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Country: **France**

Titel of the project: **"D.E.TE.C.T." (acronym in French): Detect Tachycardia through Telecardiology**

Project details

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Cabinet de Cardiologie

Award amount: €50,000

The objective is the detection of cardiac arrhythmia in at-risk, hypertensive patients of over 65 years of age by giving them an EKG monitor linked to a blood pressure self-measure for 8 days. Data are analysed in telecardiology. The goal is to detect arrhythmias earlier on and to optimise blood pressure monitoring.

Sponsor: Cardiologue libéral Justification: Cardiac arrhythmia is often detected after a stroke, and it is often present but asymptomatic. The overall incidence of atrial fibrillation is 9.9 per 1000 patient years. In the 55-59 age group, the incidence is 1.1 patient-years, and it is 20.7 in the 80-84 group. The risk of developing an arrhythmia after age 55 years is 23.8% for men and 22.2% for women. Arrhythmia and hypertension are often linked, and they represent two significant factors for stroke. The "D.E.TE.C.T." (by its acronym in French) programme: Detect Tachycardia through Telecardiology seeks to detect cardiac arrhythmia early on in at-risk patients before complications develop. It is associated with an awareness of self-monitoring of blood pressure, given that an imbalanced blood pressure increases left ventricular hypertrophy and thus, the risk for stroke. The main criterion is to improve detection of atrial fibrillation in a population of hypertensive patients over 65 years of age Secondary endpoints are to assess interest in remote monitoring of blood pressure and to optimise monitoring of heart rhythm or rate. Patient recruiting: Hypertensive patients above 65 years of age Inclusion of 500 patients over 24 months: 1 per day starting from consent to participate Methodology: Provision of a VITAPHONE EKG monitoring device for direct recording of an EKG by the patient, transmitted by telephone and received by voicemail. Blood pressure measurements are obtained through self-measurement and transmitted over a secure health space. 2 blood pressure measurements and an EKG are performed 3 times daily for 8 days to obtain 24 EKGs and 48 blood pressure measurements. Results are returned to the patient after 8 days of monitoring. Quantifiable parameters: - Prevalence of cardiac arrhythmia - EKG results - Blood pressure measurement results - Analysis of different measurement parameters of the CHADS2-VASC score - Correlation between arrhythmia and poor blood pressure monitoring - Care analysis - Feasibility of outpatient screening Medical-economic analysis between the cost of a stroke and this targeted prevention programme: average cost per patient for treatment in a conventional care unit for ischemic stroke over the course of 18 months estimated at € 18,757. If out of 500 selected patients, 25 are singled out, the preventive cost would be €2000 per patient at a high risk for stroke.

Audience

Type

- General public

Location

France, Europe