PRIMARY CARE ISSUES & ANSWERS LIVE

CARDIOVASCULAR MASTERCLASS SERIES

FACTSHEET

## WHAT'S NEW IN HEART FAILURE?

# NEW PHARMACOLOGICAL THERAPIES AND THE ROLE OF DEVICES


## WHAT IS HEART FAILURE?

**A complex syndrome in which the ability of the heart to maintain the circulation of blood is impaired as a result of a structural or functional impairment of ventricular filling or ejection.[1,2]**

**Classified as either:**

1. **Heart failure with reduced ejection fraction (HFrEF) LVEF ≤ 40%**
2. **Heart failure with preserved ejection fraction (HFpEF)**

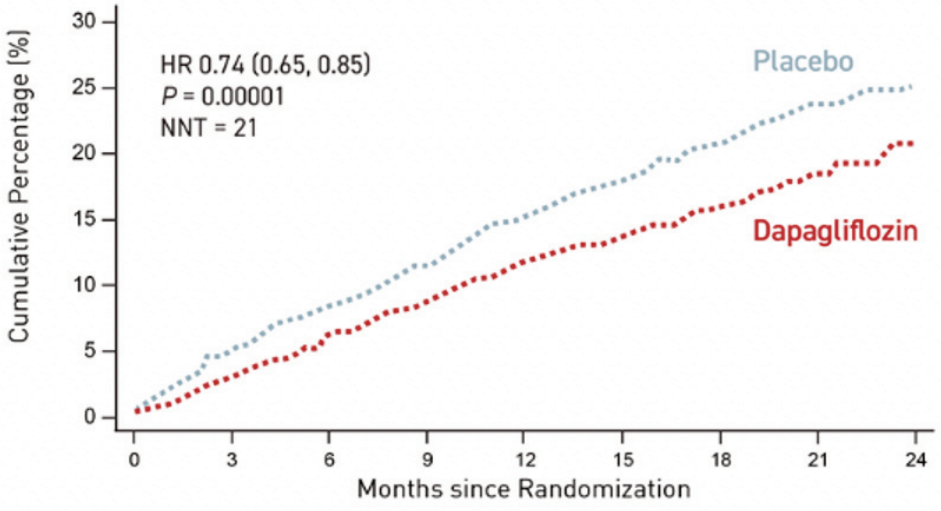
## WHAT'S NEW IN PHARMACOLOGICAL THERAPY FOR HFrEF?

Dapagliflozin and empagliflozin are now licenced for use in patients with symptomatic chronic HFrEF.

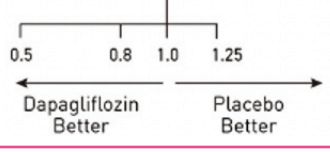
The NICE Technology Appraisal Guidance: TA679 (February 2021) Dapagliflozin for treating heart failure with reduced ejection fraction recommends dapagliflozin 10 mg as an option for patients with symptomatic HFrEF on other optimised treatment of:

1. ACE-I or ARB or ARNI
2. Beta blocker
3. +/- MRA if appropriate

## CV DEATH/HF HOSPITALISATION/URGENT HF VISIT




| | Dapagliflozin (n = 2373) | Placebo (n = 2371) | HR (95% CI) |
|---|---|---|---|
| All patients | 386/2373 | 502/2371 | 0.74 (0.65, 0.85) |
| Type 2 diabetes at baseline* | | | |
| Yes | 215/1075 | 271/1064 | 0.75 (0.63, 0.90) |
| No | 171/1298 | 231/1307 | 0.73 (0.60, 0.88) |




McMurray JJV et al. Eur J Heart Fail. 2019;doi: 10.1002/ejhf.1548

## WHAT IS THE EVIDENCE FOR USE OF SGLT2IS IN HFREF?

**Two trials have now shown spectacular benefit of adding in SGLT2is in patients with HFrEF with and without Type 2 DM.**

