

Intravenous (IV) Diuretics in the Community: The Experience of Heart Failure Patients and Carers



C. M. Watson¹, H F. McIntyre²

(1) University of Brighton, School of Health Sciences and East Sussex Healthcare NHS Trust, Hastings,
(2) East Sussex Healthcare NHS Trust, Hastings, United Kingdom.



Introduction

It is usual practice to admit heart failure patients to hospital for IV administration when they fail to respond to an increase in oral diuretics¹. UK health policies emphasise the importance of developing services which are responsive to patients' needs and delivered closer to home². An inpatient protocol first piloted at the Conquest Hospital was developed into a community protocol that guided the study. Hastings and Rother was one of 10 national pilot sites awarded funding by the British Heart Foundation to evaluate the protocol.

Purpose

- To discover:
- A) What is the experience of heart failure patients and their carers of receiving intravenous (IV) diuretics in the community?
 - B) Do heart failure patients and carers prefer hospital or home-based IV diuretic treatment?

Participants

- A purposeful; sample of 55 patients (56%) and 45 carers from 10 UK sites participated,
- It was considered inappropriate to include all patients who had received IV diuretics in the community (n=96) e.g. those entering the final stages of palliative care.
- These 55 patients had all been hospitalised on at least one previous occasion with heart failure

Methods

- Case study methodology was used. A purposeful sample of patients who failed to respond to oral diuretics were recruited from existing community heart failure nurse case loads.
- Bolus doses of IV diuretics were given according to the study protocol either in the patient's own home or close to home with patients returning home each day.
- Patients and carers were asked to complete a post-treatment survey questionnaire. Analysis was descriptive.



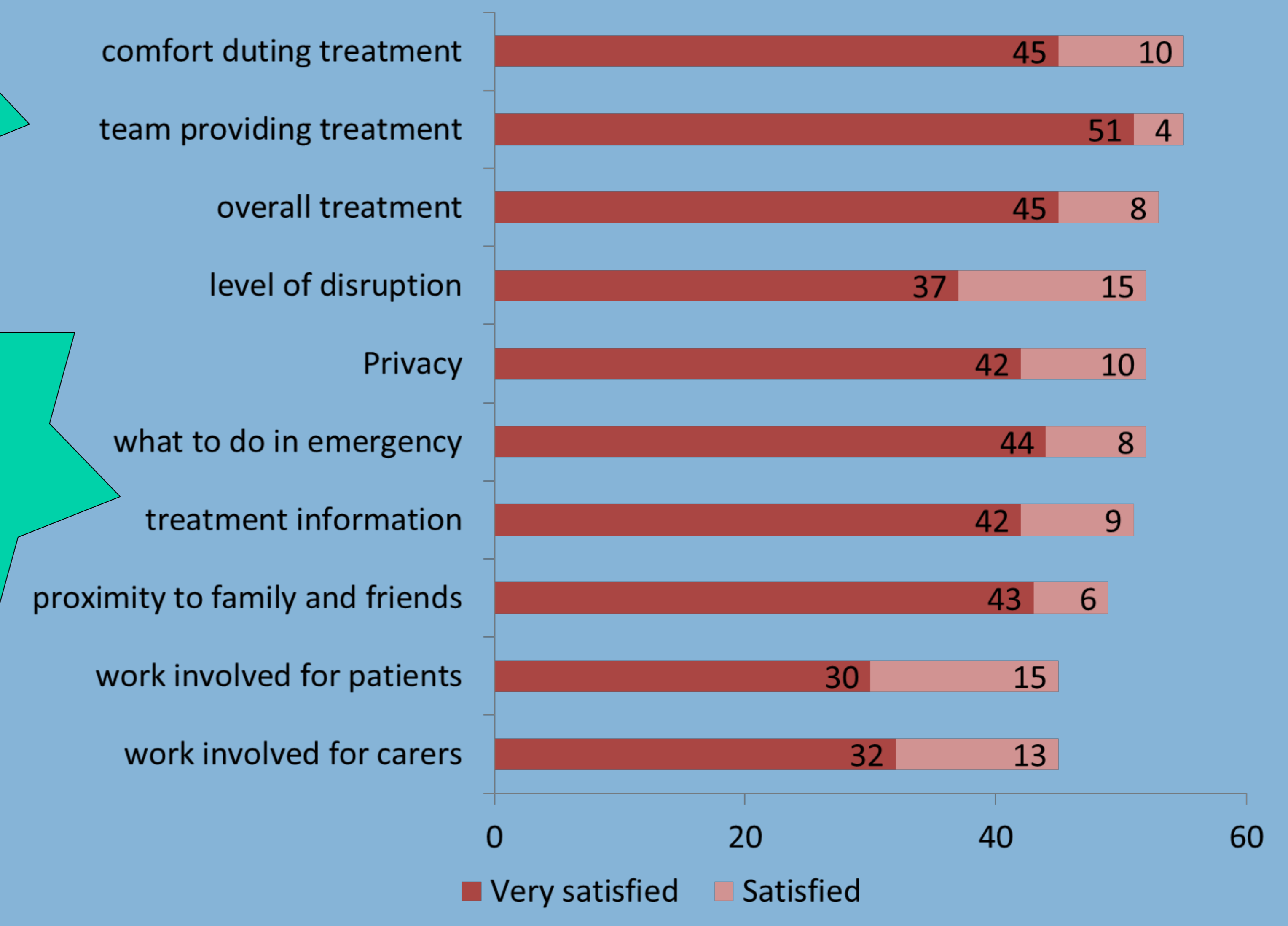
'There is nowhere like home when you are feeling poorly..'

