# 家庭でのINRモニターはクリニックでのケアと同等に有効である（LBCT, abstract＃5217）

## THINRS Trial：ワルファリン内服中の患者に関して家庭で血液凝固速度を毎週モニターする方法は毎月クリニックで検査するのと同等に安全である

## THINRS Trial: Weekly home monitoring of blood clotting speed found to be as safe as monthly clinic testing for patients on warfarin.

ワルファリン内服中の患者のINRを家庭でモニターするのはクリニックでモニターするのと同等に安全であるとの、家庭でのINRモニターの臨床成績への影響に関する前向き無作為化コントロール試験（Prospective Randomized Controlled Trial of the Impact of Home INR testing on Clinical Outcomes: The Home INR Study [THINRS]）の結果が2008年American Heart Association学会で発表された。しかし、家庭での毎週の凝固速度検査がクリニックでの毎月の検査よりも優れているか否かを調べた最初のスタディでは、家庭での検査が優れているとの結果が何ら得られなかった。機械弁または心房細動を有しワルファリンを内服中の2,922人の患者を家での毎週の検査またはクリニックでの毎月の検査のいずれかに無作為に割り付け平均3年間追跡調査した。週1回の家庭での検査の方が月1回のクリニックでの検査よりも優れている傾向が認められたが、統計学的または臨床的な有意差には到達しなかった。しかし、週1回のモニターは標的範囲の頻度（65.9%対62.2%、p<0.001）および抗凝固療法への満足度（47.7対49.1、p<0.02；点数が低いほど満足度が高い）を改善するようであった。研究者らは、家庭でのモニターは、障害や医療機関から自宅への距離のために受診が困難な患者において代替案として受け入れ可能であろうと考えている。

## Full Text

Home monitoring of clotting speed is as safe as clinic monitoring in patients taking warfarin, researchers reported at the American Heart Association's Scientific Sessions 2008. The results of A Prospective Randomized Controlled Trial of the Impact of Home INR testing on Clinical Outcomes: The Home INR Study (THINRS) were presented as a late-breaking clinical trial.

But in the first study designed to determine whether weekly home tests of blood clotting speed are better than monthly tests performed at a clinic, researchers failed to find any superiority for home testing, said Alan K. Jacobson, M.D., study co-chair, staff cardiologist at the Jerry L. Pettis Memorial Veterans Administration (VA) Medical Center and an assistant professor at Loma Linda University School of Medicine, Loma Linda, Calif.

The researchers randomized 2,922 patients to one of the two testing methods and followed them for an average of three years. During that time, 7.9 percent of the home testing participants had the composite endpoint of stroke, major bleeds or death compared to 8.9 percent of the clinically tested patients.

"There was a slight trend toward weekly home monitoring providing a minor improvement over monthly clinic monitoring, but it failed to reach statistical or clinical significance," Jacobson said. "Once a month at the clinic seems to be just as good as weekly testing at home for most patients."

Home testing might be the better choice in certain situations such as for patients whose disabilities or distance from a clinic might keep them from appointments, Jacobson said.

The participants in the randomized study were among 3,745 veterans being treated with the anticoagulant warfarin at 28 VA hospitals across the country. The patients all had either atrial fibrillation or had received a mechanical heart valve - conditions that increase the risk for blood clots.

Furthermore, the participants were trained to use the home monitors, which measure how quickly the blood clots, to reduce any effect the training might have on the study results, said David B. Matchar, M.D., co-chair of the trial and director of the Duke Center for Clinical Health Policy Research in Durham, N.C. and Duke-NUS Graduate Medical School Program in Health Services Research, Singapore.

The patients were deemed able and willing to perform home monitoring. The monitors used just about four drops of blood.

In addition to the unpleasantness of drawing blood and the constant risk that patients may decide to skip appointments - particularly when blood draws are involved - many veterans must travel long distances to reach a clinic.

"What we did show was that home testing is every bit as effective as regular clinic monitoring," said Jacobson, whose clinic has been using at-home testing since 1995 with a special computerized system to keep tabs on many of its patients. "For patients where access is a problem either because of disability or distance, this potentially has a huge impact."

"THINRS was far and away the largest and most ambitious trial of home anticoagulation monitoring. The bad news is that we didn't show home monitoring to be superior. The good news is that patients using home monitoring did every bit as well as the patients in the clinic."

Other co-authors are: Rowena Dolor, M.D.; Robert G. Edson, M.A.; and Lauren Uyeda, M.S., M.B.A. Individual author disclosures can be found on the abstract.

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