



Diuretics and “New” Drugs in Acute HF

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Conflict of Interest Disclosures

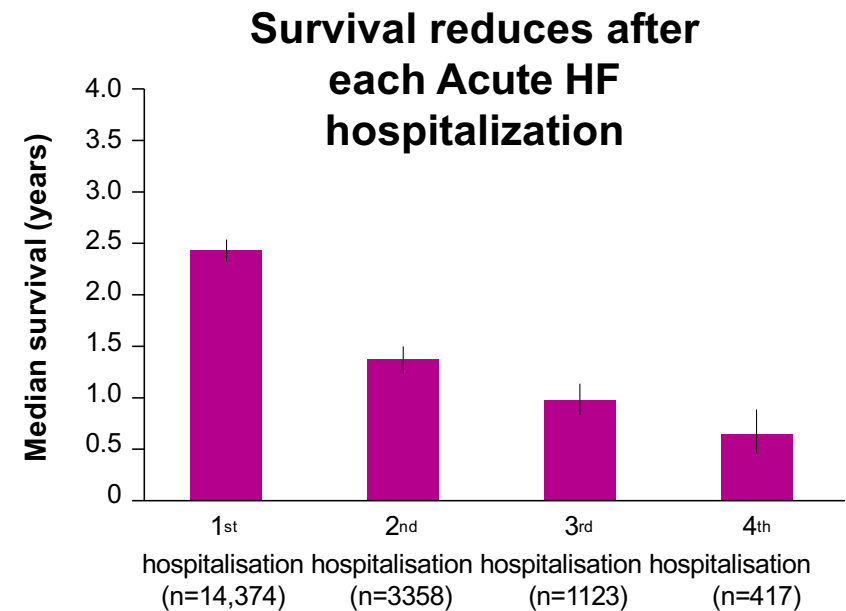
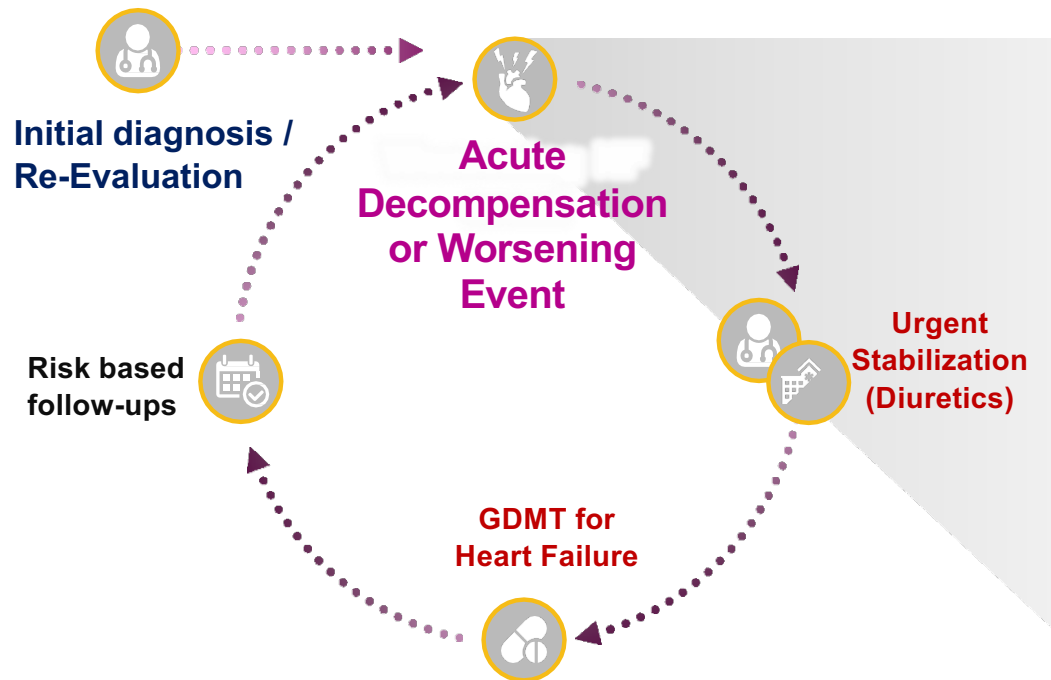
- **Grants/research support:** Genome Canada, CIHR, HSF, Roche, Servier, Amgen
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- **Speaker fees:** NovoNordisk, Bayer, Merck

Diuretics and “New” Drugs in HF



- Challenges of acute heart failure
- Escalating diuretics & combination regimen
- Early initiation of GDMT in hospital - including “quadruple therapy” in HFrEF
- “New drugs” in acute heart failure

HF Worsens with Each Acute Decompensation



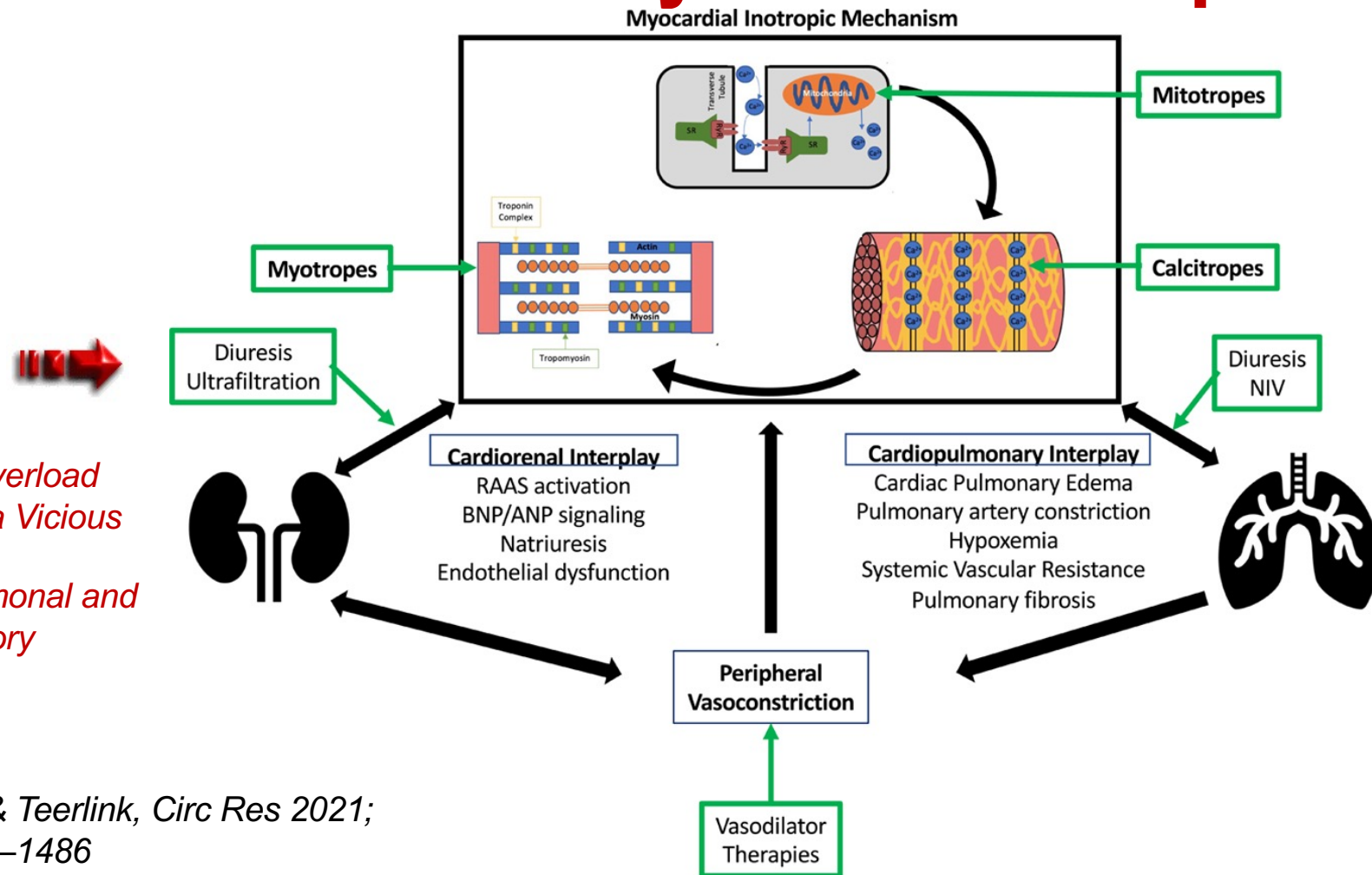
Adapted from Gheorghiade et al. *Am J Cardiol*, 2005 and Cowie et al. *ESC Heart Fail*, 2014.

