Does Peer Support Help Patients With Heart Failure? Finding the Perfect Match

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Match making has been an intriguing and recurring theme in books, songs, plays, and movies. Parents have been doing it for generations ... tirelessly working to find the right match for their unmarried children. Close friends launch similar campaigns to help single friends find a life partner. Sometimes parents and friends hit the jackpot. Sometimes the results of the most well-intentioned matches end in an evening of painful tragedy or unintended comedy. Unfortunately, the majority of subjects of these heroic efforts know that the chances are slim that the connection will result in a match.

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In this issue of *Circulation: Heart Failure*, Heisler et al designed an elegant effectiveness study to test the hypothesis that an intervention in which patients recently discharged from the hospitals with heart failure (HF) were matched with similar peers, and the pair was instructed to call each other weekly for information and support would improve all-cause hospitalization and all-cause mortality, as well as increase social support and quality of life. All the participants were recently discharged from the hospital with a diagnosis of HF and were unable or unwilling to attend an outpatient HF program. Patients were randomized to 1 of 2 groups: a peer-support intervention with weekly phone calls or an intervention that involved enhanced self-care. The intervention group of weekly peer telephone calls was supplemented by 3 group sessions held with nurse practitioners who were expert in the care of HF patients. Recognizing the importance of communication in the relationship between peers, the investigators tried to match patients in the peer-support arm by sex and age. The intervention group of weekly peer telephone calls was supplemented by 3 group sessions held with nurse practitioners across the 6 months of the study, based on recommendations of Riegel and Carlson who had disappointing results with a peer-support intervention trial for HF patients and those documented in other populations, particularly in patients with chronic diseases, such as diabetes mellitus where peer support has been documented as effective. It must be noted that the patient populations in successful trials are quite different from patients with HF. For example, cancer patients participating in peer-support groups cope with changes in health status and focus on various stages of diagnosis and aggressive treatment but do not have the same level of self-care requirements as patients with HF. With new mothers, peer support is related to a specific activity (ie, breast-feeding). In the case of a chronic population with diabetes mellitus, patients are usually younger than patients with HF and focused on a specific, easily measured outcome (ie, glycemic control). In contrast, HF patients are older, often frail, and struggling with multiple symptoms. The HF population may be more similar to patients with multiple sclerosis, who also struggle with debilitating symptoms and a negative trajectory. Trials testing peer-support interventions in this population have been disappointing. The intervention of a weekly phone call to a relative stranger may have seemed like an additional burden to an individual already burdened with daily weights, dietary restrictions, and a complex medication schedule. The recruitment data support this interpretation. Of the 1204 eligible patients, 68% refused to participate and another 9% agreed, signed a consent form, but then did not return to be randomized at the first group session.

The peer-support intervention tested in this study was different from that used in many lay programs, such as Alcoholics Anonymous, which has documented success. Although many...
lay peer-support interventions have not been rigorously tested, most are based on the participants selecting their own peer or sponsor after multiple in-person encounters, rather than by being matched by a third person.

In healthcare today, we are grappling with the high costs of caring for patients with HF, which leads to multiple rehospitalizations and significant mortality. It is important that we discover which interventions work and which interventions do not work to keep patients with HF alive and out of the hospital. Interdisciplinary HF programs work; telemonitoring does not. We do not know whether the intervention tested by Heisler and et al did not work because the intervention is ineffective or because the patients chose not to follow the study protocol and rejected the idea of peer support. What we do know is that patients voted with their feet. The vast majority of eligible patients either refused to participate or agreed but then did not adhere to the protocol. The study, which was carefully conducted and reported, adds important information to our knowledge about how best to care for patients with HF. This report supports the principle that negative trials are as valuable as positive trials in science and should be reported.

As many parents and best friends have learned to their peril, matches often do not work.

Disclosures
None.

References


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