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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
17/01/2008

Recruitment status
No longer recruiting

Registration date
20/03/2008

Overall study status
Completed

Last Edited
20/03/2008

Condition category
Respiratory

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

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).

Primary study design
Interventional

Study design
Randomised controlled trial

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
All

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