*Adjustment of and potential addition to current therapy. #After the initial worsening HF event, each subsequent event becomes longer in duration and is separated by shorter intervals due to the inability of the heart to fully recover.

HCP, healthcare professional; HF, heart failure.

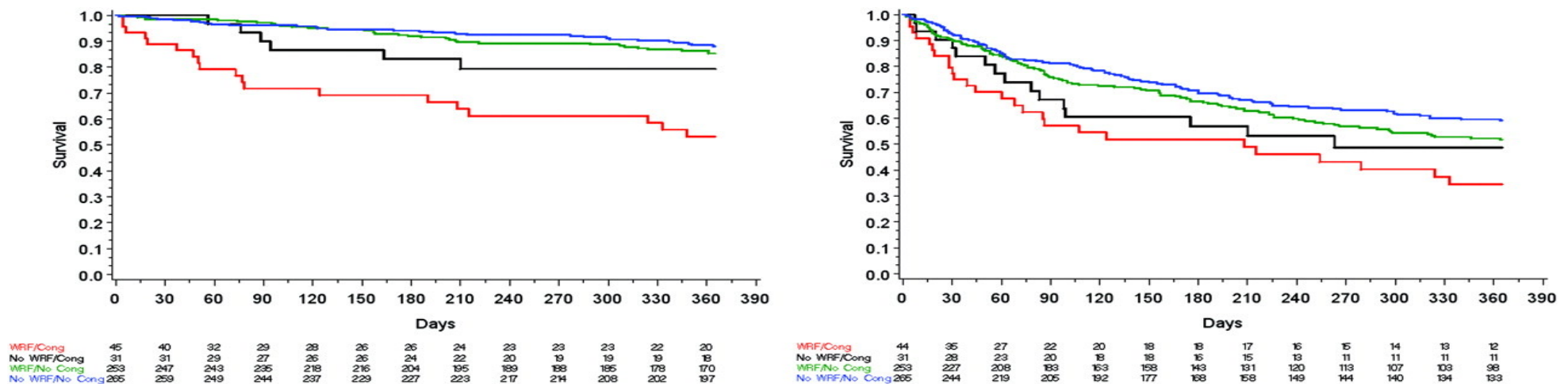
1. Gheorghiade M et al. *Am J Cardiol*. 2005;96(6A):11G–17G. 2. Cowie MR et al. *ESC Heart Fail*. 2014;1:110–145; 3. Setoguchi S et al. *Am Heart J*. 2007;154:260–206.

Acute HF – Heart & Systemic Disequilibrium



Njoroge & Teerlink, Circ Res 2021;
128:1468–1486

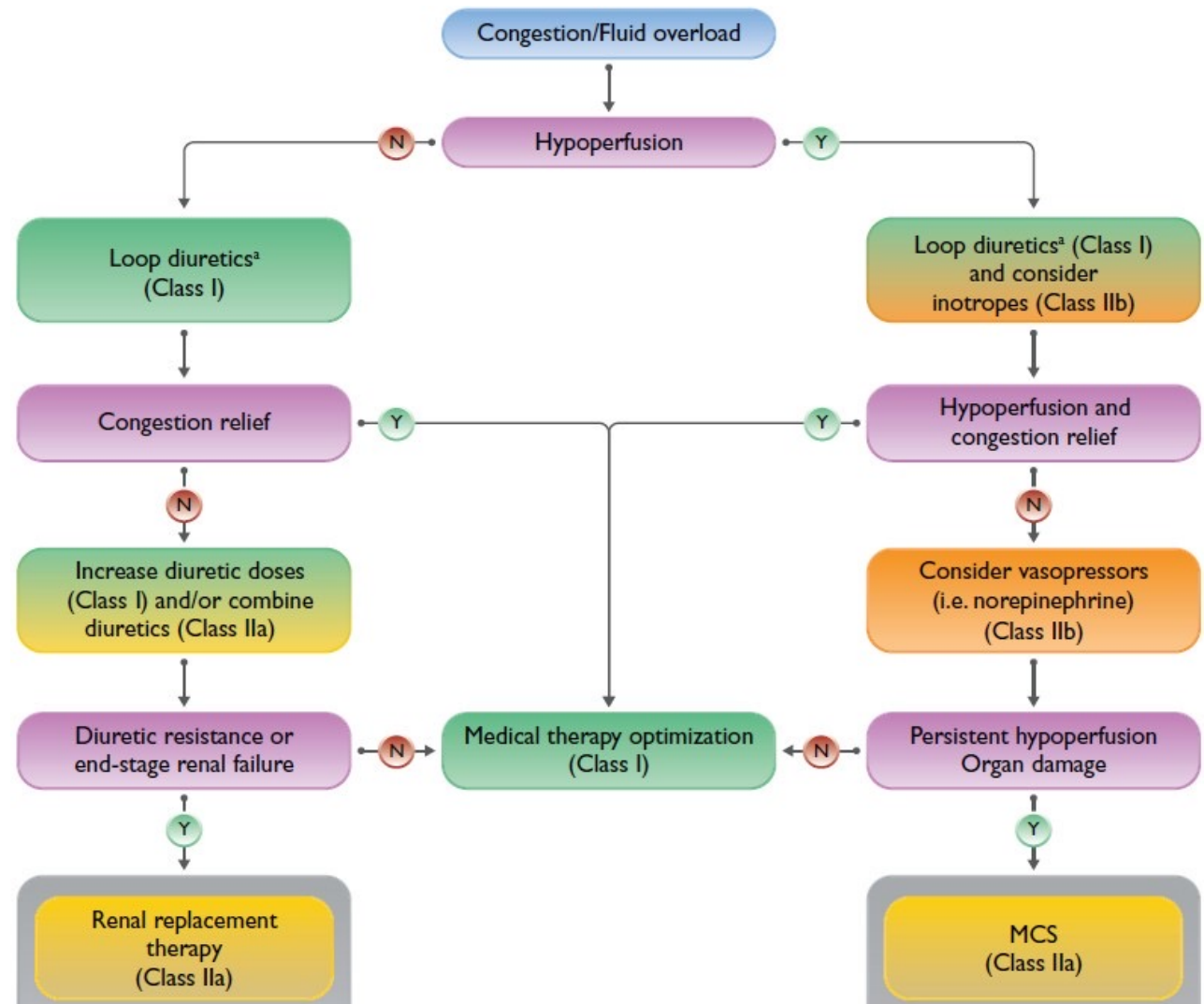
Don't underestimate the importance of diuretics - decongestion is really important



Outcome for 1-year death or urgent heart transplantation (Tx) (left) and for the combined end point of 1-year death, urgent heart transplantation, or heart failure (HF) readmission (right) for the patients subdivided on the basis of the development of worsening renal function (WRF) and on the presence of signs of congestion (Cong) at discharge.

