care needs, needs of the loved ones/family caregivers and communication needs not taken into account? This could have led to higher prevalence of patients appropriate for palliative care and should be added to the limitations of the study.

5. Methods, definition, page 6:
The need for palliative care is assessed according to pain/symptoms and/or psychosocial needs 7 days post-admission. Are patients taken into account who are discharged 7 days post-admission?

6. Results, Ejection fraction and patient characteristics, page 7:
What are the patient characteristics of the patients with clinical CHF and preserved ejection fraction?
7. Results, Characteristics of patients appropriate for palliative care, page 9:
How is it possible that patients not identified as appropriate for palliative care have mean number of unresolved symptoms and problems of 2.8? Aren’t they appropriate for palliative care according to the definition on page 6? Or is meant something else with unresolved symptoms and problems here?

8. Results, Characteristics of patients appropriate for palliative care, page 9:
What are the demographic characteristics of patients with and without palliative care needs? Adding a table with demographic and clinical patient characteristics would be helpful.

9. Discussion, page 10-12:
The discussion is a bit confusing. The addition of subheadings like ‘key findings’, ‘limitations of the present study’ and ‘clinical consequences’ would be helpful.

10. Discussion, figure 2:
Are the referral criteria mentioned in figure 2 mainly based on the ‘multi methods study data’? Which data from the present study contributed to the referral criteria in figure 2?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests.