Abstract

Aims

A novel homebased tool for heart failure (HF) patients has been evaluated in a specialist setting in a randomized controlled trial (RCT). As RCTs often are performed under ideal conditions, and since most HF-patients are treated in primary care, we wished to evaluate the tool in a primary care setting as an integrated part of their practise, to then compare these finding with the ones from the RCT. The tool (OPTILOGG®) monitors weight and symptoms, titrates diuretics and educates the patient about HF. If there is a degradation in heart failure status the tool alerts the patients and recommends him/her to contact the health care provider.

Methods

100 patients (35% females), mean age 78 (± 9), currently listed at Hemse Health Central with a confirmed heart failure diagnosis, were randomized to an intervention group (IG) who were equipped with the tool, and a control group (CG) that remained on standard care. In-hospital days were registered during 6 months, and for the IG, system compliance was also registered.

Results

After 6 months there was a significantly lower number of heart failure related in-hospital days for the IG compared to the CG, with 0,8 days per patient versus 1,2 [RR: 0.67; 95% CI: 0.45-0.99; $p<0.05$]. The system compliance was 97% [IQR: 91% - 99%].

Conclusion

The reduction of in-hospital days and system compliance, as well as improvement in self-care behaviour were similar in the two studies. This suggests that the tool is efficacious in both specialist care and primary care settings.

Keywords: heart failure - self-care - hospitalization - compliance – primary care - home monitoring