Marco Metra et al. Circ Heart Fail. 2012;5:54-62

Management of Acute Heart Failure

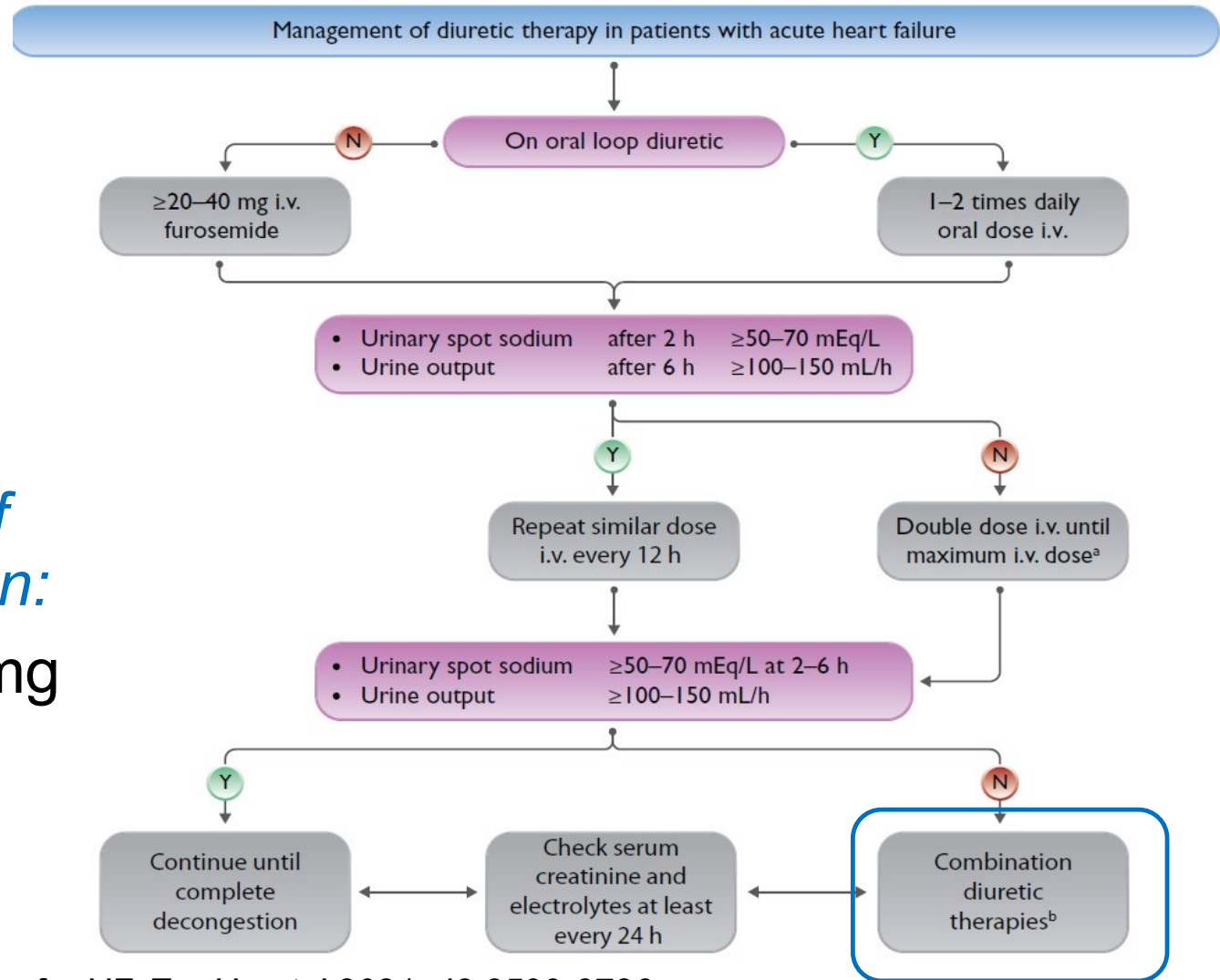


McDonagh et al., 2021 ESC Guidelines for HF, Eur Heart J 2021; 42:3599-3726

Diuretic Rx of Acute Heart Failure

*Combine diuretics of
different site of action:*

- Metolazone 2.5-5 mg
- Thiazides
- Acetazolamide



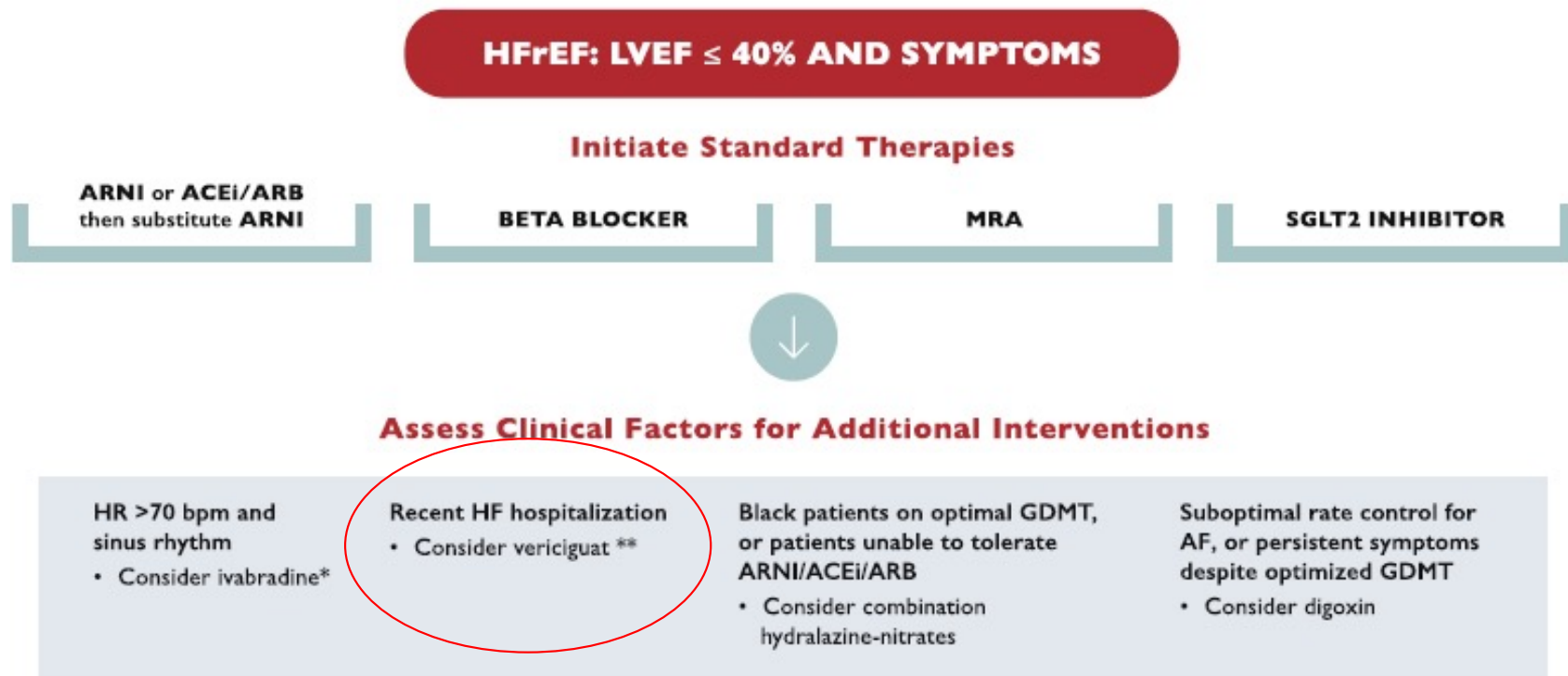
McDonagh et al., 2021 ESC Guidelines for HF, Eur Heart J 2021; 42:3599-3726

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CCS/CHFS 2021 HF Guideline Update



