



ACC Latin America
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GLOBAL EXPERTS, LOCAL LEARNING



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Conference 2017

Heart Failure with preserve EF

Introduction

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Governor Chile Chapter of ACC



DISCLOSURES INFORMATION



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. I have not a financial relationship to disclosure

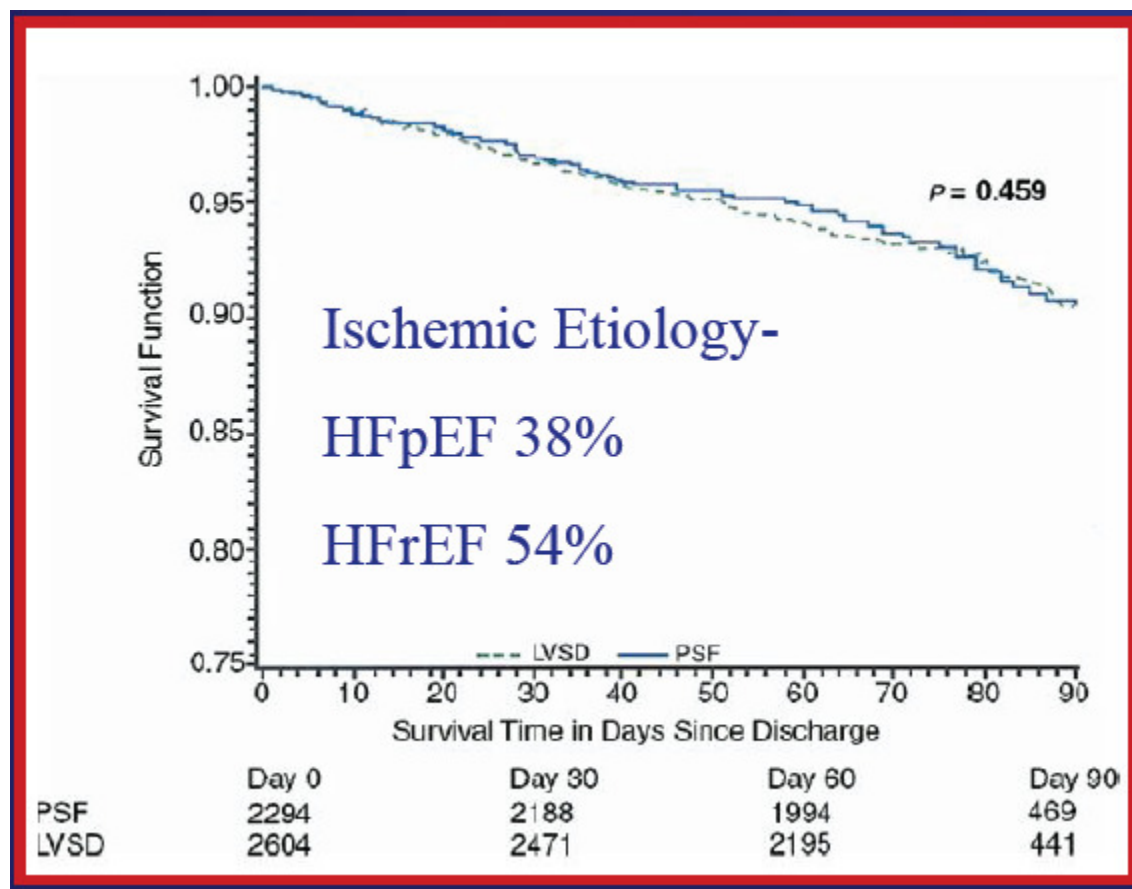




Persons with HFPEF have Multiple Comorbidities

- Hypertension 5 77%
- CAD 3 53%
- Diabetes 3 45%
- Atrial Fibrillation 3 41%
- Chronic Kidney Disease 2 26%
- Cerebrovascular Disease 15%

