# Hospital at home care in chronic obstructive pulmonary disease (COPD): a study on the associated health economy and disease-related quality of life

Submission date	Recruitment status	<ul><li>Prospectively registered</li></ul>
17/01/2008	No longer recruiting	Protocol
Registration date	Overall study status	Statistical analysis plan
20/03/2008	Completed	Results
Last Edited	Condition category	[] Individual participant data
20/03/2008	Respiratory	<ul><li>Record updated in last year</li></ul>

# Plain English summary of protocol

Not provided at time of registration

# Contact information

# Type(s)

Scientific

### Contact name

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# Additional identifiers

**Protocol serial number** N/A

# Study information

Scientific Title

Hospital at home care in exacerbations of chronic obstructive pulmonary disease (COPD)

# Acronym

**HBKOLS** 

# Study objectives

Previous studies in other countries indicate that home treatment with nursing support is suitable in selected patients with exacerbations of chronic obstructive pulmonary disease (COPD), presenting to hospital as an emergency.

# **Hypothesis:**

Three days of hospital at home care in mild to moderate exacerbations of COPD is cost saving in the Norwegian health care system and implies at least the same level of disease-related quality of life as traditional hospital care.

# Ethics approval required

Old ethics approval format

# Ethics approval(s)

Ethics approval received from the Regional Ethics Committee for Medical Research of East Norway on the 21st December 2007 (ref: 1.2007.2613).

# Study design

Randomised controlled trial

# Primary study design

Interventional

# Study type(s)

Quality of life

# Health condition(s) or problem(s) studied

Chronic obstructive pulmonary disease (COPD)

# **Interventions**

Hospital-at-home group (experimental arm):

Three days organised by the hospitals with specially trained nurses. In the same period of time the patient can contact the lung department at the hospital by phone for advice. Thereafter, if medical follow up is needed, by the primary care system (primary physician, home nurses).

# Hospital group (control arm):

As long as needed in the hospital. Thereafter, if needed, by the primary care personnel as for the other group. In contrast to the other group, the length of the in-hospital treatment is not specified.

Follow up for both groups: After 6 weeks, 6 months and 12 months.

# Intervention Type

Other

### **Phase**

# **Not Specified**

# Primary outcome(s)

Health economy measures.

Time points: 6 weeks, 6 months and 12 months.

# Key secondary outcome(s))

- 1. Level of disease-related quality of life, measured with the St. George Respiratory Questionnaire
- 2. Mental health (level of anxiety and depression), measured with the Hospital Anxiety and Depression Scale

Time points: 6 weeks, 6 months and 12 months.

# Completion date

01/03/2010

# **Eligibility**

# Key inclusion criteria

- 1. Patients under 80 years of age, either sex, with exacerbation of COPD
- 2. Presenting to the hospital as an emergency

# Participant type(s)

Patient

# Healthy volunteers allowed

No

# Age group

Senior

## Sex

Αll

# Key exclusion criteria

- 1. Serious exacerbation including impending or actual respiratory failure
- 2. Serious comorbidity

# Date of first enrolment

01/03/2008

# Date of final enrolment

01/03/2010

# Locations

# Countries of recruitment

Norway

# Study participating centre HØKH

Lørenskog Norway 1478

# Sponsor information

# Organisation

Regional Authorities for Hospital Care, South-East Norway (Helse Sør-Øst Norge RHF) (Norway)

### **ROR**

https://ror.org/02qx2s478

# Funder(s)

# Funder type

Government

## **Funder Name**

Regional Authorities for Hospital Care, South-Eastern Norway (Helse Sør-Øst RHF) (Norway)

# **Funder Name**

The Norwegian Research Council (Norsk Forskningsråd) (Norway)

# **Results and Publications**

Individual participant data (IPD) sharing plan

# IPD sharing plan summary

Not provided at time of registration

# **Study outputs**

Output type Details Date created Date added Peer reviewed? Patient-facing?

Participant information sheet

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