

Drug titration by nursing professionals in heart failure units. Response



Ajuste de dosis por enfermería en unidades de insuficiencia cardíaca. Respuesta

To the Editor,

We appreciate the interest from our colleagues Civera et al. regarding the ETIFIC trial.¹ We believe, however, that some clarification is required:

The rationale for the study was the lack of adherence to dosage guidelines, as reflected in several articles, often associated with a lack of time rather than changes in the role of nurses.

ETIFIC was the first randomized multicenter trial¹ that demonstrated the noninferiority of drug titration (dose adjustment) by heart failure (HF) nurses compared with HF cardiologists. The Cochrane review² evaluated dose titration by HF nurses compared with primary care physicians.

The nurses in the ETIFIC trial had 400 hours of HF training, 2 years of HF experience, and training in dose titration.

Dose titration is not the same as prescribing. ETIFIC established the initial individualized prescription by physicians, including the timing of dose adjustment as shown in figures 2-5 of the article on the study design.³ The nurses adjusted the dose following a very precise protocol, with predetermined autonomy and regular supervision from the cardiologist, but not at every visit (mean number of HF nurse appointments was 6.41 ± 2.82 vs 2.20 ± 1.21 with the cardiologist of the group).¹

The protocol was agreed by cardiologists, nurses, and managers from 20 hospitals and 10 autonomous communities and was approved by 20 ethics committees and the Spanish Agency for Medicines and Medical Devices in 2014, when the law was more restrictive than now. Legal reform for dose titration is not necessary. The Law for the Regulation of Health Professionals 44/2003, of 21 November, preface explaining rationale, section II and Royal Decree 1302/2018, of 22 October, heading I, general provisions, establish the resolution of professional competencies through interprofessional agreement. In Spain, dose adjustment by HF nurses was a reality before the study and continues to be so.

The current legal framework, with the scientific support of ETIFIC, allows the option to titrate the dose safely and effectively as long as the conditions of the study are met: the nurses are trained, experienced, and have time, there is support from a cardiologist, screening for the procedure, and interprofessional agreement.

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Ideally, quality indicators of the drug titration process would be determined by the Spanish Society of Cardiology or Spanish Association of Cardiology Nursing, whichever corresponds to the organization. From our perspective, the major benefits of optimizing drugs, confirmed in the ETIFIC trial (table 3 and Figure 4 of the study¹), indicate that it is imperative that we adapt the process so that it is carried out in the safest possible way.

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The consensus document by Barrios et al.¹ makes recommendations for the use of telemedicine in cardiology consultations in response to the current global health emergency. Given the heightened patient vulnerability in this situation, the authors propose that cardiologists use soft skills during telemedicine interviews with their patients.

The article recommends that nursing professionals make the first contact with patients, aiming for telemedicine consultations that are as structured, efficient, and conclusive as possible.