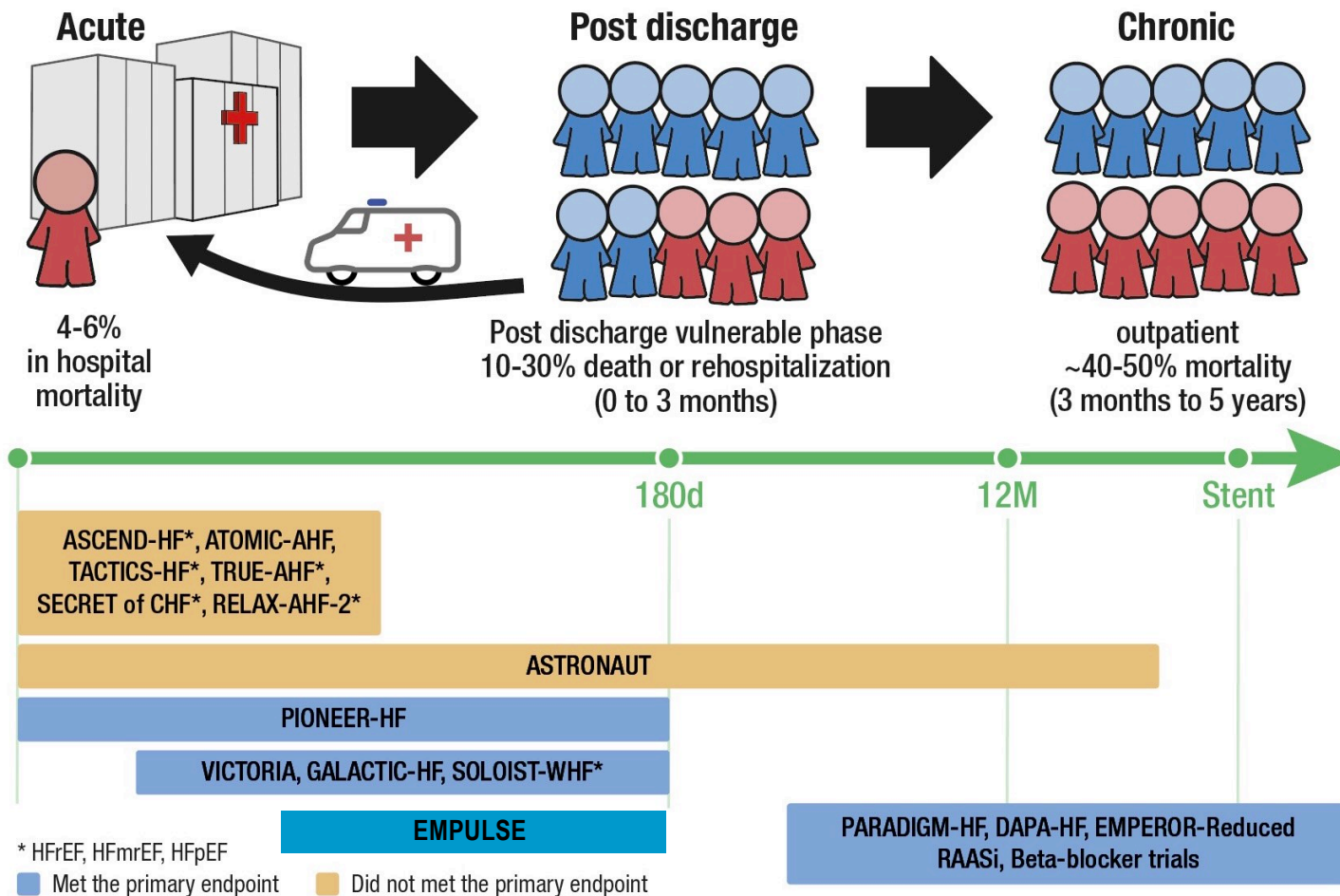
Initiate standard therapies as soon as possible and titrate every 2-4 weeks to target or maximally tolerated dose over 3-6 months

MacDonald, Virani, et al., 2021 Update HFrEF, Can J Cardiol 2021; 37:531-46

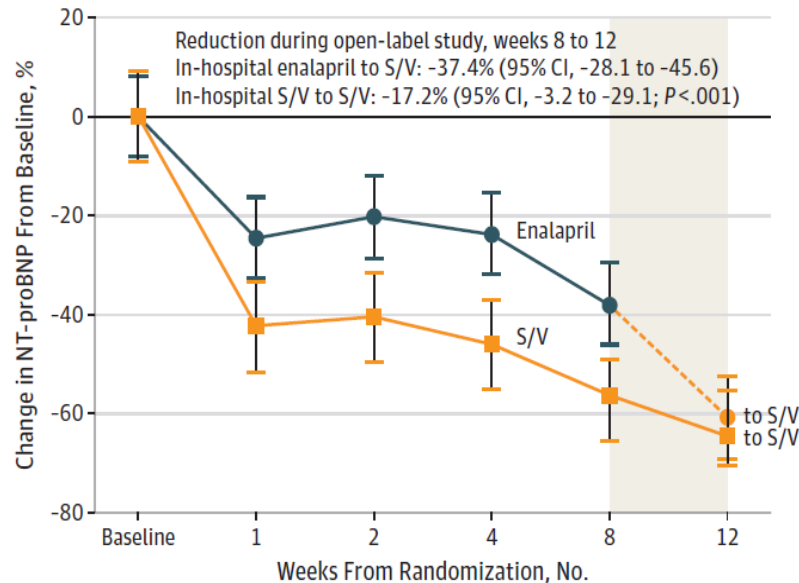
Quadruple Foundational Rx for HFrEF



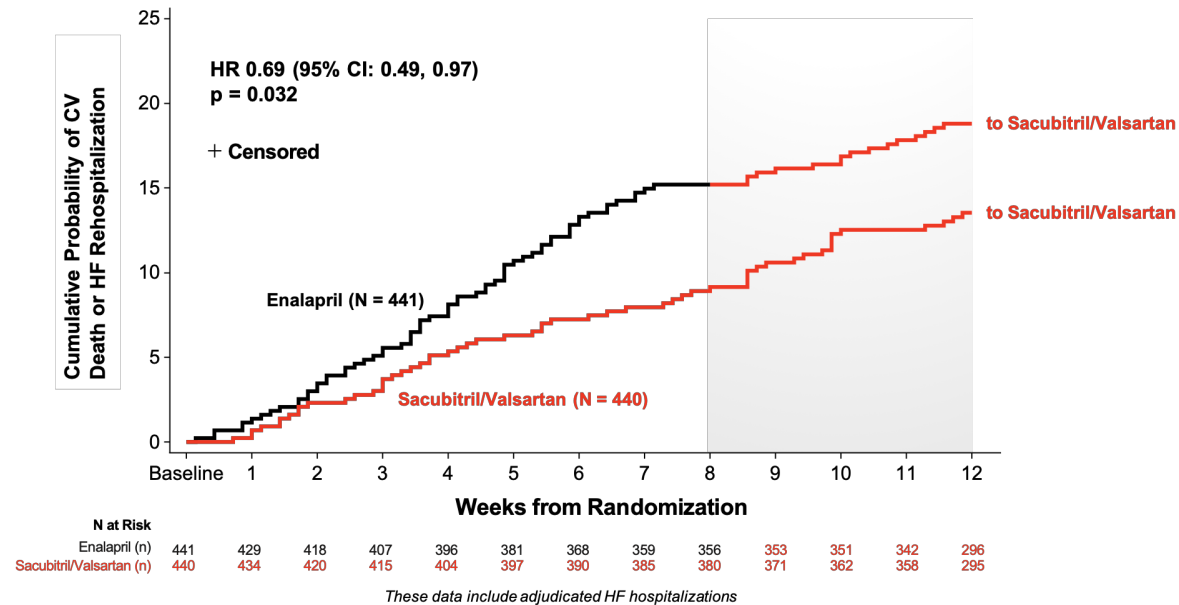
Early Introduction of GDMT in Acute HF Hosp'n



