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Commentary: In search of the “good candidate” for mechanical circulatory support

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Surgical therapies for end-stage heart failure such as mechanical circulatory support (MCS) and heart transplantation both require patients and their caregivers to be invested in the process at all levels of the care spectrum. Neither procedure is associated with long-term success in the absence of adherence with a medical regimen as well as frequent outpatient visits. Complicating matters is that patients often present with critical illness, and decisions regarding candidacy must be made with limited time and information. Alternatively, stable outpatients present challenges in assessing suitability for MCS, since this surgical therapy requires more rigor and physical dexterity than an oral medication regimen alone.

To evaluate patients in a systematic way, the SIPAT (Stanford Integrated Psychosocial Assessment for Transplant) tool has been developed and subsequently validated to predict post-transplant outcomes in a variety of settings.¹⁻⁴

While SIPAT has been helpful to give social workers a standardized way to assess candidates for heart transplant, there has not been a similar instrument developed for

CENTRAL MESSAGE

Together with good surgery and good social support after ventricular assist device implantation, patients can be successful long-term at home.

potential durable MCS candidates. Given the similarity between patient types (transplant and MCS) and the lack of an MCS-specific instrument, use of the SIPAT is common, and there have been some studies in this setting.⁵⁻⁷

In this issue of the *Journal*, Olt and colleagues⁸ present their experience using the SIPAT in 263 patients who received MCS therapy. The primary outcome of interest was the incidence of unplanned hospital readmission following MCS implant, censored at the time of death or heart transplantation. The authors could not show a correlation between the overall SIPAT score and this outcome, perhaps since the weighting of the domains was designed for transplant candidates. In contrast, the specific SIPAT domains were predictive, with patient readiness found to be associated with cardiac as well as noncardiac admissions. The social support domain was associated with device-related readmissions, and the psychological stability and psychopathology domain was associated with hemocompatibility, cardiac readmissions, as well as mortality.

What is the ultimate utility of the results presented? The individual scores of the SIPAT give an objective window into the potential behavioral aspects of a patient being considered for surgical heart failure therapies. A great strength is the objective nature of the testing as well as standardization of the examination. Much like an aptitude test, the results are helpful, but the ultimate decision needs to be made by a multidisciplinary team with full knowledge of the patient's history, supports, and the local resources available to manage the patient following the intervention. As well, the SIPAT gives guidance to the team, led by the social work staff, to pinpoint the patient's areas of vulnerability or limitation. With such knowledge, it is possible to assess

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which deficits can be ameliorated and which ones will present a significant risk to the patient achieving an excellent long-term outcome. When chemical dependency is identified as a barrier, treatment and abstinence is often required before surgery. Frequent social work visits are used to monitor a patient's progress with abstinence.

With intense regulatory scrutiny, we must make difficult choices regarding mechanical circulatory support for an increasingly ill population of patients. The SIPAT is a good tool for the social workers on our team to use to bring objectivity to these challenging decisions and help assure that patients who need extra support may receive this in a focused way. The surgery is only as good as the patient and family who support the postoperative care over subsequent years.

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Commentary: Bringing objectivity to the nonmedical evaluation of left ventricular assist device candidates

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In this issue of the *Journal*, Olt and colleagues¹ adapt the Stanford Integrated Psychosocial Assessment for Transplantation (SIPAT) to consideration of left ventricular assist device (LVAD) candidacy in 374 patients who underwent primary durable LVAD implant at the Cleveland Clinic

Noah Moss, MD, and Donna Mancini, MD

CENTRAL MESSAGE

Objective psychosocial predictive tools are needed to select LVAD candidates who will have clinically good outcomes as well as to identify modifiable risk factors for candidacy.

from April 2013 through December 2018. This tool has previously been shown to be highly predictive of psychosocial outcomes following solid-organ transplantation with strong inter-rater reliability.^{2,3} The 4 domains included in this score include (1) the patient's readiness for surgery, (2) social support system, (3) psychosocial

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