

Pressemitteilung

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Follow-up by trained nurses helps myocardial infarction patients

The quality of life of elderly myocardial infarction patients can be significantly improved without extra costs by means of so-called case management following hospitalization. Health economists from the Helmholtz Zentrum München have reported these results in the journal 'Value in Health'.

According to the authors headed by Dr. Hildegard Seidl from the Institute of Health Economics and Health Care Management (IGM) and Dr. Inge Kirchberger from the Institute of Epidemiology II (EPI II), regular contact and information programs provided by trained nurses additionally produce further positive effects: improved muscle strength and blood fat levels with less significant physical restrictions and healthier diets of the patients.

The results are based on the evaluation of data from the KORINNA study, in which the scientists examined more than 300 cardiac infarction patients aged 65 years or older. After being discharged from the hospital, the patients were randomly divided into two groups. One group received the customary treatment in accordance with German standards, while the other additionally received so-called case management support from appropriately trained nurses. This included such measures as informative material at the time of the hospital discharge, home visits, and regular telephone contact (at least every three months).

First author Seidl explains the hypothesis: "We wanted to test whether or not the greater information density on topics such as medication intake, nutrition, and psychosocial aspects, combined with instructions on the measurement of important parameters such as blood pressure, pulse or blood sugar levels in patients, leads to improved quality of life. Because according to the authors, older patients with myocardial infarction frequently suffer from concurrent conditions that can lead to multiple medications, reduced quality of life, and readmission to the hospital. In Germany, however, until now no case management program has been offered and evaluated for elderly patients with myocardial infarction.

"Good information basis for rational decisions"

"Our health care system faces constantly increasing costs due to demographic developments and expensive innovations," reports study leader Prof. Dr. Rolf Holle. "Cost-effective solutions that improve the patients' health are more necessary than ever," the IGM deputy director states. It is therefore useful to see if the results that have now been published should also lead to possible treatment recommendations.

"The study that we conducted creates a good information basis that the relevant healthcare policy authorities can use to make rational decisions," Seidl explains. "The results provide scientific evidence that supplementary care in a case management program can cost-effectively improve the health of elderly patients. It is worth considering adding a cardiac infarction diagnosis to the guideline for transferring a physician's activities to a nursing staff* in order to allow case management for this patient group."

Myocardial infarction is one of the leading causes of death around the world. Patients who have already suffered a cardiac infarction have a high risk for a renewed heart attack, but this risk can be reduced if the patient makes certain life style changes and reliably takes the prescribed medication. These changes are facilitated by close and continuing contact with therapists, and this contact can be promoted by low-threshold programs.

Further information

* This specifically refers to the guideline pursuant to Section 63 Par. 3c SGB V [German code of social law].

The KORINNA Study: Health economic evaluation of a case management program in elderly coronary infarction patients. In the monocentric study, 340 patients aged 65 years or more with acute myocardial infarction were recruited in the Central Hospital of Augsburg and randomly assigned to either the intervention or the control group. Patients in the intervention group received one home visit, or more if necessary, by trained personnel over a period of three years, as well as quarterly telephone consultations, while participants in the control group received the customary care. The state of health and the utilization of health services in both groups were polled every three months by telephone. The primary target criterion was the time from discharge from the base stay until the first unplanned readmission (or until death outside of the hospital). Secondary target criteria, such as clinical measurement parameters, functional capability, depressive tendencies, and health-related quality of life, were collected during the examination after three years. Costs of the hospitalizations were determined from the administrative data, while all other costs were estimated according to the unit cost approach on the basis of information provided by the patients. Further information is available at: www.helmholtz-muenchen.de/en/igm/research/projects/abgeschlossene/korinna/index.html

Prof. Dr. Christa Meisinger (EPI II, MONICA/KORA Herzinfarktregister, NAKO Study Center), Prof. Dr. Bernhard Kuch (now chief physician at Stiftungs Krankenhaus Nördlingen) and Prof. Dr. Rolf Holle (IGM) planned the study, which was performed at the Central Hospital of Augsburg. Data analysis was performed at IGM by Dr. Hildegard Seidl, Dr. Matthias Hunger und Dr. Björn Stollenwerk.

The case management program offered for elderly patients did not show any statistically verifiable improvement in the quality of life in the first survey within the first follow-up year. Follow-up in the framework of the study was extended to three years in order to allow an additional analysis of the medium-term effects. This is where the current study comes in. No evidence could be provided for a longer time to the first readmission to the hospital or to death (combined endpoint) or for a gain in quality-adjusted years of life.

Original Publication:

Seidl, H. et al. (2016): The 3-year cost-effectiveness of a nurse-based case management versus usual care for elderly patients with myocardial infarction: Results from the KORINNA follow-up study. Value in Health, doi:

10.1016/j.jval.2016.10.001

[www.valueinhealthjournal.com/article/S1098-3015\(16\)30103-6/fulltext](http://www.valueinhealthjournal.com/article/S1098-3015(16)30103-6/fulltext)

Corresponding Publication:

Kirchberger, I. et al (2015): Effects of a 3-Year Nurse-Based Case Management in Aged Patients with Acute Myocardial In-farction on Rehospitalisation, Mortality, Risk Factors, Physical Functioning and Mental Health. A Secondary Analysis of the Randomized Controlled KORINNA Study. PLoS One, doi: 10.1371/journal.pone.0116693.

www.ncbi.nlm.nih.gov/pmc/articles/PMC4374800/

The Helmholtz Zentrum München, the German Research Center for Environmental Health, pursues the goal of developing personalized medical approaches for the prevention and therapy of major common diseases such as diabetes and lung diseases. To achieve this, it investigates the interaction of genetics, environmental factors and lifestyle. The Helmholtz Zentrum München is headquartered in Neuherberg in the north of Munich and has about 2,300 staff

members. It is a member of the Helmholtz Association, a community of 18 scientific-technical and medical-biological research centers with a total of about 37,000 staff members. www.helmholtz-muenchen.de/en

The Institute of Health Economics and Health Care Management (IGM) examines approaches to improving the effectiveness and efficiency of health care. The health care system faces the challenge of delivering high-quality, economically viable medical services to meet the needs of the population. Rapid advances in medical technology and fast-changing demographics further aggravate this problem. A firmly based evaluation of the effectiveness and efficiency of health care structures and processes is therefore an essential prerequisite for a rational health care policy. www.helmholtz-muenchen.de/igm

The Institute of Epidemiology II (EPI II) focuses on the assessment of environmental and lifestyle risk factors which jointly affect major chronic diseases such as diabetes, heart disease and mental health. Research builds on the unique resources of the KORA cohort, the KORA myocardial infarction registry, and the KORA aerosol measurement station. Aging-related phenotypes have been added to the KORA research portfolio within the frame of the Research Consortium KORA-Age. The institute's contributions are specifically relevant for the population as modifiable personal risk factors are being researched that could be influenced by the individual or by improving legislation for the protection of public health. www.helmholtz-muenchen.de/epiz

For almost 30 years, the Cooperative Health Research in the Region of Augsburg (KORA) has been examining the health of thousands of citizens in Augsburg and environs. The aim of the project is to increase understanding of the impact of environmental factors, behaviour and genes on human health. The KORA studies focus on matters relating to the development and progression of chronic diseases, in particular myocardial infarction and diabetes mellitus. To that end, research is conducted into risk factors arising from lifestyle factors (including smoking, diet and exercise), environmental factors (including air pollution and noise) and genetics. Questions relating to the use and cost of health services are examined from the point of view of health services research. www.helmholtz-muenchen.de/kora

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