PIONEER-HF Study: Sacubitril-Valsartan in ADHF



No. at risk						
Enalapril	394	359	351	350	348	335
S/V	397	355	363	365	349	340

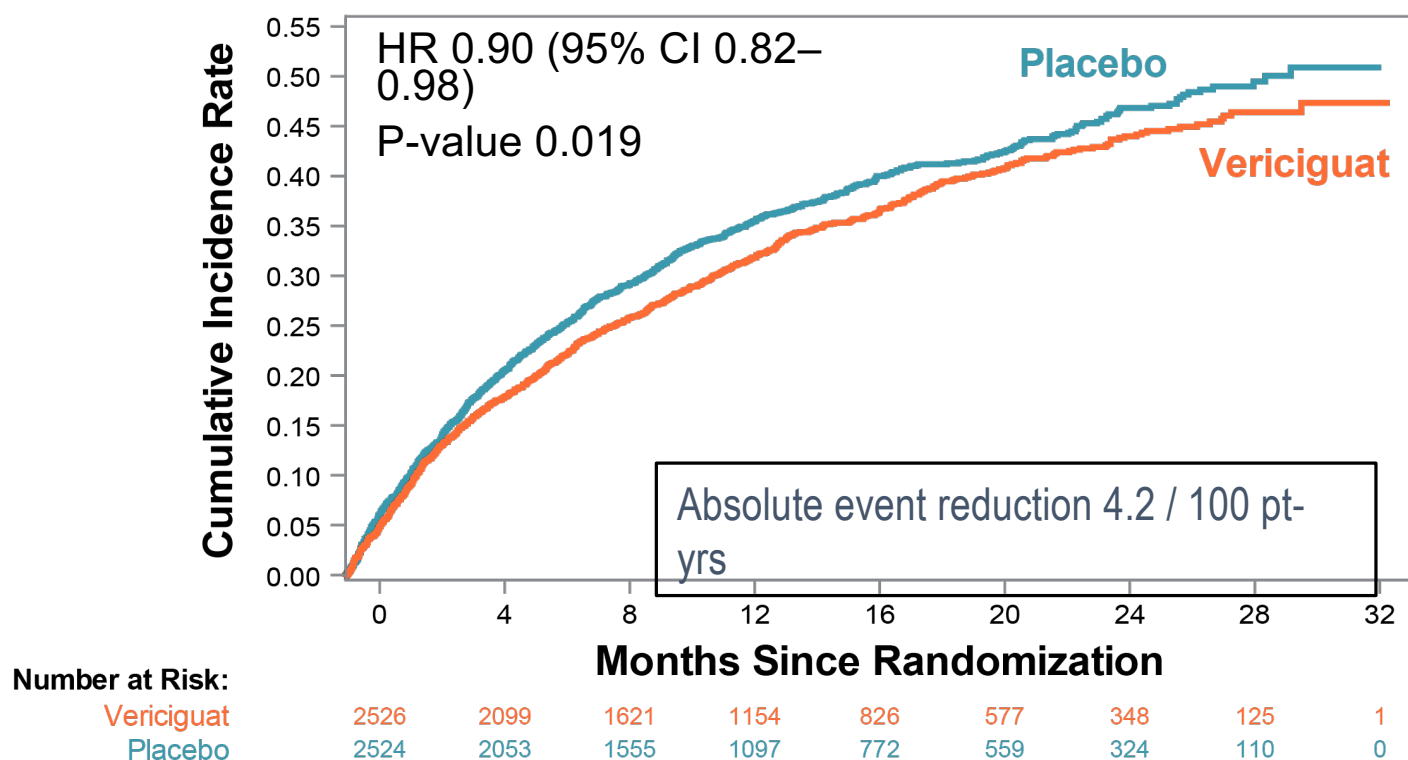


- Sacubitril-Valsartan/Enalapril initiation in hospital
- Open label extension:
 - Further reduction in NTproBNP (both groups)
 - In-hospital sac-val group experienced lower incidence of death or re-hospitalization over 12 weeks follow-up

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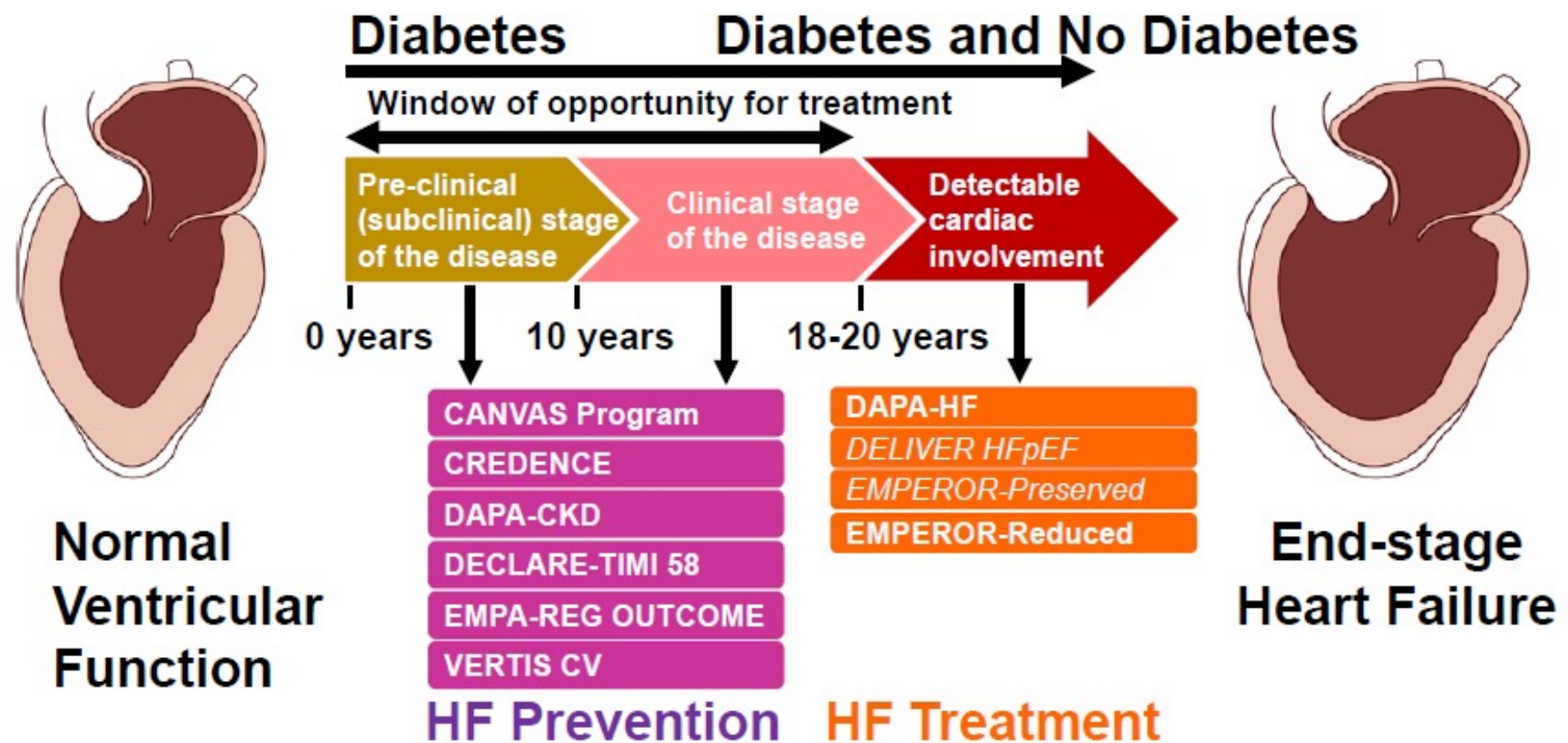
Velazquez et al, N Engl J Med 2019
 Devore et al, JAMA Cardiol 2020

VICTORIA: Vericiguat & Effect on CVD/HFH



VICTORIA, NEJM 2017

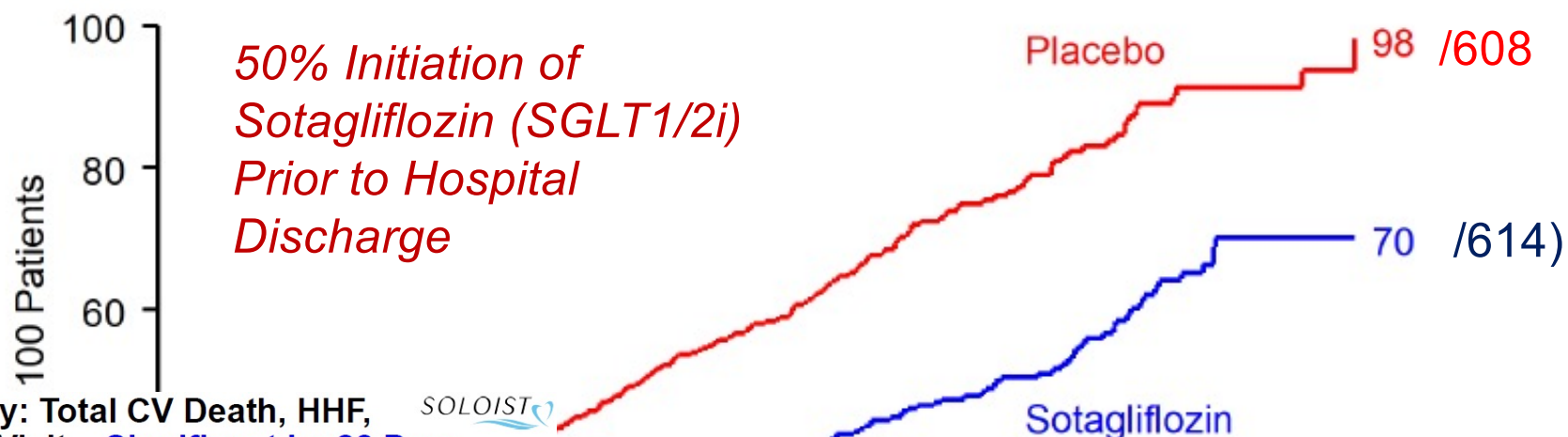
The Evolution of **SGLT2i** in HF Management



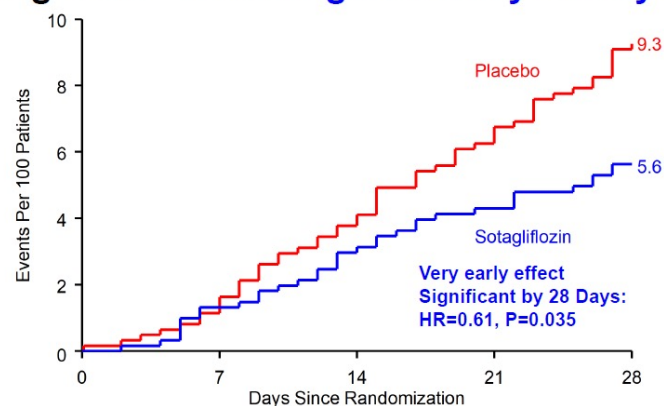
Adapted from Bhatt DL, Verma S, Braunwald E. *Cell Metabolism*. 2019;30:847-849.

