

210: THE RELEVANCE OF DIFFERENCES IN EUROPEAN TREATMENT GUIDELINES FOR CHRONIC HEART FAILURE FOR THE VARIATION IN NATIONAL TREATMENT PATTERNS

Sturm H.B., Haaijer-Ruskamp F.M.

Objective:

Major differences in national heart failure treatment patterns have been found recently, which can only to a limited extent be attributed to patient factors¹. Our qualitative study aims to understand, to which extent differences in recommendations of European heart failure guidelines can explain international variations in treatment.

Methods:

Fourteen guidelines (GL) and recommendations for heart failure treatment in European countries have been collected through contacts to national experts, by internet search of national cardiology organizations and Medline. Only national guidelines published between 1994 and 2002 were included, regional GL were excluded.

Data was collected by a questionnaire (including the main recommendations of the heart failure treatment guideline of the European Society of Cardiology (ESC)²) that was sent to the heads of the 15 European heart failure working groups. Secondly, content of guidelines was translated and analyzed in relation to the ESC available at the time of the IMPROVEMENT study. For distinctly different recommendations, countries were grouped accordingly and linked to the prescribing data from the IMPROVEMENT of HF survey.

Results:

In total 14 national guidelines for heart failure treatment were included in the study. Turkey and Belgium reported that no guideline was used up to 2000. Seven countries used the European guideline. Four countries published separate GL for specialists and primary care. Comprehensiveness of the guidelines varied with respect to length, literature included and evidence ratings. The method of development was outlined in 8 of the guidelines. GL for primary care generally were less detailed.

Echocardiography was the test of choice to confirm diagnosis of heart failure in 11 of 12 GL asking for an objective test in addition to clinical signs and symptoms.

Few major differences were seen concerning recommendations for drug therapy. ACE-inhibitors (ACE) were uniformly recommended as baseline treatment with the exception of the Dutch guideline for primary care (1995). No differences were found for cardiac glycosides and diuretics, some minor differences concerned anticoagulation therapy and the combination of hydralazine with nitrates.

The indication for β -blockers was wider than in the ESC guideline in 8 of the 14; 10 GL along with the ESC restricted their initiation to specialists. Spironolactone was recommended as additional diuretic or in hypokalemia in 6, as additional choice in severe heart failure in five of 14 guidelines.

Prescribing of the combination spironolactone and ACE was less in the group of 5 countries where GL warned about that combination as compared to the others (5.7% Vs 7.9%).

However β -blockers were prescribed most in countries, where they were recommended only for the subgroup of patients with idiopathic dilated cardiomyopathy (40% vs. 35.2%).

Summary and Conclusions:

- The majority of recommendations were similar.
- Differences were found mainly in drug groups where recent change was evident.
- Found differences are not sufficient to explain variation of treatment between European countries, where current ACE-use ranges from 46-76% and β -blocker use from 10-56% (1). On the other hand prescribing does not appear to consistently follow distinct national recommendations.
- Increased attention to the target group of primary care when issuing recommendations could enhance prescribing quality by increasing the uptake of GL, bearing in mind that CHF is treated primarily in primary care.

- In order to improve understanding of national differences in prescribing non-medical factors on cultural and health care system level need to be considered.

1 Cleland JG, Cohen-Solal A, Aguilar JC et.al. Management of heart failure in primary care (the IMPROVEMENT of Heart Failure Programme): an international survey. (Lancet. 2002;360:1631-39)

2 The Task Force of the Working Group on Heart Failure of the European Society of Cardiology. The treatment of Heart Failure. Eur Heart J 1997; 18: 736-53