The benefits of nurse led secondary prevention clinics continued after 4 years


QUESTION: In patients with pre-existing coronary artery disease (CAD), do the benefits of nurse led secondary prevention clinics continue after 4 years?

Design
Randomised [allocation concealed]*,†, unblinded,* controlled trial with mean 4.7 years of follow up.

Setting
19 randomly selected general practices in Scotland, UK.

Patients
1343 patients (mean age 66 y, 58% men) with CAD. Exclusion criteria were terminal illness, dementia, or inability to leave home. 82% of patients were followed up.

Intervention
673 patients were allocated to receive invitations to attend secondary prevention clinics at their general practice where nurses reviewed symptoms and treatments, promoted aspirin use, reviewed blood pressure and lipid management, assessed lifestyle factors, and negotiated any necessary behavioural changes. 670 patients were allocated to usual care. The intervention ended after 1 year; individual results were sent to the general practices, and patients in both groups were allowed to attend secondary prevention clinics if their general practitioners continued to offer them.

Main outcome measures
Use of secondary prevention, total mortality, and coronary event rates (coronary death or non-fatal myocardial infarction).

Main results
Analysis was by intention to treat. Patients in the intervention group maintained the same level of secondary prevention use (except for exercise) at 4 years. Increased use in the control group resulted in no differences between groups. Results were adjusted for age, general practice, and baseline secondary prevention; the reduced total mortality (relative risk reduction [RRR] 25%, 95% CI 2 to 42) (figure) and coronary event rates (RRR 24%, CI 0 to 42) seen in the intervention group during the first year were sustained.

Conclusion
Nurse led secondary prevention clinics maintained secondary prevention use after 4 years and the decreased mortality and coronary events seen in the first year remained at 4 years.

What are the practical implications of these findings? They provide evidence for a common sense concept. When effective interventions exist, they should be offered to patients. To achieve this, organised delivery of care is better than disorganised care. Are nurse led clinics the way to go? The care pathway in this study included identification of eligible patients, systems for following them up, patient education and lifestyle advice, and protocol driven medical management. None of these is specific to nurse led clinics. However, a previous trial showed that clinics were more efficient in delivering a similar package than audit/feedback or recall to primary care doctors in delivering care to patients with heart disease. In the context of British primary care, nurse led clinics are now the reference standard. The model appears to be generalisable to many other healthcare settings, particularly those where multidisciplinary teams deliver care. The onus is on practices or healthcare systems choosing other methods of delivering care to patients with cardiac disease to prove that they can do it as well.

Tim Lancaster, FRCGP
Department of Primary Health Care, Oxford University
Oxford, UK

Key
- Nurse led secondary prevention clinics v usual care for people with pre-existing coronary artery disease: Mortality.