Primary Efficacy: Total CV Death, HHF, and Urgent HF Visit

SOLOIST



Primary Efficacy: Total CV Death, HHF, and Urgent HF Visit – Significant by 28 Days



HR 0.67 (95% CI 0.52-0.85), P=0.0009
ARR: 25 Events Per 100 Patient-Years
Treatment Patient-Years to Avoid 1 Event: 4

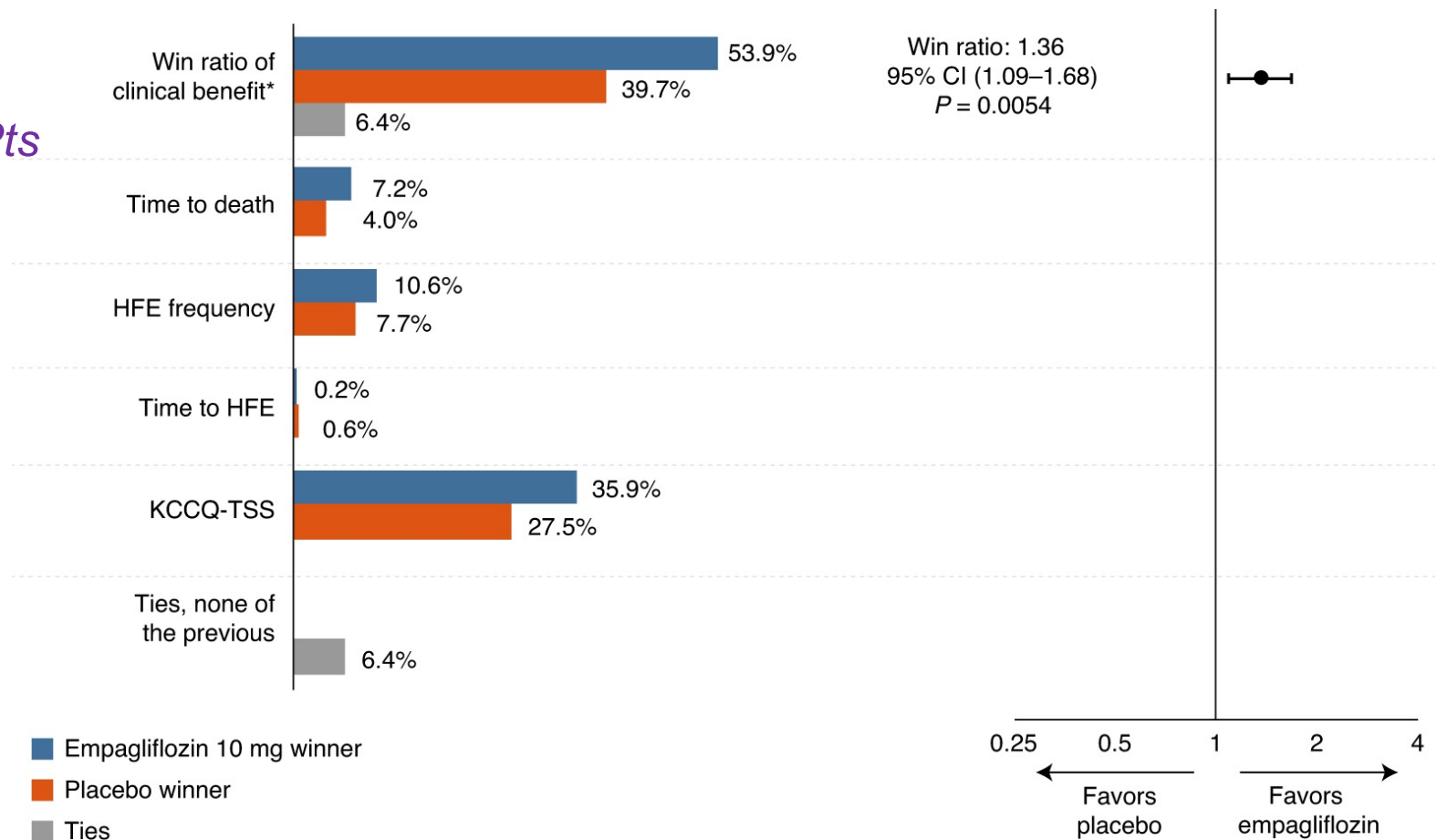
Months Since Randomization

EMPULSE – Empagliflozin in ADHF

N = 530 ADHF Pts

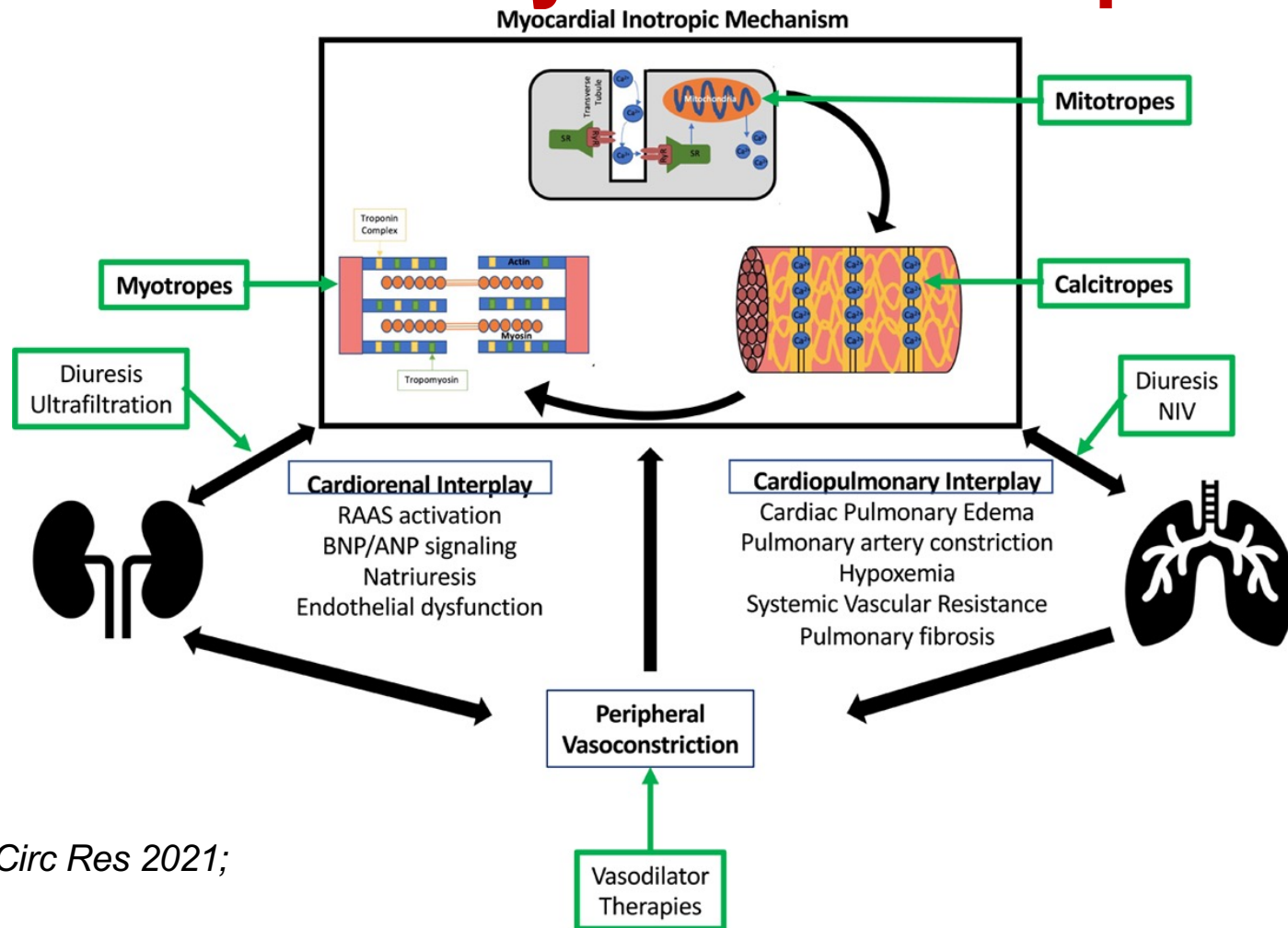
*Empa Initiation
following
stabilization*

