

Improving quality of life for people with chronic heart failure

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Patients with chronic heart failure face related problems, such as depression and fatigue, that could be relieved by an expanded model of care, according to a recently published study led by a researcher from

the University of Colorado School of Medicine.

The study, "Effect of a Collaborative Care Intervention vs Usual Care on Health Status of Patients With Chronic Heart Failure: The CASA Randomized Clinical Trial," published in the current issue of the journal *JAMA Internal Medicine*, found benefit to some aspects of patients' quality of life when conventional cardiac therapy is supplemented with a nurse and a social worker who collaborate with a team to address patients' symptom and psychosocial needs.

"Many of the 5.8 million Americans with [heart failure](#) live with bothersome symptoms, reduced function and poor quality of life" said David B. Bekelman, MD, MPH, the study primary author. "Improving their care is important because many people with heart failure live with these challenges for years."

Bekelman, an associate professor of medicine who practices at the Eastern Colorado Health Care System for the U.S. Department of Veterans Affairs, and his colleagues evaluated 314 patients, with half of them enrolled in a program that addressed those quality of life concerns.

The Collaborative Care to Alleviate Symptoms and Adjust to Illness intervention, also called CASA, offered 157 patients a nurse and [social worker](#) who collaborated with a primary care provider, cardiologist, and palliative care physician to address the patients' needs. The CASA trial is the first clinical trial of such a collaborative intervention in heart failure and it included patients receiving care from VA, academic and safety-net health systems in Colorado between August 2012 and April 2016. Patients enrolled in the study were evaluated for a one-year period. The typical CASA intervention was three to four months.

The CASA intervention significantly improved patients' depression and fatigue but did not result in significant changes in heart failure-specific

health status, pain, shortness of breath, or number of hospitalizations. The number who died during the study was similar - 10 of the patients in the CASA intervention died, while 13 of those receiving the typical standard of care died.

The improvements in depression and fatigue are important results because they are both common, burdensome, and difficult to treat in heart failure, Bekelman said. Very few other studies have found treatments for these symptoms in patients with heart [failure](#). Furthermore, the improvement in depression lasted the whole duration of the patient's 12-month study period, months after the CASA intervention ended.

Bekelman discussed several next steps in the research, including studying the intervention in a higher-risk or more ill population, and using health technology, such as videoconference, to extend the reach of the CASA intervention.

More information: *JAMA Internal Medicine* (2018). [DOI: 10.1001/jamainternmed.2017.8667](https://doi.org/10.1001/jamainternmed.2017.8667)

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