Long-term monitoring in primary care for chronic kidney disease and chronic heart failure: a multi-method research programme

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Plain English summary

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n the UK, long-term (chronic) conditions such as diabetes, high blood pressure and many others are often monitored and managed by general practitioners. It can be difficult for the NHS to decide how frequently a long-term condition should be monitored; more frequent monitoring is not always more useful. We studied chronic kidney disease and chronic heart failure. To complement our previous work on kidney disease in diabetes, we emphasise other kidney disease in this study.

For managing chronic kidney disease, we found that the number of tests used in the NHS has vastly increased, but, for most patients, the tests are unlikely to influence treatment. There are treatments that can prevent kidney disease getting worse, but they are usually treatments that most of the patients are already likely to be prescribed for other reasons (e.g. high levels of cholesterol or diabetes). When we combined estimates of the accuracy of the tests with this information about treatment options, we found that, among people with chronic kidney disease, it is hard to demonstrate benefits of annual monitoring that would be worth the health-care costs or the patients' time. We also found that patients can misunderstand the term 'chronic kidney disease'; for example, they may associate it with dialysis, kidney transplants and kidney failure, whereas these serious outcomes apply to only a very small number of people with late-stage chronic kidney disease.

Chronic heart failure, however, is always a serious condition urgently requiring careful treatment (e.g. blood pressure-lowering drugs). Monitoring is essential to prescribe appropriate treatment for each patient. At present, monitoring takes the form of regular check-ups (on blood pressure, weight, etc.). Previous trials have found that blood tests called natriuretic peptide tests, usually carried out at a hospital or a laboratory, could make monitoring more effective, and so improve patient health. We found that installing natriuretic peptide testing devices at general practice surgeries would be feasible, but the accuracy of these devices needs to be improved.

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