INCIDENCE AND DETERMINANTS OF SUB-OPTIMAL DRUG TREATMENT IN CHRONIC HEART FAILURE: A SINGLE CENTER PILOT SURVEY

L. Arcari, E. Belmonte, D. Manzo, G. Camastra, and L. Cacciotti
Ospedale Madre Giuseppina Vannini, Roma

Background: The latest European Society of Cardiology guidelines on heart failure (HF) recommend a pharmacological treatment including 4 drugs (ARNI or ACE-inhibitor, beta-blocker, SGLT2 inhibitor and MRA), with a class I indication in patients with HFrEF. However, the implementation of the 4 pillars approach is still largely insufficient in clinical practice. The aim of the present study was to investigate incidence and determinants of sub-optimal HF drug-treatment.

Results: 100 patients were enrolled, mean age 72±10 years old, 32 females. There were 36 HFpEF and 64 HFrEF patients. Quadruple therapy was present in 67 (HFpEF 58%, HFrEF 72%). Prescription rates of the four pillars drugs were: ARNI/ACE-inhibitor 96% (HFpEF 92%, HFrEF 98%; p=0.097), beta-blockers 98% (HFpEF 97%, HFrEF 98%; p=0.99), SGLT2 inhibitor 81% (HFpEF 72%, HFrEF 86%; p=0.093), MRA 82% (HFpEF 78%, HFrEF 84%; p=0.410). No significant associations between age and sex with pharmacological treatments were noted (all p>0.05). Considering left ventricular ejection fraction (LVEF) as a continuous variable, patients under ARNI and SGLT2 inhibitor treatments had lower values (43±10% vs 36±9%, p<0.001 and 43±9% vs 38±10%, p=0.034 respectively). Main reasons absence of therapy were: presence of chronic kidney disease and absent drug reimbursement due to LVEF cut-off as per AIFA criteria at the time of prescription. Results of this survey highlights potential areas to improve adherence to guidelines-directed medical treatments.