

外来患者予防プログラムは心臓リスクを改善する

RESPONSE：看護師により心疾患患者の合併症再発リスクを有意に軽減することができる

RESPONSE: Nurses can significantly reduce the risk of recurrent complications in heart patients

外来患者予防プログラムは、心筋梗塞（MI）または切迫MIで入院した患者において、高コレステロールや高血圧などの心血管リスクファクターのコントロールを有意に改善し維持することが示された。RESPONSE（外来専門看護師による二次予防の無作為評価：Randomized Evaluation of Secondary Prevention by Outpatient Nurse Specialists）トライアルは、オランダの11施設の急性冠動脈合併症により入院した患者754人に対する外来ナーシングプログラムを評価した。患者は通常治療単独または通常治療と6ヵ月間の看護ケア（さらに追加の4回の外来受診を含む）併用群に無作為に割り付けられた。スタディの一次測定は看護ケアでの最終受診の6ヵ月後である12ヵ月後に行われた。その結果、看護ケア群においてプログラム終了時にリスクファクター有病率の有意な改善が認められ、12ヵ月後にもその効果が失われていなかった。看護師によりリスクファクターのコントロールが良好な（9つのリスクファクターのうち7つ以上と定義）患者の割合が40%増加し、10年以内に死亡する計算上のリスクも約17%減少した。このスタディは2010年European Society of Cardiology学会のホットラインセッションで発表された。

Full Text

A six-month outpatient prevention program conducted by nurses has resulted in significant and sustained improvements in the control of cardiovascular risk factors, including high cholesterol and high blood pressure, in patients hospitalized for a myocardial infarction (MI) or impending MI. The study was presented during a Hotline session at ESC Congress 2010.

The program, applied in addition to standard medical care, led to the improved adherence to current guidelines on prevention, including lifestyle and compliance with drug treatment. The nurses were able to increase the proportion of patients with good control of risk factors by 40% (defined as at least seven out of nine risk factors on target) and to reduce the calculated risk of dying in the next 10 years by about 17%.

RESPONSE (Randomized Evaluation of Secondary Prevention by Outpatient Nurse Specialists) was an 11-centre randomized study designed to quantify the impact of a nurse-coordinated outpatient risk management program on the risk of future clinical events in patients with symptomatic coronary artery disease. The primary endpoint was patient evaluation according to the SCORE risk score at 12 months, with secondary endpoints assessed according to the Framingham risk score and individual risk factors at 12 months follow-up (including lipid profile, glucose, blood pressure, weight, waist circumference, physical activity, healthy diet, alcohol consumption).

In explaining the background to the trial, principal investigator Professor Ron Peters from the Academic Medical Center, Amsterdam, said: "Patients with coronary artery disease are at high risk of recurrent complications and death. Preventive care can effectively reduce this risk, and guidelines have been issued by the American Heart Association/American College of Cardiology and the European Society of Cardiology that target common risk factors for heart disease such as high blood pressure, smoking, and high cholesterol.

"Together, these risk factors are associated with the development of coronary artery disease, which remains the world's leading cause of death. At present, a considerable gap exists between these guidelines and their application in clinical practice. It is widely believed, both by patients and doctors, that the preventive aspect of treatment is given insufficient priority and that new approaches are needed to realize the full benefits of prevention. A short coaching program by a nurse, on top of usual care, is such a new approach already found promising in primary care."

The RESPONSE trial, which evaluated an outpatient nursing program in 11 hospital centers in the Netherlands, included 754 patients hospitalized for an acute coronary complication (MI or impending MI). They were randomized to either usual care alone or usual care plus a six-month nursing intervention that included four extra visits to the outpatient clinic. Nurses gave advice on healthy lifestyle (food choices, physical exercise, non-smoking, weight control), and monitored major risk factors, such as blood pressure, cholesterol and sugar levels, and use of preventive medication. The nurses pursued specific targets as defined by the guidelines, and if necessary drug treatment was adjusted in collaboration with treating physicians.

The primary measurement of the study was performed at 12 months, which was six months after the last visit to the nurse. Results showed a significant improvement in risk factor prevalence at the end of the program, with no loss of effect at 12 months.

Overall, at 12 months after the start of the program, 35% of patients in the nursing group and 25% of patients in the control group were classified as having good control of risk factors (defined as at least seven out of nine factors on target). This reflects an increase of 40%. Of the risk factors targeted by the intervention, body weight was the least successful. There was no change in weight or waist circumference between baseline and 12 months, with no difference between the two study groups. "This may indicate that weight loss is not a realistic target in the first year after a coronary event," said Professor Peters, "when priority needs to be given to several other risk factors. It remains to be seen if later attempts might be more successful."

When the risk of death over the next ten years was calculated according to the SCORE risk function, the nurses were able to reduce this risk by 17%.

Professor Peters noted that these results were achieved against a background of medical care that was better than expected, with risk factor levels in the study population more favorable than those reported in the literature - and with excellent adherence to medication in both groups. This high level of care in the control group, he added, may have been influenced by participation in the trial.

"The nurse program was practical and well attended by the patients," he said. "More than 93% of patients attended all visits to the nurse. These findings are very encouraging and support the initiation of prevention programs by nurses to help patients reduce their risk of future complications."

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