

EMPEROR-REDUCED



Cardiovascular and Renal Outcomes with Empagliflozin in Heart Failure

Double-blind, parallel-group, placebo-controlled trial



Objective: To evaluate the use of empagliflozin in patients with chronic heart failure and a reduced ejection fraction with or without diabetes.

3730
patients

Inclusion criteria: Adults (≥ 18 years of age) with or without diabetes who had chronic heart failure (functional class II, III, or IV) with a left ventricular ejection fraction of 40% or less on excellent baseline GDMT.



empagliflozin
(N=1863)

VS



placebo
(N=1867)

PRIMARY OUTCOME

19.4

Cardiovascular death or hospitalization for heart failure %
HR 0.75; 95% CI, 0.65 to 0.86; P<0.001

24.7

388

Total no. of hospitalizations for heart failure (N)
HR 0.70; 95% CI, 0.58 to 0.85; P<0.001

-0.55

Mean change in eGFR per year
HR 1.73 ; 95% CI, 1.10 to 2.37; P<0.001

553

-2.28

Conclusion: Among patients receiving recommended therapy for heart failure, those in the empagliflozin group had a lower risk of cardiovascular death or hospitalization for heart failure than those in the placebo group, regardless of the presence or absence of diabetes.