REVIEW OF DAPA-HF

DAPA-HF is the first outcomes trial with an SGLT2 inhibitor investigating the treatment of HFrEF, with and without type-2 diabetes (T2D). The goal of DAPA-HF was to evaluate dapagliflozin compared with placebo among patients with heart failure with reduced ejection fraction (HFrEF). The allocated treatments were given on top of standard care. The primary endpoint was the composite of a first episode of worsening heart failure (hospitalisation for heart failure or an urgent heart failure visit requiring intravenous therapy) or death from cardiovascular causes. The outcome showed dapagliflozin vs. placebo reduced the composite of cardiovascular death or worsening of heart failure by 26% - 16.3% vs. 21.2% (hazard ratio 0.74; 95% CI 0.65 to 0.85; P<0.001). Most interestingly, dapagliflozin was as effective in heart failure patients without diabetes as in those with diabetes. DAPA-HF results also showed a significant improvement in patient reported outcomes measured by the Kansas City Cardiomyopathy Questionnaire (KCCQ) total symptom score and a nominally significant reduction in all-cause mortality by 17%, in favour of dapagliflozin.

There was no significant difference between the two treatment arms in adverse events related to volume depletion and renal dysfunction, confirming the well-established safety profile of the medication.

Principal investigator Professor John McMurray of the University of Glasgow, UK said: “The most important finding of all is the benefit in patients without diabetes. This is truly a treatment for heart failure and not just a drug for diabetes.” Professor McMurray added: “The clinical implications are potentially huge – few drugs achieve these results in heart failure and dapagliflozin does even when added to excellent standard therapy.”

CHFS’s take on DAPA-HF: DAPA-HF will require clinicians to revisit their traditional approach to optimization of therapy for patients with HFrEF. Undoubtedly, these findings will be incorporated into international heart failure guideline statements and guidance regarding the sequence in which newer therapies are introduced is required. Ongoing trials will provide information on SGLT2i in patients with HFpEF.

References