

Active follow-up with telephone help can reduce deaths in chronic heart failure patients

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Chronic heart failure (CHF) patients are less likely to have died a year after discharge if they are involved in a programme of active follow-up once they have returned home than patients given standard care, according to a new *Cochrane Systematic Review*. These patients were also less likely to need to go back into hospital in the six months that follow discharge.

CHF is a serious condition, mainly affecting elderly people. It is becoming increasingly common as the population ages, and carries high risks of emergency [hospitalisation](#) and death. It affects around three to 20 per 1,000 of the general population, with figures rising to 10% of people aged between 80 and 89. In the UK, CHF consumes almost 2% of the [National Health Service](#)'s budget, most of the cost being linked to [hospital admissions](#).

A team of six researchers based in the UK and Australia examined 25 clinical trials with nearly 6,000 patients. The trials tested different methods of organising the care of CHF patients after they leave hospital. The researchers identified three types of care: 1) case-management interventions, where patients were intensively monitored by telephone calls and [home visits](#), usually by a specialist nurse; 2) clinic interventions involving follow up in a specialist CHF clinic; 3) multidisciplinary interventions, in which a team of professionals bridged the gap between hospital admission and living back at home.

Patients who received case-management intervention had less 'all cause' mortality a year after discharge than those receiving usual care, although there were no differences at six months after discharge.

"We weren't able to identify the optimal components of case-management interventions, but telephone follow up by a specialist nurse was a very common element," says research spokesperson Stephanie Taylor.

Only two studies looked at multidisciplinary follow-up and in these there were fewer deaths from any cause than in groups of [patients](#) given usual care. More trials would be needed to confirm this finding. Follow-up in a clinic, however, was assessed in six trials, and here there was no real difference in all-cause mortality and readmission rates compared with people receiving usual care.

Given the number of people who have CHF, Taylor and her colleagues believe that there is a need for research that deliberately compares different approaches to follow up, in particular comparing interventions that last for only a few weeks after discharge, with ones that span much longer periods. She also thinks that trials should look carefully at the costs and cost-effectiveness of each approach.

More information: Takeda A, Taylor SJC, Taylor RS, Khan F, Krum H, Underwood M. Clinical service organisation for heart failure. *Cochrane Database of Systematic Reviews* 2012, Issue 9. Art. No.: CD002752. [DOI: 10.1002/14651858.CD002752.pub3](https://doi.org/10.1002/14651858.CD002752.pub3)

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