

REMOTE MONITORING IN HEART FAILURE: Feasibility and results of a limited 15 days follow-up of 60 patients

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Purpose

HF poses a significant economic burden on our health-care resources with very high readmission rates. The aim was to assess the feasibility for 15 days follow-up by analysing daily telemonitoring data from heart failure (HF) patients and possibility to increase the treatment at home

Methods

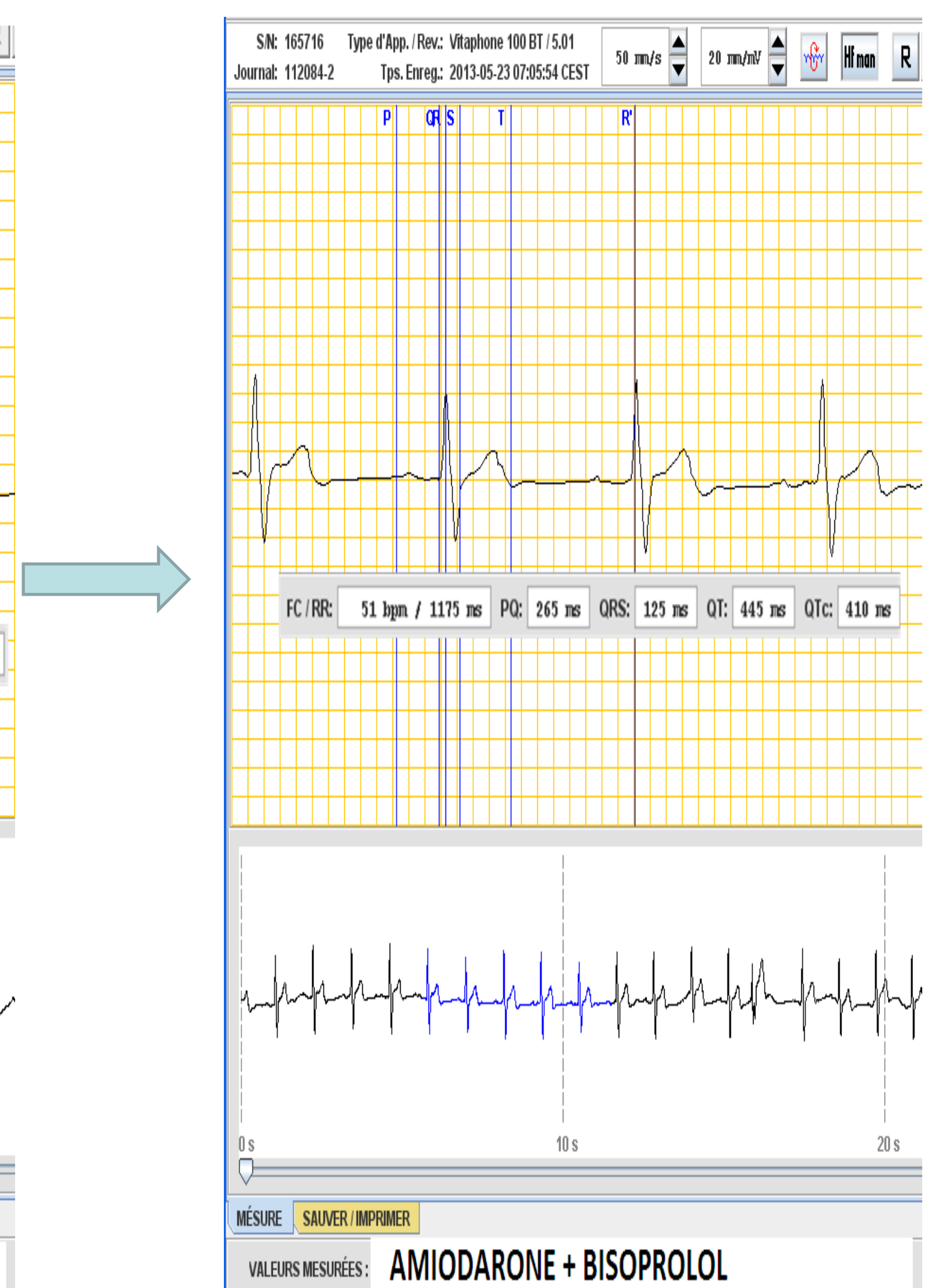
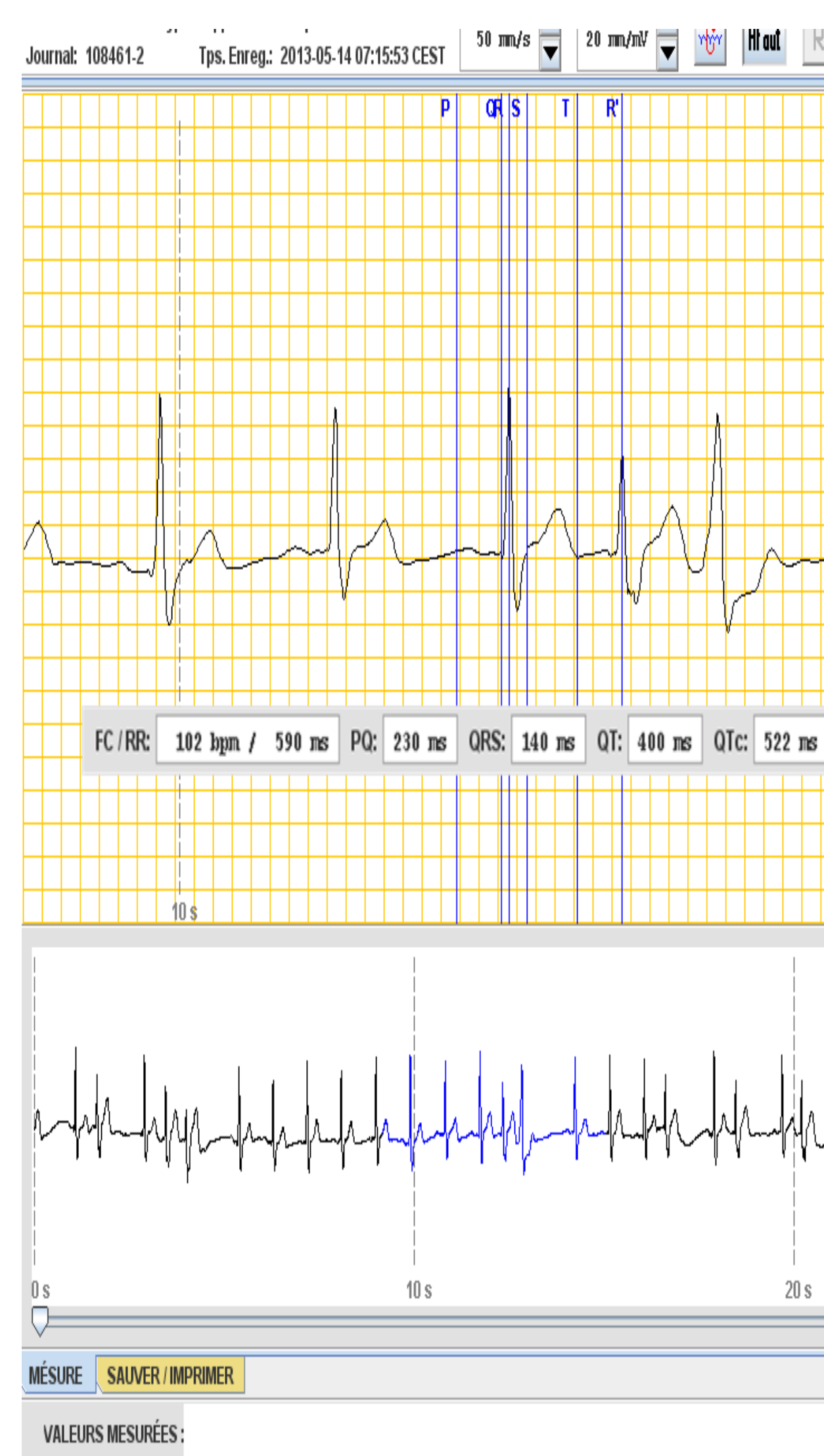
60 patients were enrolled during or just after decompensation. Telemonitoring data recorded over 15 days and included weight, blood pressure and ECG. 20 women and 40 men, mean age of 76 years. 48% are diastolic (FE 58%) and 52% systolic (FE 34 %). BNP at inclusion is 1113. NYHA = 3.

Results

- **Weight**: - 2.4 kg (82.9 to 80.5, $p < 0.0001$), linked to a 50% increase in diuretic doses (spironalactone :32 to 75 %)
- **Blood Pressure (BP)**: enables the initiation (60 to 73% of people) or increase IEC
- **Rate**: heart rate controlled dropping from 86 to 71/mn: -15/mn, $p < 0.0001$. The rate control medications increasing from 58 % to 70% with Béta- or Ivabradine
- **ECG one channel**: in 73% of the cases. 143 are realised automatically by patient (loop recorder) to control the rythm or the rate in case of AF (1)

At the end of follow-up: 1 death and 5 hospitalizations (8%)

	Start	End		p
Weight	82.9	80.5	-2.4	<0,0001
Rate	86	71	-15	<0,0001
PAS	134	126	-8	<0,002
PAD	80	72	-8	<0,0001



Conclusions

Remote monitoring has a substantial potential to improve the management and outcome of patients with HF. Therapeutic interventions contributes to optimise heart failure treatment and secure the ambulatory follow-up through a targeted action on a decreased heart rate and a weight loss, the BP monitoring and ECG

Text

(1) Hindricks G. In-Time study : wireless monitoring of implanted heart devices improves patient outcomes. ESC 2013