Improving Outcomes in Chronic Heart Failure

Specialist nurse intervention from research to practice

Edited by

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The editors dedicate this book to Dr Caroline Morrison whose dedication and support enabled the Glasgow service to be set up.
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Since the publication of the first edition of this text, we have made a number of discoveries that have improved the care of patients with heart failure. The debate about the clinical and economic benefits of systematic heart failure programs is over. The data are irrefutable related to the short- and long-term benefits of such programs. Moreover, clinical trials have given us new information about the utility of new classes of drugs and surgical approaches in the treatment of this life-threatening chronic illness that has made care more effective.

Despite the advances in science, the challenges in heart failure care remain just as daunting as they were when the first edition of this text was published. Heart failure remains a major health problem for millions of individuals around the world. It is the number one cause of hospitalisation in elderly patients in many industrialised countries. It remains a leading cause of morbidity and mortality, and is increasingly prevalent in developing countries, quickly overcoming infectious disease and malnutrition as a cause of mortality. Many clinicians have come to realise that the best, most cutting edge treatments are ineffective without the active involvement of the patient and family.

This second edition retains many of its unique characteristics. Firstly, it continues to be the only textbook on heart failure that presents an international, multidisciplinary perspective. The editors have gathered experts from many countries and different disciplines to consider the issues surrounding the care of patients with heart failure. Given the different cultures and healthcare systems represented, the innovative and creative approaches to heart failure treatment offered in these pages hold great promise.

Secondly, the book goes well beyond the usual discussion of epidemiology, diagnosis and treatment. It provides critical insight into the elements required of a heart failure clinical service, incorporating recent experiences of nurse specialists. The majority of patients with heart failure are cared for in traditional medical practices, without the benefit of a systematic nursing approach. Healthcare providers interested in instituting such a service will find these pages highly useful. The authors provide excellent descriptions of the core elements of such a programme, as well as successful examples.

Thirdly, the text retains its commitment to interdisciplinary care. The histories of the healthcare professions combined with the constraints of many healthcare systems can, at times, present difficult barriers to organising an interdisciplinary heart failure programme.
However, the full participation of the entire team – nurse, physician, pharmacist, dietician, and others – is critical to the ultimate success of treatment. The authors describe a nurse-led, interdisciplinary approach that is now recognised as the key to successful heart failure management. They have also included the details required to reduce traditional barriers and begin a successful heart failure service.

This highly readable text incorporates the latest science and is an important contribution to the literature. Ultimately our patients will be the beneficiaries.
Preface

So much has happened since we compiled the first edition of this book – *Improving outcomes in chronic heart failure: a practical guide to specialist nurse intervention*. Heart failure as a truly malignant, debilitating, and costly syndrome has finally attracted the kind of attention and resources it deserves in many developed countries. With this attention has come an increasing awareness that without a legitimate and widely available cure, our best efforts merely prolong an inevitable but often unpredictable decline in the functional status and quality of life of patients with this syndrome. It is within this essentially grim context that the evidence for applying predominantly nurse-led programmes of care designed to optimise the management of patients who have been hospitalised with chronic heart failure has been strengthened considerably and the number of funded programmes has risen exponentially. Unlike when the first edition was published, there are now few academics or clinicians who would argue against the widespread application of specific programmes of heart failure care in order to cost-effectively reduce recurrent readmissions, improve quality of life, and perhaps prolong survival in typically older patients in whom treatment options are limited and/or difficult to apply.

This “good news” has to be tempered, however, with the realisation that some things have not changed. For example, without a cure, the prevalence of heart failure continues to rise and predictions of a sustained epidemic in the 21st century are still well founded with little relief in sight. Given the ongoing individual and societal burden imposed by heart failure, therefore, it is disappointing to note that despite the wealth of evidence and its incorporation into expert heart failure treatment guidelines, the types of programme described in our first edition are still not widely applied. Part of the problem is undoubtedly cost considerations within financially stressed healthcare systems. Another problem is a lack of appreciation of the depth of evidence from a wide range of countries to support the application of nurse-led heart failure programmes of care. Finally and most importantly, there is the widespread problem of “good intent” and funding to apply heart failure programmes without specific information and expertise to actually implement the evidence in an expert manner.

It is within this context and in acknowledgement of the limitations of the first edition in providing a preliminary guide to establishing nurse-led programmes of care that we present this second edition, appropriately entitled *Improving outcomes in chronic heart failure:*
specialist nurse intervention from research to practice. Consistent with our promise to the many healthcare professionals who have sought our advice these past few years, this second edition provides a firm financial argument for funding such programmes of care and, most importantly, concentrates on the practical implications of providing a comprehensive service with realistic case scenarios and advice on how to apply the evidence from recent clinical trials (for example CHARM, COPERNICUS, MERIT, CIBIS II and RALES) into clinical practice.

Naturally, we are biased in our preference for incorporating home visits into any management programme and we are delighted to include the contributions of the expert nurses who are part of the now world-renowned Glasgow Heart Failure Liaison Service in Scotland. However, we firmly believe that any clinician or administrator with an interest in applying this type of programme of care will find a wealth of practical and informative guidance in this book.

In conclusion, we wish you well in your endeavours to improve the lives of those unfortunate enough to develop or be affected by chronic heart failure and hope this book provides the inspiration and advice to apply an effective programme of care and make a tangible difference to many people’s lives.

Simon Stewart
Lynda Blue
Section 1: Background