

MORE-CARE: No clinical benefit for cardiac device remote monitoring

August 29 2016

Heart failure patients fitted with biventricular defibrillators (CRT-D) fared no better with remote monitoring (RM) of their condition compared to those whose devices were monitored during in-clinic visits, according to results of the MORE-CARE study.

The study, presented during a Hot Line session at ESC Congress 2016, and published simultaneously in the *European Journal of Heart Failure*, was terminated early due to slow recruitment, making it underpowered to evaluate its primary endpoint of [mortality](#) and hospitalisations for cardiovascular or device-related reasons.

However, the results, which include a secondary finding of cost-savings due to a 41% reduction of in-office visits, suggest "there may be a valid reason for implementing remote monitoring despite the lack of impact on hard clinical outcomes," noted lead investigator Giuseppe Boriani, MD, PhD, from the University of Modena and Reggio Emilia, Policlinico di Modena, in Modena, Italy.

The MORE-CARE (MOnitoring Resynchronization dEVICES and CARdiac patiEnts) trial recruited just over 900 [heart failure patients](#) implanted with a CRT-D with wireless transmission capabilities.

Within 8 weeks of device implantation 462 patients were randomly assigned to undergo remote checks of their device alternating with in-office visits (remote arm), while 455 patients were randomized to have all their checks done in-office (standard arm).

After a median follow-up of 24 months there was no significant difference in the rate of the primary endpoint (29.7% in the remote arm and 28.7% in the standard arm).

However, for secondary outcomes, including cost and healthcare utilization endpoints, there were some apparent advantages to RM, said Professor Boriani.

"Healthcare resource utilization for cardiovascular reasons was 38% lower in the remote versus the standard arm, and there was an estimated cost-saving that went along with that - both from the perspective of the healthcare system, but also in terms of personal patient travel costs," he said.

Specifically, the healthcare resource cost-saving from RM was €2,899 per 100 patients at 2-years, driven almost entirely by the reduction in scheduled office visits (incident rate ratio [IRR]: 0.59, 95%CI 0.56-0.62, p

Citation: MORE-CARE: No clinical benefit for cardiac device remote monitoring (2016, August 29) retrieved 7 May 2024 from <https://medicalxpress.com/news/2016-08-more-care-clinical-benefit-cardiac-device.html>

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