

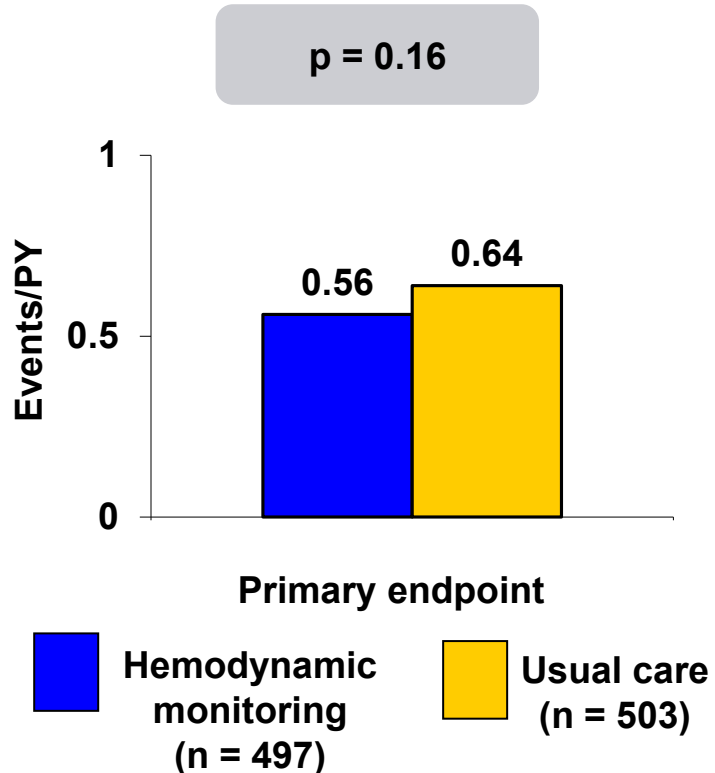
GUIDE-HF

#ESCCongress



AMERICAN
COLLEGE of
CARDIOLOGY

Trial Description: Patients with HF had a CardioMEMS monitor implanted and were randomized in a single-blind 1:1 fashion to either hemodynamic-guided management or usual care. Patients were followed for 12 months.



RESULTS

- Primary endpoint, all-cause mortality, HF hospitalization, or urgent HF visits, for hemodynamic monitoring vs. usual care: 0.56 events/PY vs. 0.64 events/PY (p = 0.16)
- HF hospitalization: HR 0.83, 95% CI 0.68-1.01 (p = 0.06)
- Change in PA pressures from baseline to follow-up: -2.4 vs. 1.7 (p = 0.033)
- All-cause mortality: 0.09/PY vs 0.09/PY (p = 0.71)

CONCLUSIONS

- There is no difference in CV outcomes among stable outpatients with chronic HF when comparing management based on PA pressures, as measured by CardioMEMS, to usual care
- The COVID-19 pandemic may have contributed to this overall null finding.

Lindenfeld J, et al. *Lancet* 2021;Aug 27:[Epub ahead of print].

Developed by Dr. Neil Keshvani in collaboration with the ACC.org Editorial Board