



## AAHFN Leadership Message

## Doing more to serve our patients



## What is on the Horizon for HFpEF?

Heart Failure with a Preserved Ejection Fraction (HFpEF) was first described over 30 years ago by Dr. Robert Luchi. His geriatric patients were admitted for acute heart failure symptoms but exhibited a normal ejection fraction.<sup>1</sup> The prevalence of HFpEF is on the rise since it was identified, representing 56% of heart failure cases.<sup>2</sup> Despite the passing of time, a large gap remains in research yielding positive results for treatments to improve mortality for this complex patient population. Most recently, the Phase III Paragon – HF (Prospective Comparison of ARNI with ARB Global Outcomes in HF With Preserved Ejection Fraction) trial slightly missed statistical significance for the primary endpoints of cardiovascular death and total heart failure hospitalizations.<sup>3</sup> An analysis of over 8000 HFpEF patients in three large HF studies: TOPCAT (Treatment of Preserved Cardiac Function Heart Failure with an Aldosterone Antagonist trial), I-PRESERVE (Irbesartan in Heart Failure with Preserved Ejection Fraction) and CHARM-Preserved (Candesartan in Heart failure: Assessment of Reduction in Mortality and morbidity) identified patients with pacemakers to have higher hospitalizations and cardiovascular mortality.<sup>4</sup>

Limited treatment recommendations for patients with HFpEF are available. The 2017 ACC/AHA/HFSA Focused Update Guideline for the Management of Heart Failure include use of aldosterone antagonists to decrease hospital readmissions for patients with an elevated B-type natriuretic peptide (BNP) or history of heart failure (HF) hospitalization within the last year. No benefit is found in nutritional supplements or improvement of quality of life or exercise tolerance with routine use of nitrates or phosphodiesterase-5 inhibitors.<sup>5</sup>

Although PARAGON-HF did not deliver the anticipated results for improved HFpEF outcomes, multiple trials are ongoing specifically for HFpEF.

- PERSPECTIVE (Efficacy and Safety of LCZ696 Compared to Valsartan on Cognitive Function in Patients With Chronic Heart Failure and Preserved Ejection Fraction)

- PARALLAX (A Randomized, Double-blind Controlled Study Comparing LCZ696 to Medical Therapy for Comorbidities in HFpEF Patients)
- Vitality-HFpEF (Patient-reported Outcomes in Vericiguat-treated Patients With HFpEF)
- GUIDE-HF (Hemodynamic-GUIDED Management of Heart Failure)
- SPIRRIT (Spironolactone Initiation Registry Randomized Interventional Trial in Heart Failure With Preserved Ejection Fraction)
- IMPERIAL-P (Empagliflozin in Patients With Chronic Heart Failure With Preserved Ejection Fraction (HFpEF))
- EMPEROR-P (EMPagliflozin outcomE tRIal in Patients With chrOnic heaRt Failure With Preserved Ejection Fraction (EMPEROR-Preserved))
- PRESERVED-HF (Dapagliflozin in PRESERVED Ejection Fraction Heart Failure)
- DELIVER (Dapagliflozin Evaluation to Improve the LIVEs of Patients With Preserved Ejection Fraction Heart Failure.)
- FAIR-HFpEF (Effect of IV Iron in Patients With Heart Failure With Preserved Ejection Fraction)
- Q10 (CoQ10 and D-ribose in Patients With Diastolic Heart Failure)
- Treprostinil (Oral Treprostinil in Subjects With Pulmonary Hypertension Associated With Heart Failure With Preserved Ejection Fraction)
- Macitentan (A Study to Evaluate Whether Macitentan is an Effective and Safe Treatment for Patients With Heart Failure With Preserved Ejection Fraction and Pulmonary Vascular Disease).<sup>6</sup>

Be on the lookout for the results of these HFpEF trials to hopefully identify innovative treatments with improved outcomes.

## References

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