

The Effect of Nurse Managers on Heart Failure Complications in a Minority Community

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The full report is titled “Effects of Nurse Management on the Quality of Heart Failure Care in Minority Communities. A Randomized Trial.” It is in the 15 August 2006 issue of *Annals of Internal Medicine* (volume 145, pages 273-283). The authors are J.E. Sisk, P.L. Hebert, C.R. Horowitz, M.A. McLaughlin, J.J. Wang, and M.R. Chassin.

What is the problem and what is known about it so far?

Heart failure occurs when the heart does not pump the blood strongly enough throughout the body. Symptoms include difficulty breathing, decreased ability to exercise, and leg swelling. It is common in older adults and black people. People with heart failure often require treatment in the hospital. Reasons for hospitalization include eating too much salt and taking drugs in doses that are too low and are ineffective, which may lead to worsening heart function. Also, people with heart failure often do not realize when their symptoms worsen and when they should seek medical attention. Older people, people with more severe heart failure, and those who cannot easily see a health care provider are at higher risk for hospitalization. Treatment programs in which nurses help people manage their condition might prevent hospitalization for high-risk patients. The effect of such programs has been tested in few people in minority populations.

Why did the researchers do this particular study?

To test the effect of nurse managers on the health of people with heart failure who were getting care from hospital clinics and practices in a minority community.

Who was studied?

406 people with heart failure who received their health care from practices at the 4 hospitals in Harlem, New York, New York. Almost half of the people were African American, and one third were Hispanic.

How was the study done?

The researchers assigned participants at random to a nurse manager or to usual care. The nurse managers counseled participants on heart failure symptoms and signs and on the benefits of a low-salt diet. They provided participants' doctors with feedback about how participants were doing. They also ordered tests and helped change drugs as needed. Participants in the usual care group received printed consumer guidelines for managing heart failure. The researchers compared the number of hospitalizations in the 2 groups and how well the participants said they were able to perform everyday activities over the next year.

What did the researchers find?

Participants in the nurse manager group had fewer hospitalizations and could perform everyday activities better than those in the usual care group. The differences between the 2 groups did not continue after 1 year when the nurses were no longer counseling the participants.

What were the limitations of the study?

The nurses were specially trained for the study, and only 3 nurses participated. The results might differ with involvement of more nurses or nurses who are not trained to manage heart failure. Also, about 75% of patients came from one area. The results might not apply to all minority patients.

What are the implications of the study?

Nurse management of African-American and Hispanic people with heart failure in ambulatory practices reduced hospitalizations and improved their everyday functioning. Regular contact with the nurse manager may be necessary to sustain these benefits.

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