



Structured telephone support or telemonitoring effective for chronic heart failure

Clinical question

How effective is structured telephone support or telemonitoring for patients with chronic heart failure (HF)?

Bottom line

Compared with standard practice, structured telephone support and telemonitoring programmes for patients with chronic HF living in the community reduced the risk of all-cause mortality by 12% and more than one-third respectively, reduced the risk of chronic HF hospitalisation by more than one-fifth and may have reduced all-cause hospitalisations by 8% to 9%. For both interventions, there was improved quality of life and reduced healthcare costs, and the technology was acceptable to patients. There were also improvements in prescribing, patient knowledge and self-care, and New York Heart Association functional class.

Caveat

Although a reduction in the proportion of participants with an all-cause or chronic HF-related hospitalisation was observed, the review did not identify a consistent impact of structured telephone support or telemonitoring on length of stay for such admissions. Length of stay was inconsistently reported, thus preventing meta-analysis of this outcome.

Context

In the context of limited health funding, and a rapidly expanding population of older patients with chronic HF, it is increasingly difficult for healthcare systems to provide high-quality care to patients with chronic HF. Multidisciplinary specialist HF clinics are available only to a minority of patients and do not have the capacity for frequent patient review. Patients may be unwilling or unable to attend frequent clinic appointments due to disability or financial and transport constraints. Structured telephone support and telemonitoring can provide specialised HF care to a large number of patients with limited access to healthcare services.

Cochrane Systematic Review

Inglis SC et al. Structured telephone support or telemonitoring programmes for patients with chronic heart failure.

Cochrane Reviews, 2010, Issue 8. Article No. CD007228.

DOI: 10.1002/14651858.CD007228. pub2.

This review contains 25 studies and 5 published abstracts involving 9603 participants.

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