SODIUM GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2i) AS EARLY THERAPY IN PATIENTS WITH NEWLY DIAGNOSED HEART FAILURE WITH REDUCED EJECTION FRACTION (HFrEF) : REAL WORLD EXPERIENCE

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Introduction

Early use of guideline-directed medical therapy (GDMT) improves outcomes in heart failure. However, limited evidence exists on how SGLT2 inhibitors (SGLT2i) affect patients with HFrEF based on ischemic versus non-ischemic causes. This study evaluates short-term (6 months) and long-term (12 months) outcomes in newly diagnosed HFrEF patients, focusing on mortality, LVEF, NT-proBNP levels, NYHA class, and hospitalizations.

Purpose

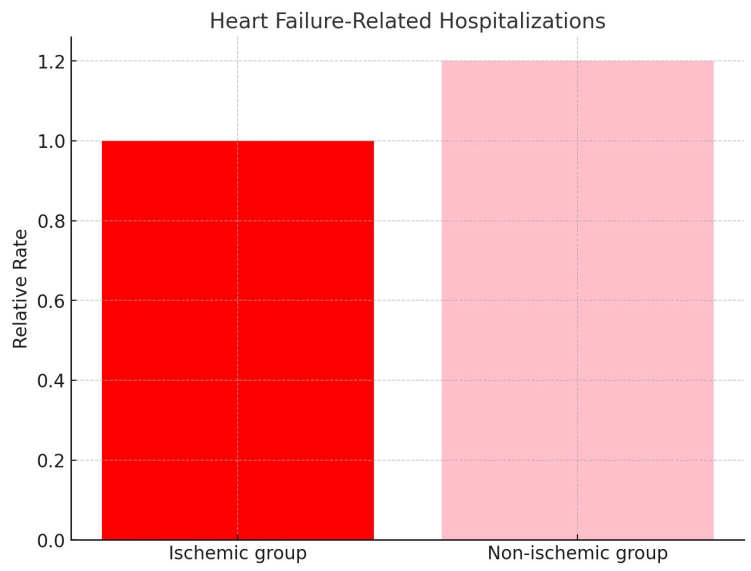
This study aims to investigate the early introduction of SGLT2i in patients with newly diagnosed HFrEF comparing outcomes between ischemic and non-ischemic etiologies.

Methods

A prospective study included 253 patients with HFrEF, categorized as ischemic (78) or non-ischemic (179) based on etiology. Data were collected from medical records and follow-up interviews.

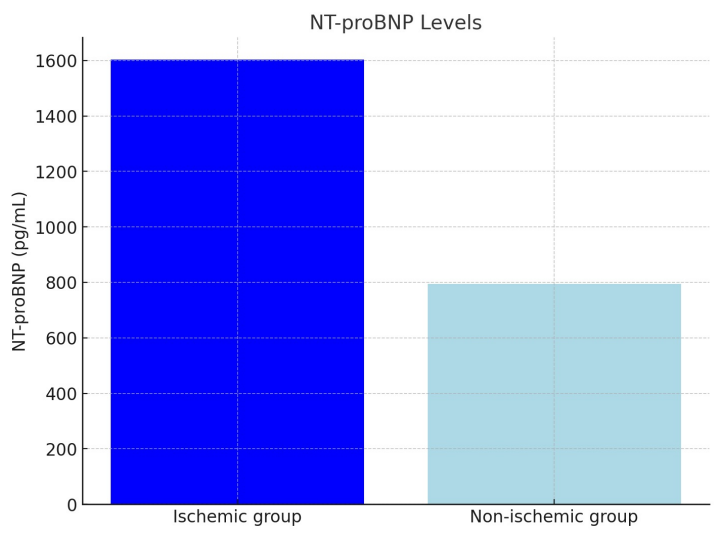
Results

In the short term, both groups showed similar NYHA class improvements. Long-term outcomes differed: NT-proBNP levels were higher in ischemic patients (1602.61 pg/mL vs. 793.73 pg/mL), and mortality was also higher. LVEF improvement was similar (43.34% ischemic vs. 42.91% non-ischemic). Emergency visits were more frequent in ischemic patients, while hospitalizations were slightly higher in the non-ischemic group.



Conclusion

Early SGLT2i initiation benefits HFrEF management in both etiologies, but ischemic patients face greater challenges, including elevated NT-proBNP and higher mortality. Tailored treatments are needed for ischemic HFrEF to optimize outcomes.



References

Behnoush A.H., Khalaji A., Naderi N., Ashraf H., von Haehling S. ACC/AHA/HFSA 2022 and ESC 2021 Guidelines on Heart Failure Comparison. ESC Heart Failure. 2022 doi: 10.1002/ehf2.14255.