

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

03 Jun 2026

### Family focused Approach to iMprove Heart Failure care In Lebanon Quality (FAMILY) Intervention

#### Protocol summary

##### Summary

Background: Chronic heart failure is a chronic and complex condition. Achieving optimal health outcomes requires adherence to a range of evidence-based strategies. This requires life-style changes and incorporation of self-management strategies. To date, many theoretical models of self-care have focused on the individual and have not addressed the unique socio-cultural factors impacting on health seeking behaviours. Aim: The program of research for this PhD study seeks to derive a theoretically derived, culturally appropriate intervention to improve heart failure outcomes in Lebanon. Method: This study involves a block randomised control trial where 260 patients will be recruited from three tertiary medical centres in Lebanon. Inclusion criteria are adult patients admitted for heart failure exacerbation to one of the study hospitals. Outcomes to be measured are: all causes readmission, heart failure related readmission, self-care ability, quality of life, emergency presentation, major acute vascular events, and health care utilization. Potential outcomes: As in most of the world, chronic heart failure is a major health issue. A range of social, political and economic factors have meant that there has been a limited focus on implementing disease management interventions in Lebanon. This study seeks to implement a culturally appropriate intervention to facilitate transitional care for heart failure and support self-care strategies using a family-focussed approach. The efficacy of the intervention will be assessed on the basis of all cause rehospitalisation, heart failure readmissions, self-care ability, quality of life, emergency presentation, major acute vascular events, and health care utilization at 30 days.

#### General information

**Acronym**  
FAMILY

#### IRCT registration information

IRCT registration number: **IRCT2014101919593N1**  
Registration date: **2014-10-25, 1393/08/03**  
Registration timing: **retrospective**

Last update:  
Update count: **0**

**Registration date**  
2014-10-25, 1393/08/03

#### Registrant information

**Name**  
Hiba Deek  
**Name of organization / entity**  
University of Technology Sydney  
**Country**  
Australia  
**Phone**  
+61402315084  
**Email address**  
hiba.a.deek@student.uts.edu.au

#### Recruitment status

**Recruitment complete**

**Funding source**  
None

**Expected recruitment start date**  
2013-10-31, 1392/08/09

**Expected recruitment end date**  
2014-08-31, 1393/06/09

**Actual recruitment start date**  
empty

**Actual recruitment end date**  
empty

**Trial completion date**  
empty

#### Scientific title

Family focused Approach to iMprove Heart Failure care In Lebanon Quality (FAMILY) Intervention

## Public title

Family focused Approach to iMprove Heart Failure care In Lebanon Quality (FAMILY) Intervention

## Purpose

Supportive

## Inclusion/Exclusion criteria

Selection Criteria Inclusion criteria: All those admitted to the site hospital for acute decompensated HF regardless of the aetiology, aged >18 years and willing to participate will be included in this study. The family member nominated by the patient should be willing to care for the patient and participate in the study. Patients with illiteracy will be included if their family caregiver is literate and can reach a proper decision in favour of their patient. Patients will be asked to finger print the consent form after a thorough explanation is provided about the intervention and adequate support is provided by the caregiver. Exclusion criteria Patients having limited life expectancy of less than 30 days, severe cognitive impairment limiting their judgement and activity, pending cardiac bypass or valve replacement surgery with limited functionality, living alone or in nursing home, and aged less than 18 years will be excluded. Also conditions that hinder the progress of the intervention such as impaired cognition or blindness of the caregiver exclude the possible participants.

## Age

From **18 years** old to **139 years** old

## Gender

Both

## Phase

N/A

## Groups that have been masked

*No information*

## Sample size

Target sample size: **260**

## Randomization (investigator's opinion)

Not randomized

## Randomization description

## Blinding (investigator's opinion)

Not blinded

## Blinding description

## Placebo

Not used

## Assignment

Parallel

## Other design features

## Secondary Ids

### 1

#### Registry name

WHO

#### Secondary trial Id

UTN: U1111-1163-1944

#### Registration date

empty

## Ethics committees

### 1

#### Ethics committee

##### Name of ethics committee

University of Technology HREC

##### Street address

University of Technology, Sydney, Broadway, Johns  
streets

##### City

Sydney

##### Postal code

2007

#### Approval date

2013-09-10, 1392/06/19

#### Ethics committee reference number

2013000485

## Health conditions studied

### 1

#### Description of health condition studied

Heart Failure

#### ICD-10 code

I50.0

#### ICD-10 code description

Congestive heart failure

## Primary outcomes

### 1

#### Description

readmission rates

#### Timepoint

30 days

#### Method of measurement

phone calls

## Secondary outcomes

### 1

#### Description

self-care, QOL, ED presentations, health care utilization  
and major vascular events

#### Timepoint

30 days

#### Method of measurement

phone calls

## Intervention groups

### 1

#### Description

Both groups will be approached at baseline. The study  
will be introduced and the participants along with their  
family caregivers will be consented to participate.