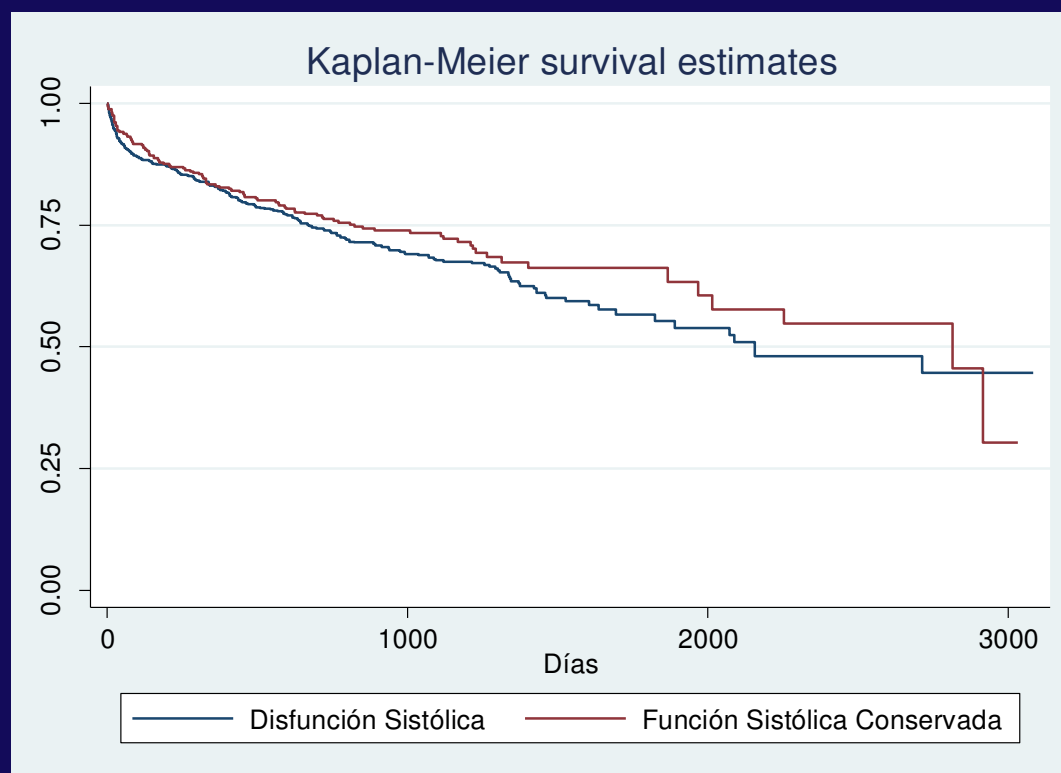
90% have 1 or more of
these 3 conditions



Fonarow et al, JACC 2007



Long term mortality. Chilean registries of Heart Failure. ICARO.



