

**Title: HF 22: 2022 Heart Failure Highlights with Dr Kosiborod**

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- Hello, I'm Mikhail Kosiborod, a cardiologist at Saint Luke's Mid America Heart Institute. And we're here with Radcliffe at the European Society of Cardiology Heart Failure Association Meeting 2022 in Madrid. It's fantastic to be here in person. And I think this meeting and many upcoming ones kind of remind us about all the important developments that we've had in heart failure over the past year. And what's coming up in the near future which is really exciting. And I would say in terms of highlights of what happened in the past year, some of the key things are of course the new guidelines that we had for heart failure management, European Society of Cardiology Guidelines, and the ACC/AHA/HFSA Guidelines that just came out a few weeks ago. And I think if there is one overarching message in the guidelines across both sides of that Atlantic is that guideline-directed medical therapy works. It prolongs life, many of these interventions prevent hospitalizations and improve quality of life. And so, when it comes to heart failure with reduced ejection fraction both guidelines in the European side and American side really now establish quadruple therapy as a gold standard as a standard of care in patients with heart failure and reduced EF. And of course, these are renin angiotensin blockers including ARNi, sacubitril/valsartan, mineralocorticoid receptor antagonist, beta blockers and now SGLT2 inhibitors.

And of course, it's been a big year for SGLT2 inhibitors because now we have the first large outcome trial in patients with heart failure and preserved ejection fraction EMPEROR-preserved. We have other trials, including PRESERVED-HF showing benefit and symptoms, physical limitations and exercise function with these agents. And so in American guidelines, we now have a class-2A recommendation for SGLT2 inhibitors but of course there is lots more coming up.

There is another second large outcome trial called DELIVER with dapagliflozin that we're expecting later this year. And that will likely continue to generate a lot of excitement about what the future of HFpEF management looks like and what the SGLT2 inhibition is going to become the first foundational therapy in patients with HFpEF beyond diuretics.

We of course had EMPULSE which was an important trial of empagliflozin in patients acutely hospitalised with heart failure which showed a total clinical benefit, regardless of diabetes status, regardless of ejection fraction.

And frankly, regardless of whether say it's new diagnosis of heart failure and established diagnosis of heart failure and that really has solidified even further the roles that SGLT2 inhibitors have, across the entire spectrum of heart failure.

And then today at this meeting it's probably important to mention that we just yesterday presented analysis from DEFINED and PRESERVED-HF, which shows that dapagliflozin and SGLT2 inhibitor has very consistent benefits on symptoms and physical limitations regardless of ejection fraction across the entire span from very low to completely normal EF which I think is a very important clinical message.

So, I think overall it's been a big year in heart failure. It's been a big year for SGLT2 inhibitors in particular. And perhaps the last thing I will mention is and something that took

quite a bit of attention at this conference is what the future might look like for heart failure and preserved EF management beyond SGLT2 inhibitors.

And I think the critical message here is that phenotyping of patients with HFpEF and targeting personalised treatments based on a phenotype that they have, I will probably be very prominent in the future of HFpEF management.

So, there is of course so much going on and I just picked on a few highlights here but I guess the take home message here is there is a lot of excitement in heart failure, and we really look forward to future developments in the coming months and years.