

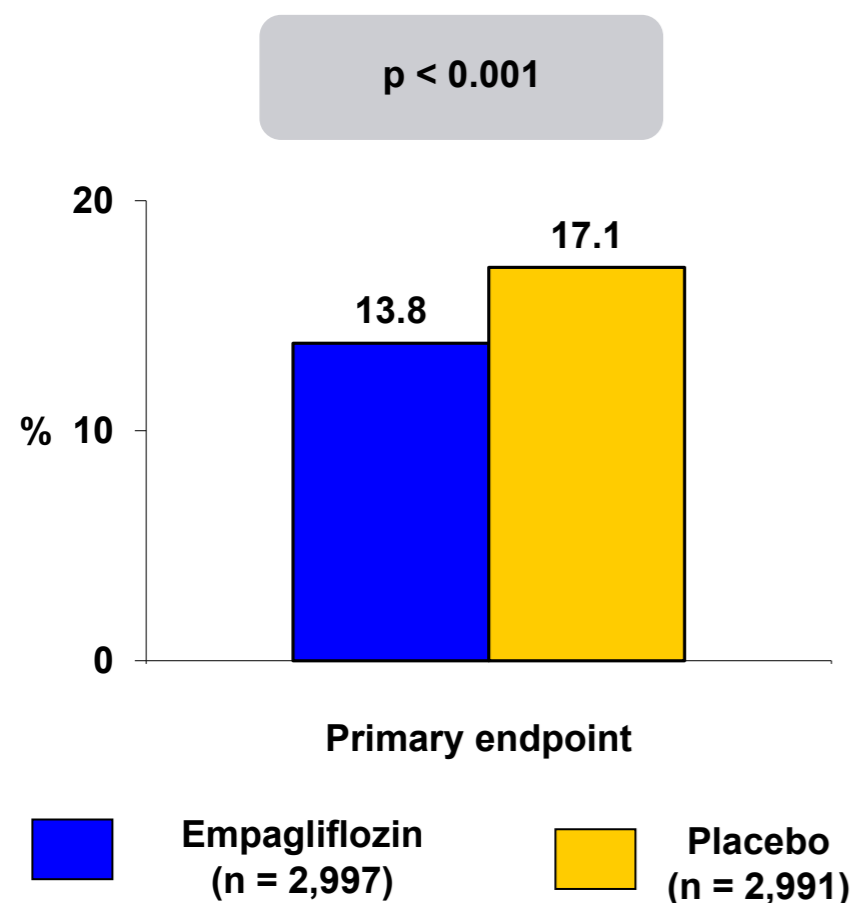
EMPEROR-Preserved

#ESCCongress



AMERICAN
COLLEGE of
CARDIOLOGY

Trial Description: Patients with HFpEF (EF >40%) were randomized in a 1:1 fashion to either empagliflozin 10 mg or placebo, irrespective of diabetes status. Patients were followed for a median of 26.2 months.



RESULTS

- Primary endpoint, CV death or HF hospitalization, for empagliflozin vs. placebo: 13.8% vs. 17.1% (HR = 0.79 95% CI 0.69 – 0.9; p < 0.001)
- CV death: 7.3% vs. 8.2% (p>0.05); HF hospitalization: 8.6% vs. 11.8% (HR 0.71, 95% CI 0.60-0.83); All-cause mortality: 13.4% vs. 14.2% (p > 0.05)
- Composite renal outcome: 3.6% vs. 3.7% (p > 0.05)

CONCLUSIONS

- Empagliflozin is superior to placebo in improving HF outcomes among patients with HFpEF (EF >40%)
- The benefit was largely driven by reduction in HF hospitalization without significant difference on mortality
- HF hospitalization reduction was seen in patients with and without diabetes.

Anker SD, et al. *N Engl J Med* 2021;385:1451-61.