*Follow Up = 90
days*



Voors AA, Ponikowski P, et al., Nature Med 2022; 28:568-574

Acute HF – Heart & Systemic Disequilibrium

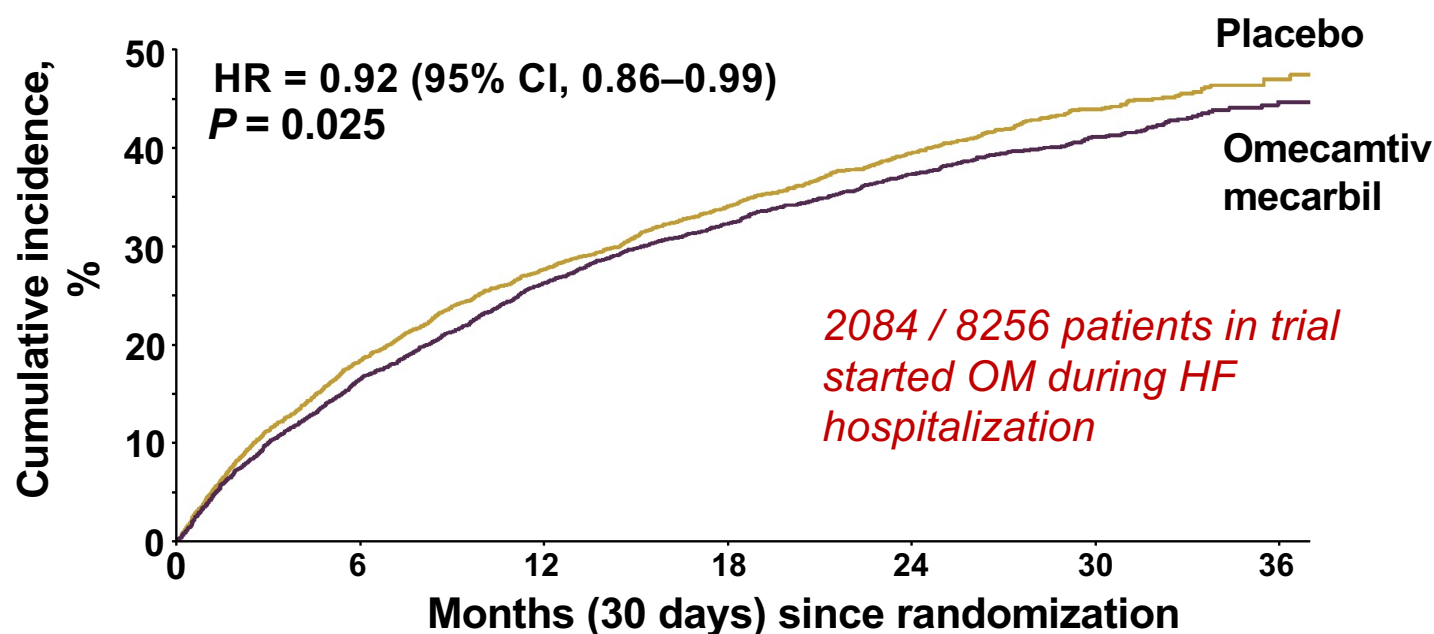


Njoroge & Teerlink, *Circ Res* 2021;
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GALACTIC-HF: Omecativ mecarbil in HF