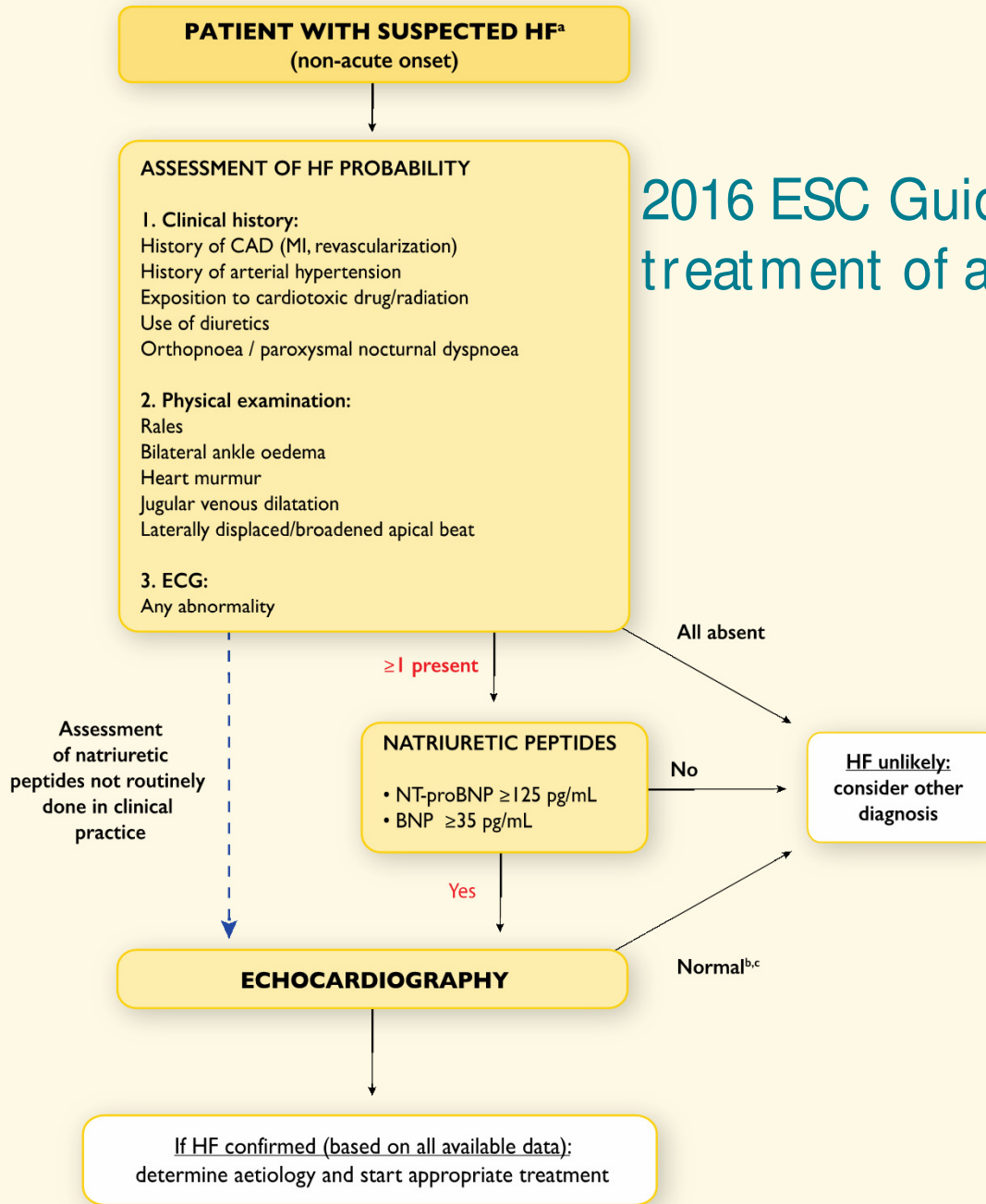


Why Do HFPEF Patients Decompensate?

- Excess salt
- Inadequate diuretic Rx
- Worsening hypertension
- Medications: NSAIDs, thiazolidinediones, ?CCBs, ?alpha-blockers
- Atrial fibrillation
- Worsening renal function
- Myocardial ischemia
- Anemia
- Iatrogenic volume overload



2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure





The Current State of Heart Failure Rx

Systolic/Low EF Heart Failure

- Evidenced-based medicine
- Multiple randomized double-blind clinical trials
- Therapies based on outcomes
- General consensus on pathophysiology and Rx

Diastolic/PEF Heart Failure

- Anecdote-based Medicine
- Mechanistic studies and non-definitive trials
- Empiric symptom-based Rx
- Limited consensus on mechanism and treatment
- Randomized trials often don't agree with the observational data



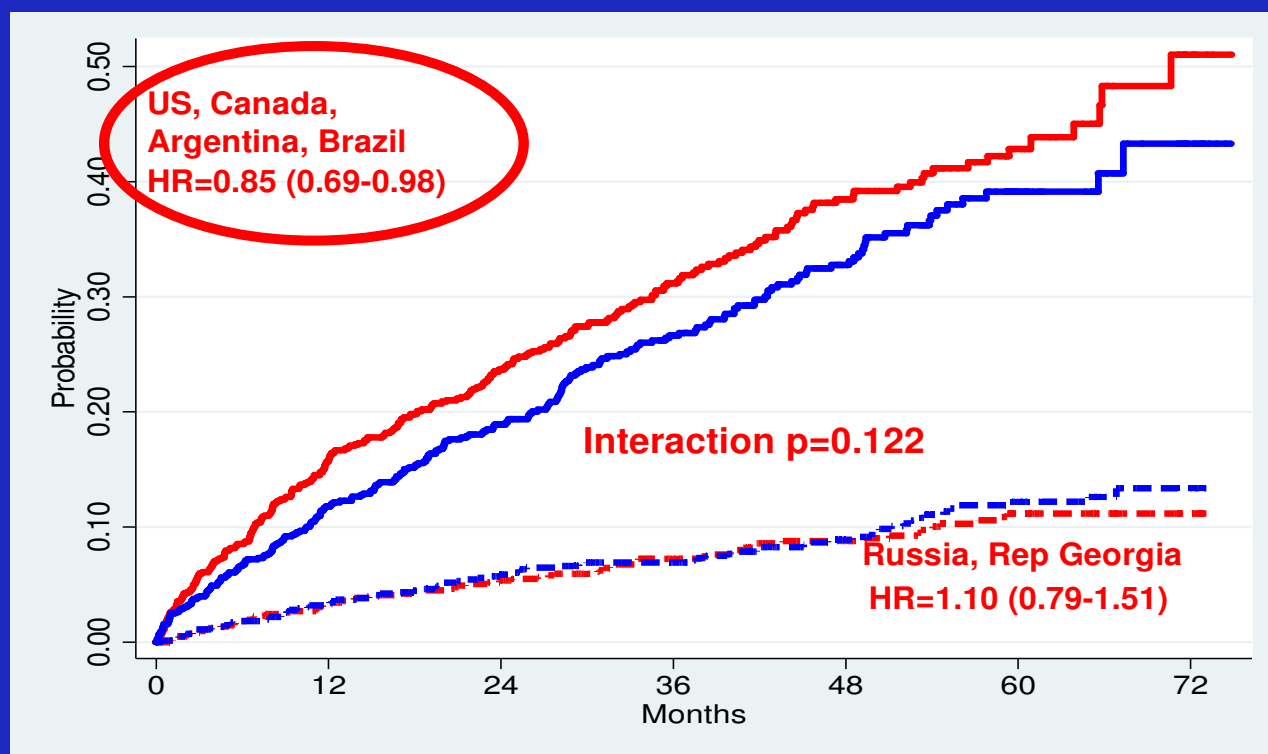
Trials in Heart Failure with Preserved LV Function

