

Title: HF 2022: Heart Failure Highlights of 2022 with Prof Cleland
Participants: Prof John Cleland
Date: May 23, 2022

Hi, I'm John Cleveland from the University of Glasgow.

What are the heart failure management highlights in 2022?

Well, I think the big highlight of course, are the guidelines and the guidelines have given us the foundational four as they're being talked about. So, we have the RAS inhibitors the ACE and ARNis, the beta blockers, the MRAS and now the SGLT2 inhibitors. And so, and that's solid.

What's interesting is how the picture is evolving for HFmrEF and what I'm calling HFnEF we have a new phenotype also called HFsnEF which is becoming very interesting.

So HFpEF now encompasses everything from basically 40% right to the top. But now into these three segments it seems to be genetically different. These are patients with an ejection fraction above 70%. They seem to have a bad prognosis. There may be hypertrophic cardiomyopathy and other diseases in there. And it looks already as though we might have a new treatment for them, which are cardiac myosin inhibitors.

So, so being developed for hypertrophic cardiomyopathy but might also be developed for this population. So that that's quite exciting.

And of course, the way that we are I think we're going to beat HFpEF is by chopping up into bite size chunks, winning the war one battle at a time as it were, and we've got amyloid disease.

So, we've got tafamidis and the, the various treatments for ATTR amyloid, we've got rivaroxaban, low dose for the patients with HFpEF and coronary artery disease striking reductions in mortality. And I don't know why we're not talking more about that.

And then now we've got the SGLT2 inhibitors which seem to be effective, certainly for HFmrEF and HFnEF, not quite so sure about HFsnEF. We need a bit more information on their efficacy for, for that population. We've got a little bit of news about the DELIVER study. Of course, the EMPEROR-preserve study is one that's been the first of these SGLT2 inhibitors that shown benefit in this upper range ejection fraction group. But now we have the

DELIVER study which has indicated that it's also positive. We are expecting that that's mainly going to be driven by a reduction in heart failure hospitalizations and hopefully, an improvement in quality of life which very important for this population. Not expecting to see a reduction in mortality but who knows. We might get lucky.

What else is out there? The DIAMOND study with Patiromer showing that we can get better control of hyperkalemia which might allow us to facilitate the use and implement target doses of RAS inhibitors and MREs.

What else is out there? New information, particularly on CRTP and new meta-analysis and the European Journal of Heart Failure combining the COMPANION and CARE-HF data showing striking benefits of the CRTP without the defibrillator. So just nice confirmatory data.

A lot of interest in atrial septal devices for HFpEF, the large study the REDUCE LAP-HF II study neutral on its primary outcome, but there does seem to be a large subset of the population who may benefit. And they're encouraged enough to go forward with the confirmatory trials, to ensure that what we're seeing is not down to our imagination but can be, we can reproduce that.