

HEART FAILURE

Telemonitoring vs usual care? No good putting your heart on the line

A trial presented at the AHA 2010 Scientific Sessions was designed to assess whether telemonitoring had any benefits over usual care for patients with heart failure. Small studies have shown that remotely monitoring patients improves rates of death and heart-failure-related rehospitalization. However, Harlan Krumholz and colleagues wanted to test these observations in a large, multicenter trial.

A total of 1,653 patients were randomly assigned to either telemonitoring or usual care. With the use of an established self-reporting system, patients in the telemonitoring group were instructed to make daily calls to a toll-free number and answered questions about their general health and heart-failure symptoms. The information was reviewed every weekday by site coordinators, and any patient whose response generated variances was contacted. After 6 months of follow-up, no significant difference was seen in the

primary end points (readmission to hospital for any reason, or death from any cause within 180 days after enrolment), which occurred in 52.3% of the telemonitoring group and 51.5% of the usual-care group. Moreover, there was no difference in any of the secondary end points, and subgroup analyses failed to identify a group for which telemonitoring was effective.

“Perhaps we will find that there is no current substitute for face-to-face contact with patients,” says Krumholz. He remains positive, however, and says that “our group will continue to seek opportunities to test strategies and find ways to improve the effectiveness of managing chronic disease.”

Helene Myrvang

Original article Chaudhry, S. I. *et al.* Telemonitoring in patients with heart failure. *N. Engl. J. Med.* doi:10.1056/NEJMoa1010029