

Patients with diabetes, heart failure, or chronic obstructive pulmonary disease have fewer emergency hospital admissions when receiving a telehealth intervention than their counterparts who receive usual care, say UK researchers. In addition, those who received the intervention had fewer emergency department (ED) visits, as well as lower mortality rates and shorter lengths of hospital stay during the 12-month study period, report Adam Steventon (The Nuffield Trust, London) and colleagues.

"Telehealth could help patients manage their conditions better and therefore reduce the incidence of acute exacerbations that need emergency admissions," say the authors in the BMJ.

It could also change people's perception of when they need to seek additional support, as well as professionals' decisions about whether to refer or admit patients, they add.

However, the magnitude of difference in admission proportion was small, notes the team, and occurred predominantly at the start of the study, indicating the possibility that the trial recruitment process may have indirectly led to changes in service use among control patients.

The intervention, randomly assigned to 1570 of 3230 patients at 179 practices in the UK, involved patients monitoring their condition remotely and receiving symptom questions and educational messages via a telehealth base unit connected to their television.

A total of 42.9% of patients receiving the telehealth intervention were admitted to hospital during the study, compared with 48.2% of controls; a significant difference after adjustment for confounders, say Steventon et al.

They note that ED admissions increased in the control group from 0.13 per head in the quarter before the study, to 0.18 per head during the first 3 months.

In addition to the trial recruitment process itself, this finding could be explained by patient anxiety at being assigned to the control group, or healthcare providers noticing unmet needs during the recruitment process.

Overall, significantly more control than intervention patients died during the study, at 8.3% versus 4.6%, report the investigators, who believe this could be a motivator for investment in telehealth.

The patient groups also showed differences in the study's secondary endpoints, including a significant adjusted difference in the number of times participants visited the ED; at 0.64 per intervention patient, and 0.75 per control, and significantly more days in hospital for control than intervention patients; at 5.68 versus 4.87 days.

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