Baseline data collection will be done to included: socio-demographic data, social and medical history, physical assessment, laboratory values, discharge medication and frailty scale. Also the translated version of the quality of life questionnaire and that of the self-care of heart failure index will be collected. Patients will then randomized into the control group and the intervention group based on a unique allocated code to each participant. The second encounter will define the difference between the control and the intervention group. During this encounter both groups will be provided with a scale, a calibrated bottle, a medication box and a diary. This encounter will differ between the two groups in the following manner: a- The control group, when approached, will be provided with a packed bag of the aforementioned items. No verbal explanation will be provided to the group rather they will be provided with a paper containing the instructions of how to use those items.

#### **Category**

N/A

#### **2**

#### **Description**

Both groups will be approached at baseline. The study will be introduced and the participants along with their family caregivers will be consented to participate. Baseline data collection will be done to included: socio-demographic data, social and medical history, physical assessment, laboratory values, discharge medication and frailty scale. Also the translated version of the quality of life questionnaire and that of the self-care of heart failure index will be collected. Patients will then randomized into the control group and the intervention group based on a unique allocated code to each participant. The second encounter will define the difference between the control and the intervention group. During this encounter both groups will be provided with a scale, a calibrated bottle, a medication box and a diary. This encounter will differ between the two groups in the following manner: b- The intervention group: a family conference will take place with the patient and their family carer extending for 60-90 min depending on necessity. This conference will be tailored to their condition, unique symptoms (if present) and subjective demands. The educational session will be structured to include information about heart failure causes, symptoms and management. The latter will comprise a big portion of the educational session focusing on self-management and roles of the family caregiver. Education will include points about salt and fluid restriction, physical activity, symptom recognition, smoking cessation, and adherence to prescribed medication in addition to the aforementioned culture specific practices. Items in the bag will be explained separately emphasising the need to have the medication box filled, with the daily pills according to the prescribed dosages, by the family carer, monitor fluid intake as recommended by their cardiologist with the help of the calibrated bottle used to store the daily fluid allowance, weigh daily after waking up in the morning with light clothes, and documenting the weight in the provided diary. In consultation with their treating cardiologist, a flexible diuretic plan will be implemented.

Participants will be instructed to take an extra pill of their diuretic if their weight increases by 1kg over 24 hours or 2kg over 5 days. They will also be advised to contact their cardiologist if weight continues to increase despite the proposed plan. Both groups will be provided with contact details of their cardiologist and the specialist nurse to refer to in case of an emergency.

#### **Category**

Treatment - Other

### **Recruitment centers**

#### **1**

#### **Recruitment center**

##### **Name of recruitment center**

Rafic Hariri University Hospital/ Makassed General Hospital/ Mount Lebanon Hospital

##### **Full name of responsible person**

Dr Samer Kabbani (RHUH), Dr Nadim Timany (MGH), Dr Wael Chalak (MLH)

##### **Street address**

Jnah/ Beirut/ Mount Lebanon

##### **City**

Beirut

#### **2**

#### **Recruitment center**

##### **Name of recruitment center**

Added at 2016-09-07: Mount Lebanon Hospital

##### **Full name of responsible person**

Added at 2016-09-07: Dr Marie Merheb

##### **Street address**

Added at 2016-09-07: P.O.Box: 470

##### **City**

Added at 2016-09-07: Hazmieh

### **Sponsors / Funding sources**

#### **1**

#### **Sponsor**

##### **Name of organization / entity**

No sponsor

##### **Full name of responsible person**

No sponsor

##### **Street address**

No Sponsor

##### **City**

No Sponsor

#### **Grant name**

#### **Grant code / Reference number**

#### **Is the source of funding the same sponsor organization/entity?**

Yes

#### **Title of funding source**

No sponsor

#### **Proportion provided by this source**

100

#### **Public or private sector**

*empty*

**Domestic or foreign origin**

*empty*

**Category of foreign source of funding**

*empty*

**Country of origin****Type of organization providing the funding**

*empty*

**Postal code**

2007

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**Web page address****Person responsible for general inquiries****Contact****Name of organization / entity**

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**Other areas of specialty/work****Street address**

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**City**

Sydney

**Province**

NSW

**Sharing plan****Deidentified Individual Participant Data Set (IPD)**

*empty*

**Study Protocol**

*empty*

**Statistical Analysis Plan**

*empty*

**Informed Consent Form**

*empty*

**Clinical Study Report**

*empty*

**Analytic Code**

*empty*

**Data Dictionary**

*empty*