REACH-HFpEF: Randomised controlled trial of a facilitated home-based rehabilitation intervention in patients with heart failure with preserved ejection fraction and their caregivers

Welcome to REACH-HFpEF Newsletter 06 (May 2024)

½ Call to arms at the halfway mark!

We have reached the halfway mark of the REACH HFpEF trial. As researchers, we stand at a pivotal juncture in our trial, where our efforts thus far have laid the groundwork for a potential breakthrough in the management of patients with HFpEF. Now is the moment to intensify our recruitment to accelerate progress and ensure the successful completion of our study. Every additional participant brings us closer to our goal. Together, let us redouble our efforts to engage with potential participants. Our collective commitment to recruitment at this critical juncture will propel us towards our goal that is within REACH.

Best wishes, Rod & Chim

REACH-HFpEF delivery reminder

- This is an active facilitated session with the patient and/or caregiver.
- Recommended there are 2-4 face-to-face contacts and 2-4 telephone contacts.
  Minimum contact per patient is 4 facilitated contact sessions.
- Remember REACH-HF is not just an exercise programme. Other important elements are education (self-management) and psychosocial support.
- Where possible, involve caregivers in the intervention and share with them the family support manual resources.

The REACH-HF chair based exercises are available online. If any participants do not have a DVD player or would prefer to use the online videos then please contact us at REACH-HFpEFproject@glasgowctu.org and we will provide the login details.

ExDHF – European multi-centre trial of exercise rehab for HFpEF

The ExDHF (Exercise in Diastolic Heart Failure; ISRCTN86879094) a multicentre randomised trial across 11 sites in Germany and Austria is about to publish its results. The study recruited 322 HFpEF patients (LVEF ≥50%) and allocated them to combined endurance and resistance exercise or no exercise control with a composite primary outcome at 12-months follow up (Packer score - combines all-cause mortality, heart failure or exercise-related hospitalisations, changes in peak oxygen consumption, diastolic function (E/e'), NYHA class and global self-assessment).

At 12 months, the Packer score showed improvement in 20.5% of exercise and 8.1% of control patients (worsening in 42.9 and 44.1%, P=0.17). Significant and clinically relevant group differences favouring ET were observed for change in peak oxygen uptake [mean difference, 1.3 mL/kg/min (95% CI, 0.4 to 2.1)] and NYHA class [odds ratio: 5.89 (95% CI, 3.08 to 11.25)].

This is an important study as it represents the largest global trial of exercise training in HFpEF to date. Whilst the failure to achieve statistical significance on the primary outcome is noteworthy, it is important to interpret this finding in the context of some important potential limitations:

- The intervention focused on exercise training and missing the other key aspects of a comprehensive rehabilitation approach including education around patient and caregiver self-management and psychological well-being.
- The authors reported the adherence to exercise intervention was “relatively low”.
- The primary outcome is a complex and difficult to interpret. No disease-specific HRQOL was reported.

Your experiences of REACH-HFpEF

NIHR Associate PI Scheme

Abdulrahman Kolapo, County Durham and Darlington NHS Foundation Trust

I am an Internal Medicine Trainee in my third year (more commonly referred to as IMT3) currently rotating through Cardiology, interestingly for the second time in my Internal Medicine Training. My interest in cardiology is deep, long, and ongoing. From the thrill of lifesaving procedures to the diverse range of cardiovascular conditions across all age groups from a teenager facing a fainting episode to a nonagenarian with an irregular heartbeat – cardiology offers a chance to impact lives across generations.

With Cardiovascular diseases being of significantly huge burden, being part of a workforce with the ability to reduce the huge cardiovascular health burden is most certainly a privilege. Clinical research is one of the ways to achieve this, hence my interest. Already Cardiology thrives on evidence-based practice.

Having attended a number of research meetings and reading lots of research journals and clinical trials, I was indeed fascinated by these research works and sought every opportunity to be part of it. I joined the Associate PI scheme, a wonderful initiative which is designed as a six month in-work training opportunity, providing practical experience in clinical trials. It has been the perfect fit for a budding researcher like me.

I have the privilege of working alongside Dr Yasath Samarage, Principal Investigator (PI) for the REACH HFpEF study. Additionally, the incredible research nurses, Abby Minette and Sarah Kiddell have been supportive and an invaluable guide. The API scheme immersed me in the intricate workings of clinical trials, strengthening my communication skills, particularly in patient consent (which is not always straightforward) and even honing my leadership and problem solving abilities amongst others.

As I embark on the next chapter of my career in Higher Specialty Training in cardiology, I carry with me the invaluable lessons and experiences gleaned from my time as an Associate Principal Investigator. I certainly will continue this part of research.

For anyone with a spark of research curiosity, the API scheme is a dream come true. It seamlessly integrates with your daily duties.

CONTACT US:
REACH-HFpEFproject@glasgowctu.org with any questions for the trial management team.