

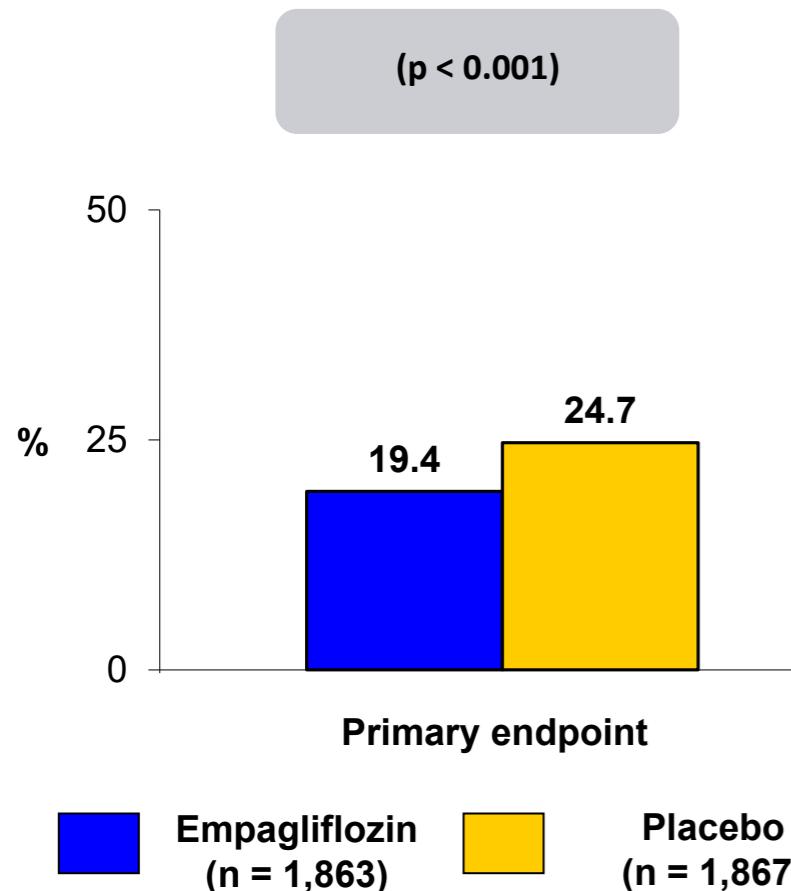
EMPEROR-Reduced

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Trial Description: Patients with HF and reduced EF(HFrEF) with and without type 2 diabetes mellitus (DM2) were randomized in a 1:1 fashion to either empagliflozin 10 mg or placebo. Patients were followed for a median of 16 months.



RESULTS

- Primary endpoint, CV death or HF hospitalization: empagliflozin vs. placebo: 19.4% vs. 24.7%; HR 0.75, 95% CI 0.65-0.86 (p < 0.001)
- Composite renal outcome (chronic HD, renal transplantation, profound sustained reduction in eGFR): 1.6 vs. 3.1; HR 0.50, 95% CI 0.32-0.77 (p < 0.01)
- All-cause mortality: 13.4% vs. 14.2%; HR 0.92, 95% CI 0.77-1.10 (p > 0.05)

CONCLUSIONS

- Empagliflozin is superior to placebo in improving HF outcomes among patients with symptomatic stable HFrEF (EF ≤40%) on excellent baseline GDMT, irrespective of DM status; benefit is primarily driven by a reduction in HF hospitalizations, not mortality
- Even though SGLT2 inhibitors were introduced as medications for DM2, results of this and other trials indicate a role in HF management, irrespective of DM2 status