



Welcome to REACH-HFpEF Newsletter 04 (July 2023)

REACH-HFpEF HITS A CENTURY!

We were delighted to share with you that we reached the milestone of our first 100 patients randomised in May. We would once again like to say a huge well done to all sites but we still have a way to go before we hit our final target of 520 patients. With that in mind, we wanted to remind you of the recently-implemented protocol amendment to the inclusion criteria that extends patient recruitment based on up to 3 years of evidence.  **You may want to take this opportunity to re-screen patients who previously failed to meet the 1-year criteria and determine if they might now be suitable.** 

CAREGIVER RECRUITMENT

As part of the trial, we are interested to know how the home-based programme impacts not just people with heart failure but also their caregivers. Please remember to ask potential participants if their caregivers would be interested in taking part. To be eligible to participate, caregivers must be aged 18 years or older and providing unpaid support to patients.

NIHR ASSOCIATE PI SCHEME

In our last issue, Dr Nick Bellamy from Royal Devon and Exeter NHS Foundation Trust (site 15) shared with us his experience of participating in the NIHR Associate PI Scheme. Nick has successfully completed the 6-month programme and is now formally recognised as an Associate PI for the REACH-HFpEF trial. We would like to take this opportunity to offer Nick our congratulations and we look forward to continuing to work with you over the duration of the trial.

If your site is interested in the NIHR Associate PI scheme, please contact the trial management team who can provide full details.

ACCELEROMETRY UPDATE

It is common to ask patients about their daily activities and sleep patterns using questionnaires. However, the data collected via questionnaires tend to miss a lot of the everyday activities we do and it is hard to accurately recall our sleep habits. With the development of wearable technologies, including motion sensors, we are able to collect much higher resolution data every second of every day. This allows us to get much richer insights into day/night rhythms and more precise estimates of patterns of everyday activities. The activity monitor in the REACH-HFpEF study is worn on the wrist and records the acceleration of the body's movement every fraction of a second. The acceleration values are then processed with a series of algorithms to translate the data into behaviourally meaningful metrics such as sleep patterns and disturbances, steps taken at different cadences as well as hourly and daily variations in activity. The rich data offers up multiple opportunities to explore how people change as a result of the intervention. For example, patients may not change the total number of steps they do but a greater proportion of their steps may be undertaken at a higher cadence, indicating an improvement in fitness and function. Similarly, patients may not necessarily increase their total weekly volume of activity but may accrue it in fewer, longer, more sustained bouts, again indicating an improvement in cardiovascular fitness.

As of April, 69 patients had completed their baseline motion sensor measurement and on average had worn their motion sensor for 8.4 consecutive days. This is great as it allows us to examine week and weekend days, something that was important in the first REACH study (<https://pubmed.ncbi.nlm.nih.gov/32817798/>).

Your experiences of REACH-HFpEF

31 A Day in the Life of.....North Tees and Hartlepool NHS Foundation Trust (Site 09)

Within the Research Team we screen from Cardiology Clinic letters which are received from our Cardiology Consultants. One of our Heart Failure Specialist Team works one day a week within the research team and this has enabled an increased awareness of current research studies within the clinical team. Within their role they cover an In Reach service within the acute Trust and as a part of this role they review and assess inpatients with a diagnosis of HFpEF.

The patients can then be given a PIS during their admission with a follow up from the research team after discharge, to ask about participating in the study. We have found this is a useful way to recruit participants.

Our Top Tips:

- **Liase with Heart Failure Nurse Specialist Team**
- **Screen from current inpatients admitted with decompensation**
- **Follow up clinical letters from Outpatient Departments**



L-R; Karen Hann (Heart Failure Specialist Nurse) and Emma Connell (Clinical Research Trials Assistant)



CONTACT US:

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