

corroborate our data and confer validity to the few studies so far carried out in Spain.^{2,3}

We wish to draw attention to our agreement that failure to adhere to the diet and treatment after hospital discharge are the main causes of readmission. Accordingly, an education program in the homes of the patients permits detection of those patients who fail to adhere to the prescribed therapy and enables therapeutic compliance to be optimized. This is not to say that interventions carried out whilst the patient is in hospital are in any way less important.⁴

Duaso et al mention that the patients with heart failure who had been admitted to hospital during the previous 12 months were those who most benefited from the home-based intervention. We agree with others⁵ that this should be done in the higher risk patients, in those with an advanced functional class, if the patient has recently been in hospital, and after discharge from hospital. In this way the early detection of decompensation will enable a faster medical evaluation, avoiding progressive clinical worsening and later hospital admission.

We congratulate Duaso et al on their experience, in the expectation that this type of educational program will help stimulate others to develop activities such as these and that they will receive sufficient administrative support to put them into practice.

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Reply

To the Editor:

We thank Duaso et al for the interest taken and their comments on our original article published in the REVISTA ESPAÑOLA DE CARDIOLOGÍA.¹ Their study, based on a sample of elderly patients similar to ours and with a similar intervention in the patients' homes, produced results that

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