

Open Access Echocardiography in the Netherlands

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON21666

Source

NTR

Brief title

OPACE

Health condition

Open Access Echo, Echocardiography, Heart Failure, Valvular Heart Disease, Hypertension, Health Economy

Sponsors and support

Primary sponsor: Atrium medical centre parkstad

Source(s) of monetary or material Support: N/A

Intervention

Outcome measures

Primary outcome

- Incidence of pathology,
- Differences between age groups,

- Differences between gender,
- Cost-effectiveness

Secondary outcome

- Health care costs,
- Incidence of cardiac pathology (heart failure, valvular heart disease) at the general practitioner.

Study description

Background summary

Cardiac disease is not easy to recognize in general practice. If patients have shortness of breath, frequently a normal electrocardiogram and a normal level of brain natriuretic peptide can exclude heart failure. Unfortunately the positive predictive value of both techniques is low. Imaging can then give the clue to the correct diagnosis. Additionally it gives information about left ventricular mass and diastolic (dys)function. Also correct diagnosis of cardiac murmurs is not easy in general practice. To improve first line care of cardiac patients, an open access echocardiographic service was established in the referral area of our hospital. The project started to reduce waiting lists and have more appropriate referrals to the out-patient department of cardiology for these indications. According to the existing services in the United Kingdom general practitioners were able to ask for an echocardiogram without referring the patient to the cardiologist.

Study objective

Open Access Echocardiography will reduce costs of cardiac care and will improve diagnostics and therapy in primary care

Study design

Inclusion 01-12-2002 to 01-01-2012

Data analysis: at 100 pts, 300 pts , 600 pts 1000 pts and 1500 pts

Intervention

Echocardiography

Contacts

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Eligibility criteria

Inclusion criteria

1. Patients, in whom the general+ practitioner thinks, they need echocardiography, but do not need referral:

- Indications:

cardiac murmurs, dyspnea, hypertension, atrial fibrillation

Exclusion criteria

1. Patients who are controlled by a cardiologist

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-12-2002
Enrollment:	1500
Type:	Anticipated

Ethics review

Positive opinion	
Date:	20-03-2008
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL1186

Register

NTR-old

Other

ISRCTN

ID

NTR1231

METC : 08-N-15

ISRCTN wordt niet meer aangevraagd

Study results

Summary results

- Easy access echocardiography for the general practitioner: results from the Parkstad Area in the Netherlands. LHB Baur, T. Lenderink, C. Lodewijks, L. Veenstra, R. Winkens. Int. J. Cardiac. Imaging. 2006; 22: 19-25.

- Open access echocardiography is feasible in the Netherlands

L.H.B. Baur, L. Veenstra , T. Lenderink, C.L.B. Lodewijks - van der Bolt, R.A.G. Winkens, F.L.M. Soomers, H.E.J.H. Stoffers. Netherlands Heart Journal 2006; 14: 361-365.

- The Dutch experience of open access echocardiography. C. L. B. Lodewijks-vd Bolt, LHB Baur, T. Lenderink, F. Guldemon, J. Nijhof, R. Winkens, M. Hundscheid, J. Stoffers On behalf of the working group on open access echocardiography in the Parkstad Area. Netherlands Heart Journal 2007; 15: 342-347.

- Vrij toegankelijke echocardiografie is nuttige ondersteuning voor de huisarts.

LHB Baur, CLB Lodewijks-vd Bolt, T. Lenderink, HEJH Stoffers, RAG Winkens. Medisch Contact 2007; 42: 1723-1726.