Primary Composite Endpoint

Time to First Heart Failure Event or Cardiovascular Death

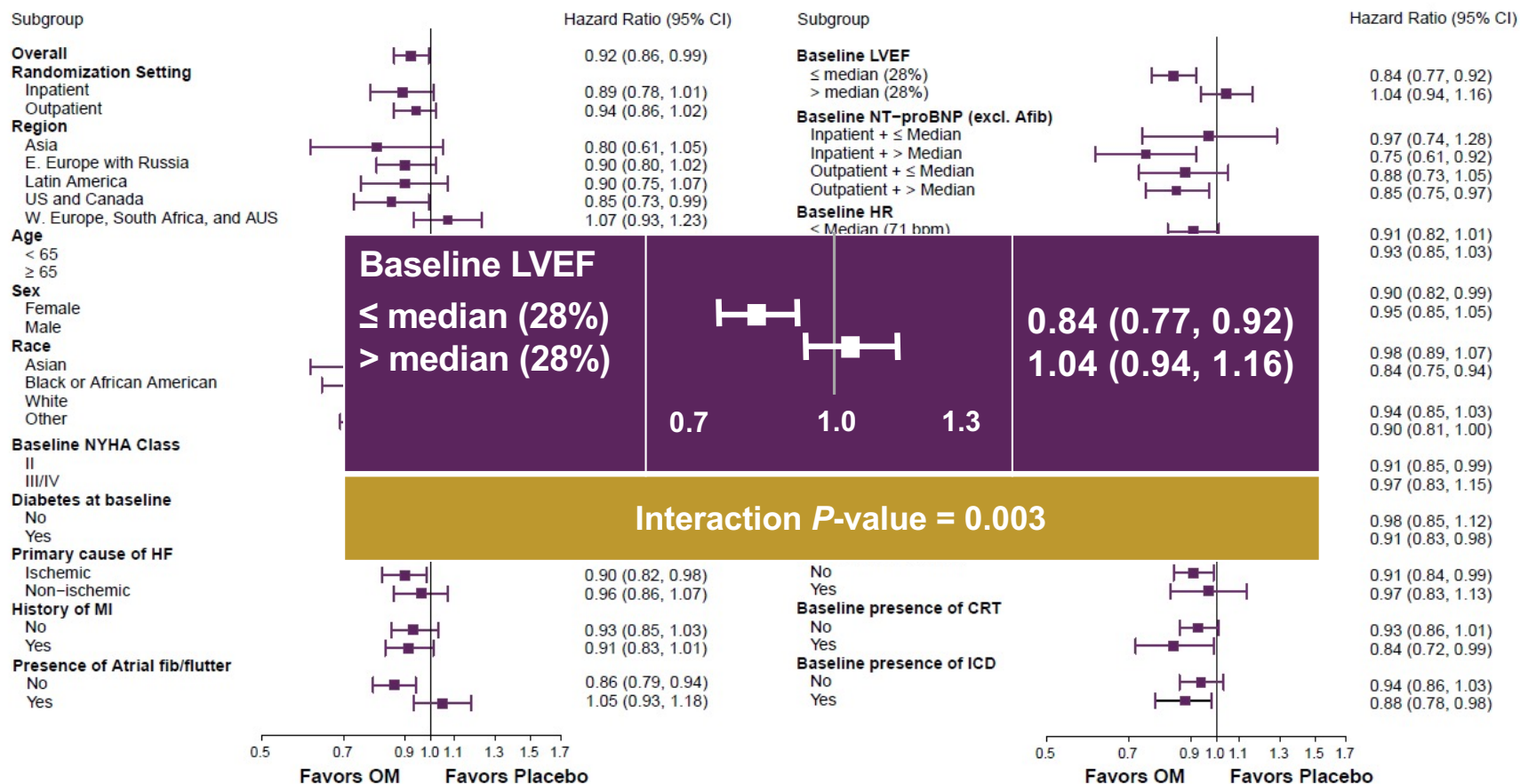


Patients at risk,

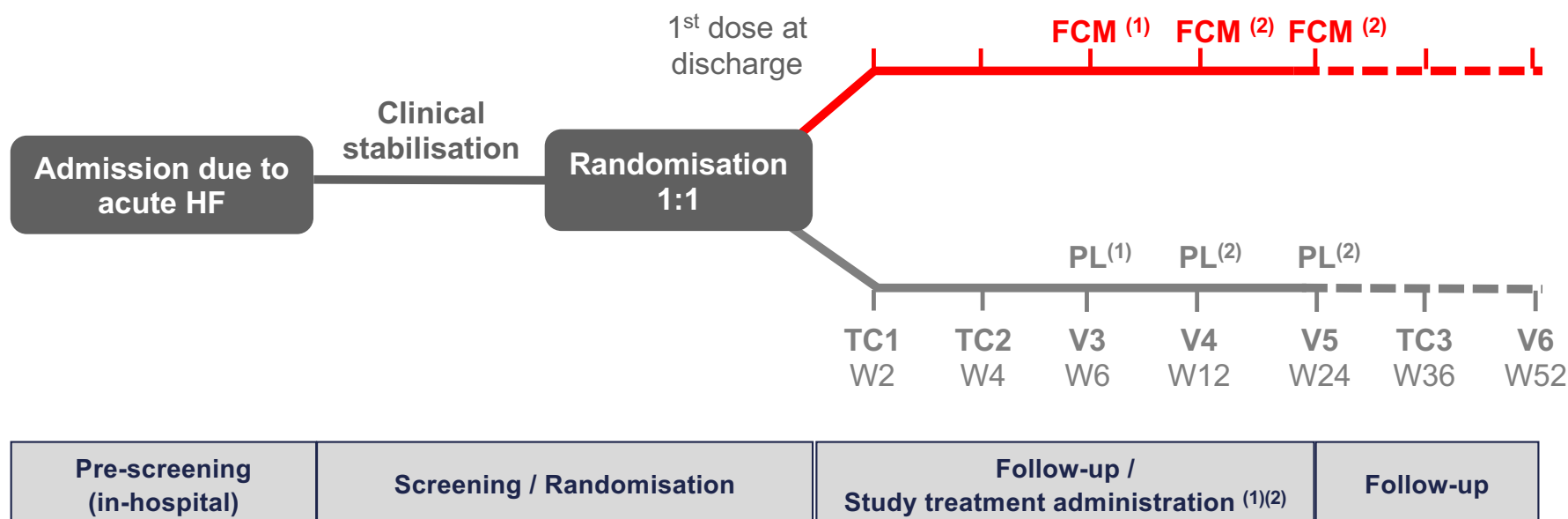
ⁿ Placebo	4112	3310	2889	2102	1349	647	141
Omecativ mecarbil	4120	3391	2953	2158	1430	700	164

GALACTIC-HF: Omecativ mecarbil in HF

Primary Outcome: Subgroup Results



AFFIRM-AHF Trial: Ferric CarboxyMaltose in AHF



¹ The repletion dose of study treatment will be administered based on the iron need assessed at the baseline visit

² Study treatment to be administered only if iron deficiency persisted

PL, placebo; TC, telephone contact; V, visit; W, week.

Eligibility Criteria for **AFFIRM-AHF** Iron Defic Trial

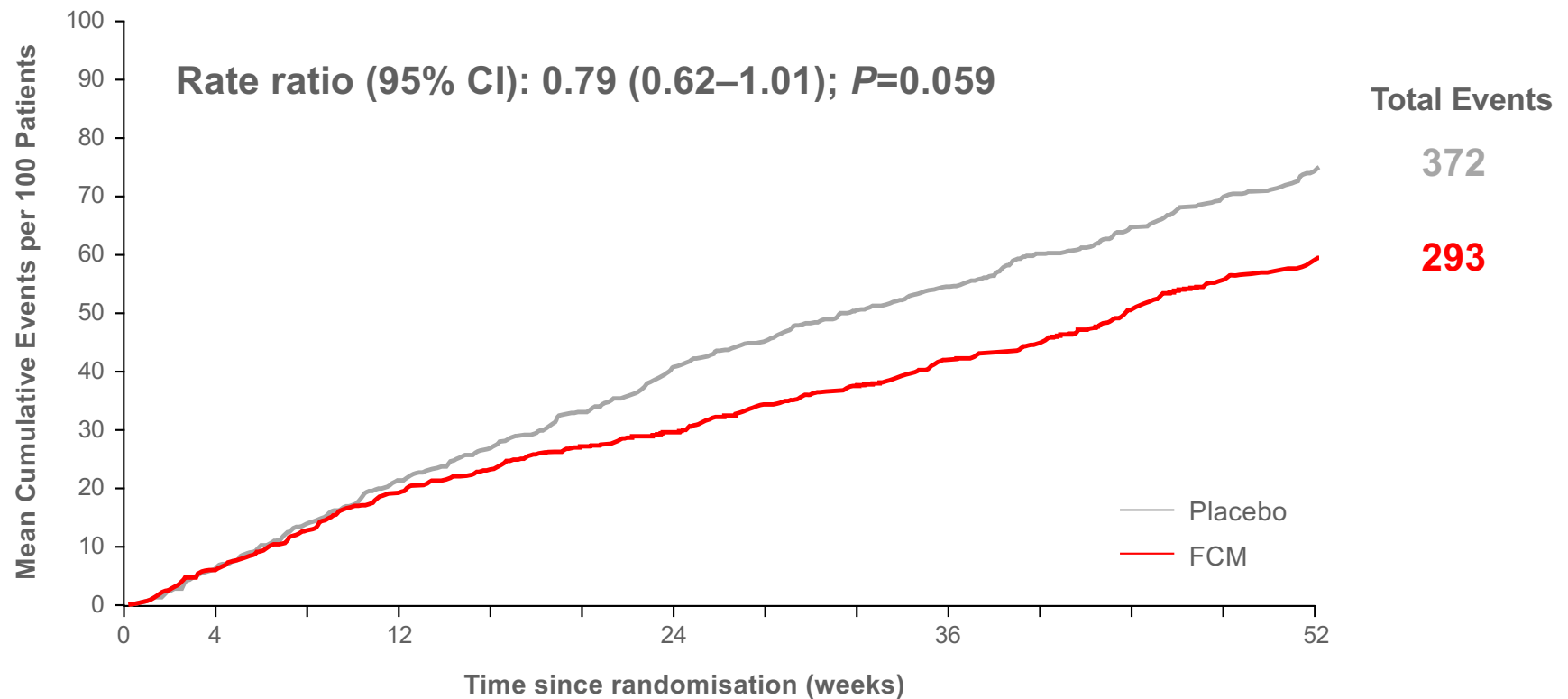
Inclusion criteria	Exclusion criteria
Hospitalisation for acute HF confirmed by signs/symptoms of acute HF and elevated natriuretic peptide (BNP or NT-proBNP) levels Iron deficiency: serum ferritin <100 ng/mL OR serum ferritin 100-299 ng/mL and TSAT <20% Left ventricular ejection fraction <50% not older than 12 months prior to randomization	Clinical evidence of ACS, TIA, or stroke within 30 days CABG, PTCA, cardiac device implantation (including CRT) within 30 days Hb <8 g/dL^a or >15 g/dL Active infection requiring anti-microbial treatment during an index hospitalisation ESA, i.v. iron or blood transfusion administered in last 3 months and oral iron (>100 mg/day) in previous 4 weeks

^a<10 g/dL for sites in The Netherlands, Spain and Singapore.

ACS, acute coronary syndrome; BNP, B-type natriuretic peptide; CABG, coronary artery bypass grafting; CRT, cardiac resynchronization therapy; ESA, erythropoiesis stimulating agent; Hb, haemoglobin; i.v., intravenous; NT-proBNP, N-terminal-pro hormone BNP; PTCA, Percutaneous transluminal coronary angioplasty; TIA, transient ischemic attack; TSAT, transferrin saturation.

AFFIRM-AHF Trial: Ferric CarboxyMaltose in AHF

Primary Endpoint:
Total HF Hospitalisations and CV Death





Summary: Diuretics & “New” Drugs in HF

- ADHF = HF progression & worse outcomes
- Effective decongestion with diuretics still cornerstone, effective in combination
- Early in-hospital initiation of GDMT highly efficacious – Sac-Val ± SGLT1/2i ± Vericiguat
- Other Rx: Omecativ mecarbil / Iron (FCM)

Thank You!
Merci!