'made me feel relaxed and in control of treatment..'

'I was able to carry on working during Treatment..'

VOX POP

Patient satisfaction with components of care



Results

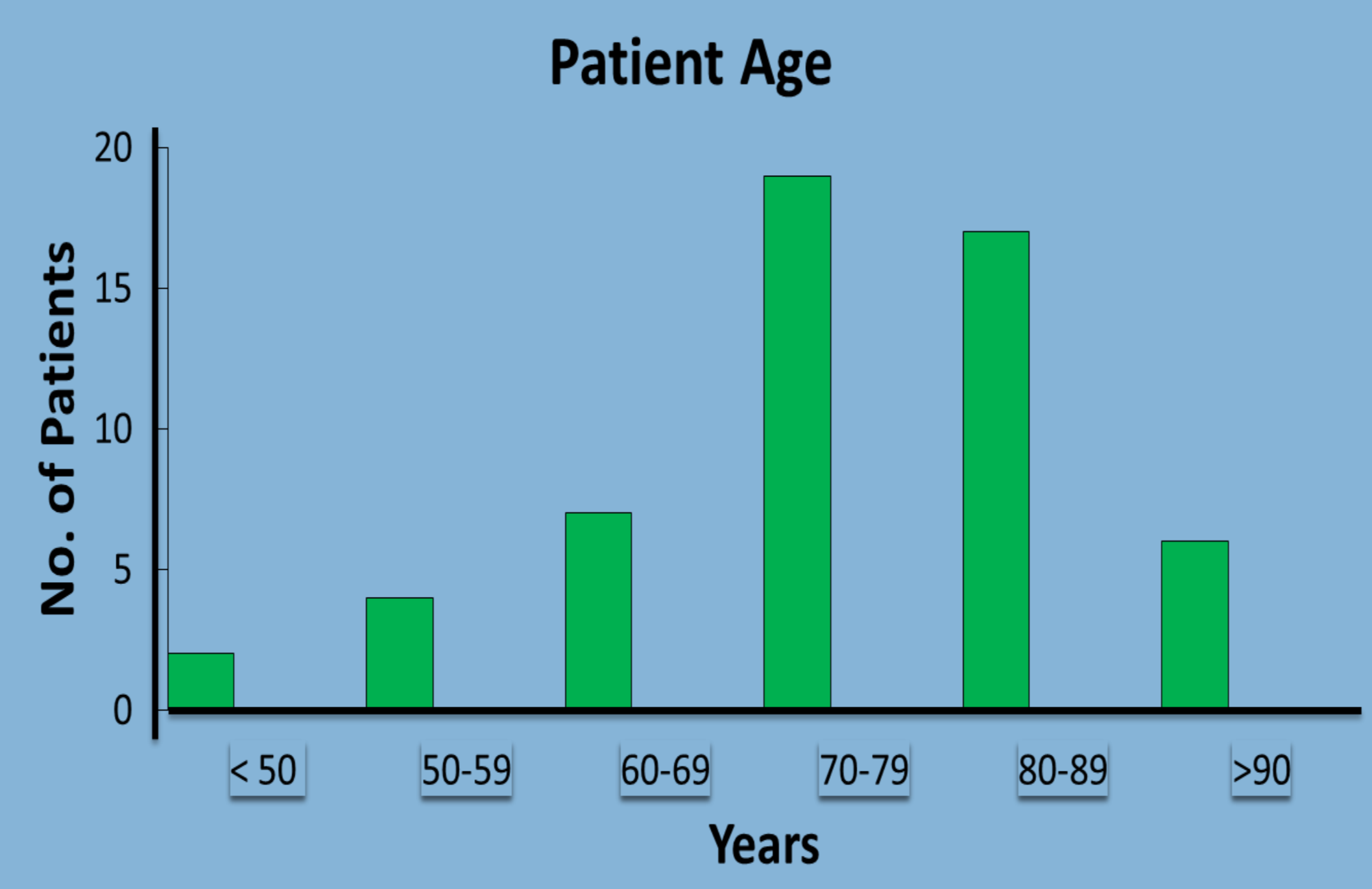
Of the 55 patients, 80% were male and 20% female. 11 patients (20%) lived alone. The remaining 44 patients lived with a partner/spouse, or family member. One patient aged 97 was the main carer for his wife.

100% (55 patients) who completed the survey would opt for home-based care again. 55 patients (100%) and 42 carers (93%) found home-based treatment preferable to hospital admission, often because it avoided a wide range of challenges associated with being in hospital. 14 carers (31%) specifically mentioned travel to hospital as being particularly difficult; the average distance from home to hospital was 6.5 miles.

Although some carers described worry and responsibility whilst caring at home during a complex treatment, only one carer (2.3%) preferred the option of hospital admission.

Conclusion

A home-based IV diuretic service was strongly preferred to hospital admission by all patients and the majority carers surveyed in this study, their overall experience of care being well-received. Although not a representative sample, the study suggests that providers of care for patients with chronic heart failure should consider offering home-based IV diuretics as a treatment choice, provided that support for the carer is available.



References
¹Felker GM, Lee KL, Bull DA *et al.* for the NHLBI Heart Failure Clinical Research Network. Diuretic Strategies in Patients with Acute Decompensated Heart Failure. (DOSE study) *N Engl J Med* 2011; **364**:797-805
² Kings Fund *Transforming the delivery of health and social care; The case for fundamental change*. Kings Fund, 2012. London.

Acknowledgment: We are grateful to the heart failure nurse specialists and the other clinicians for their contribution and commitment to this project and to Brightpurpose consultancy who collated the raw data.



