

## Better defined study populations needed for remote telemedical management of chronic heart failure

Two trials presented at the Heart Failure Congress 2011 will help to define the precise groups of patients with chronic heart failure who can benefit from telemedical management.

Both the TIM-HF and TEHAF studies – presented in Late Breaking Session 1 – showed that telemonitoring had significant benefits in defined subgroups of patients. These results, which will be used to help design future trials, come after the overall results from both trials showed no statistical benefit for telemonitoring.

Remote telemedical management may help to optimize therapy for chronic heart failure patients. ‘Compared to 20 years ago patients are living longer with chronic heart failure as a result of improvements in the medical management of the disease. Finite health-care resources are making it more important than ever before to

keep patients well and out of hospital,’ said Dr Friedrich Koehler of Charité Universitätsmedizin, Berlin, the principal investigator of the TIM-HF study.

Remote telemedical management, he added, has the potential to improve patient compliance and allow early detection of the signs and symptoms of cardiac decompensation that if treated promptly can prevent both hospitalization and death.

Two meta-analyses (including a Cochrane review) showed that telemedical monitoring of chronic heart failure patients can improve overall survival by 17% to 47% during 6–12 months of follow up (Klersy et al, 2009; Inglis et al, 2010). This is in direct contrast to the TIM-HF (Koehler et al, 2011) and TEHAF studies that found no such benefits.

The information forms the basis of a hypothesis which will

be used to define the patient population in the TIM-HF II study, due to start enrolment in autumn 2011.

Inglis SC, Clark RA, McAlister FA et al (2010) Structured telephone support or telemonitoring programmes for patients with chronic heart failure. *Cochrane Database Syst Rev* 8: CD00722

Klersy C, De Silvestri A, Gabutti G et al (2009) A meta-analysis of remote monitoring of heart failure patients. *J Am Coll Cardiol* 54: 1683–94

Koehler F, Winkler S, Schieber M (2011) Impact of remote telemedical management on mortality and hospitalizations in ambulatory patients with chronic heart failure: The telemedical interventional monitoring in heart failure study. *Circulation* 123: 1873–80

## Continuous lenalidomide improves overall survival in multiple myeloma

Data presented as an abstract at the 13th International Myeloma Workshop in Paris shows that continuous treatment with lenalidomide improves the overall survival of multiple myeloma patients who have undergone single autologous stem cell transplant *vs* placebo (overall survival rate 90% *vs* 83%, unadjusted *P* value=0.0018) with a hazard ratio 0.51 (95% confidence interval = 0.26–1.014).

The phase III study from the Cancer and Leukaemia Group B also showed that lenalidomide reduced the risk of disease progression or death by over half (56%) compared to placebo in these patients.

## Once-monthly subcutaneous anti-TNF available for rheumatoid arthritis

Golimumab (Simponi) is the first once-monthly, self-administered, subcutaneous tumour necrosis factor (TNF)-alpha inhibitor licensed to treat moderate to severe rheumatoid arthritis in combination with methotrexate, active and progressive psoriatic arthritis and severe, active ankylosing spondylitis.

## Neuronal potassium channels targeted by new epilepsy drug

Retigabine (Trobal), the first anti-epileptic drug to target neuronal potassium channels, has been licensed for the adjunct treatment of adults with partial-onset seizures, and demonstrated significant effects in treatment-resistant patients.

## First in class pain killer for severe chronic pain

Tapentadol prolonged release (Palexia SR) is now available for the oral treatment of adults with severe chronic pain which can only be adequately managed with opioid analgesics. Palexia SR is the first in a new class of centrally acting analgesics, which act both as an agonist on the  $\mu$ -opioid receptor and as an inhibitor of noradrenaline reuptake.

## Reflux management system may reduce reliance on drugs

It is estimated that 10–20% of adults in developed countries experience heartburn or reflux symptoms at least once a week. The Linx Reflux Management System is a ring of titanium beads with magnetic cores, placed laparoscopically to reinforce the sphincter between the stomach and oesophagus.

The device aims to minimize or eliminate reflux in patients with gastro-oesophageal reflux disease who find drug treatment unsatisfactory. The system is designed to be reversible, may reduce reliance on drugs and have fewer

complications than current surgical options.

A prospective 2-year study of 44 patients with gastro-oesophageal reflux disease (Bonavina et al, 2010) reported that 1 and 2 years after receiving the Linx system, 77% (of 39 patients followed up) and 90% (of 20 patients followed up) respectively had normal oesophageal acid exposure.

Bonavina L, DeMeester T, Fockens P et al (2010) Laparoscopic sphincter augmentation device eliminates reflux symptoms and normalizes oesophageal acid exposure: one and two year results of a feasibility trial. *Ann Surg* 252: 857–62