**DAPA-HF and Emperor-Reduced both achieved very early significance in their primary endpoint of a reduction in cardiovascular death or HF hospitalisation when dapagliflozin or empagliflozin respectively was added to standard of care.**

**The results were significant irrespective of Type 2 diabetes status at entry.**

## PREVENTING SUDDEN CARDIAC DEATH

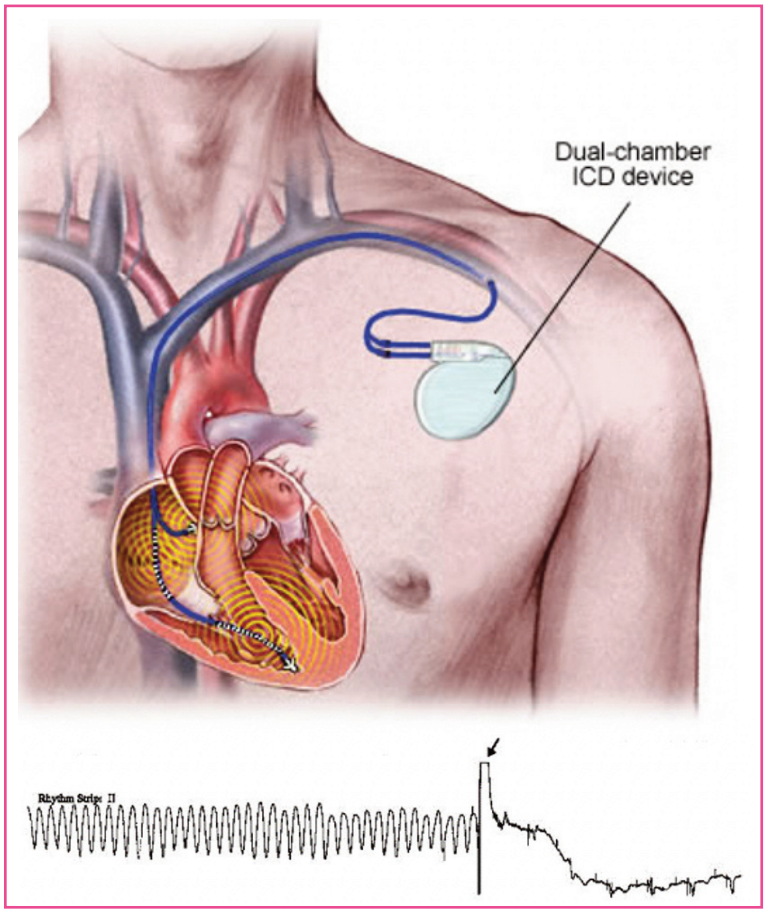
Sudden cardiac death is the most common cause of death in HFrEF irrespective of NYHA class and patients with LVEF ≤ 35% are at the greatest risk. ICDs should be considered in these patients if they have an otherwise reasonable life expectancy.

## PATIENTS WITH BBB

Patients with BBB (particularly LBBB) and LVEF ≤ 35% should be considered for CRT which can offer improved life expectancy, quality of life and is associated with a reduction in hospitalisation. An ECG should be considered annually in all patients with HF to screen for this and other comorbidities such as AF.

## WHAT'S ON THE HORIZON?

It's very likely that we will soon see the first treatments licenced for patients with HFpEF. The Emperor-Preserved trial has already published demonstrating benefit of empagliflozin in this cohort and we are shortly expecting the results of a trial involving dapagliflozin in patients with HFpEF.




## REFERENCES


1. Chronic heart failure in adults: diagnosis and management NICE guideline [NG106] Published: 12 September 2018
2. Yancy, C., Jessup, M., Bozkurt, B. et al. (2013) 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on practice guidelines. Circulation 2013;128(16):240-327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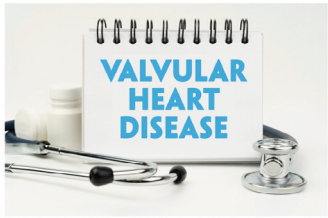


**Valvular Heart Disease Masterclass**
**Tuesday 12th April**
19:00 hours

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