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Country: **France**

Titel of the project: **P.R.O.T.E.C.T. (acronym in French): Preserve Rate, Optimise
Treatment, Evaluate blood pressure monitoring**

Project details

PATRICK DARY

Cabinet de Cardiologie

Award amount: €10,000

Better detect, treat and monitor heart rate and blood pressure issues in order to more effectively prevent stroke. The goal is to empower patients by allowing them to monitor their own blood pressure and heart rate and provide notification through a computerised education programme consisting of different modules.

Promoter: Cardiologue libéral Justification: Cardiac arrhythmia that causes stroke is often associated with, or complicates, arterial hypertension. The incidence of the condition increases with age, and it is impossible to hospitalise all patients. In 2050, 22.3 million people will be above 60 years of age, versus 12.6 million in 2005. This is an increase of 80% in 45 years. This increase will be most pronounced between 2006 and 2035 (from 12.8 to 20.9 million), with several generations born between 1946 and 1975 arriving at this age. The aging of the French population will be accentuated between 2005 and 2050: while 20.8% of the population living in metropolitan France was 60 or older in 2005, this percentage would be 30.6 in 2035 and 31.9 in 2050. The number of older patients needing treatment will increase with cerebrovascular diseases brought on by cardiac arrhythmias and hypertension. Health expenses will inevitably rise and research on effective, less costly treatment represents a real challenge in terms of public and economic health. Home care is fundamental. The P.R.O.T.E.C.T. (by its acronym in French) programme: Preserve heart rate, optimise treatment, evaluate blood pressure control, seeks to better detect, treat and monitor heart rate and blood pressure problems in order to more effectively prevent stroke. The goal is to empower patients by allowing them to monitor their own blood pressure and heart rate and provide notification through a computerised education programme consisting of different modules. The main criterion is to better manage atrial fibrillation. Secondary criteria are evaluation of interest in monitoring blood pressure, optimisation of heart rhythm or rate monitoring and patient notification of his or her health situation. Patient recruiting: Patients with atrial fibrillation, whether paroxysmal, persistent, persistent prolonged or permanent with risk of stroke based on CHADS2-VASC score. Inclusion of 100 patients over 12 months: 10 patients per month. Methodology: Provision of an EKG monitoring device that allows the patient to perform EKGs and take his or her own blood pressure. Taking of blood pressure in the morning and in the evening, recording of heart rate. The various recordings are viewed by the patient and recorded in the device's memory. Provision of a netbook with 8 information modules to be read every day, with an evaluation questionnaire. 1-What is cardiac arrhythmia? 2-What are the risks of an arrhythmia? 3-How is treatment done? 4-Understanding anticoagulation. 5-Slowing heart rate. 6-Better monitoring of blood pressure. 7-Interaction with other treatments. 8-Module evaluation. Results are returned to the patient after 8 days of monitoring. Quantifiable parameters: - 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 treatment.

Audience

Type

- AF Patients

Location

France, Europe