- NHLBI DIG EF >45% (digoxin)
- CHARM “preserved” (candesartan)
- PEP-CHF (perindopril)
- I-Preserve (irbesartan)
- NHLBI TOPCAT trial (spironolactone)

**NOT
EVIDENCE**



TOPCAT: REGIONAL STRATA



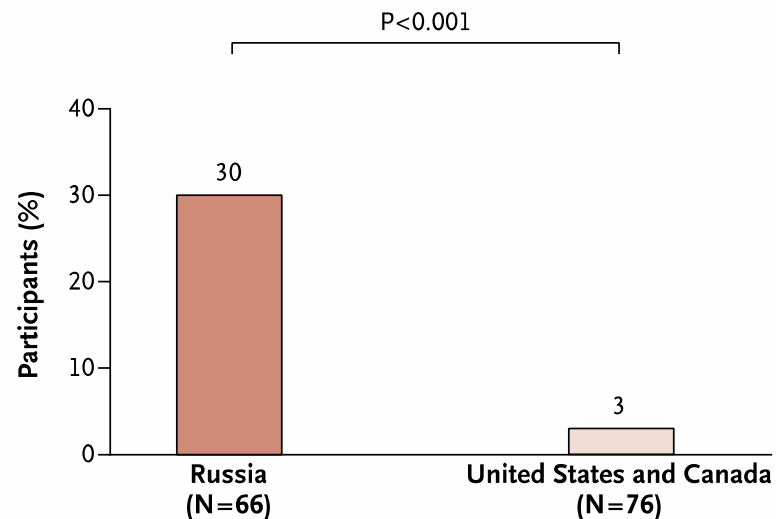
Pfeffer, TOPCAT *NEJM* 2013



Spironolactone Metabolites in TOPCAT — New Insights into Regional Variation

n engl j med 376;17 nejm.org April 27, 2017

B Participants Who Reported Taking Spironolactone but Had No Detectable Canrenone Concentration



pendix).² Our findings suggest that the trial results obtained in Russia do not reflect the true therapeutic response to spironolactone.



**2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA
Guideline for the Management of Heart Failure**

Recommendations for Stage C HFpEF			
COR	LOE	Recommendations	Comment/Rationale
I	B	Systolic and diastolic blood pressure should be controlled in patients with HFpEF in accordance with published clinical practice guidelines to prevent morbidity (164, 165).	2013 recommendation remains current.
I	C	Diuretics should be used for relief of symptoms due to volume overload in patients with HFpEF.	2013 recommendation remains current.
IIa	C	Coronary revascularization is reasonable in patients with CAD in whom symptoms (angina) or demonstrable myocardial ischemia is judged to be having an adverse effect on symptomatic HFpEF despite GDMT.	2013 recommendation remains current.
IIa	C	Management of AF according to published clinical practice guidelines in patients with HFpEF is reasonable to improve symptomatic HF.	2013 recommendation remains current (Section 9.1 in the 2013 HF guideline).
IIa	C	The use of beta-blocking agents, ACE inhibitors, and ARBs in patients with hypertension is reasonable to control blood pressure in patients with HFpEF.	2013 recommendation remains current.
IIb	B	The use of ARBs might be considered to decrease hospitalizations for patients with HFpEF (169).	2013 recommendation remains current.
III: No Benefit	B-R	Routine use of nitrates or phosphodiesterase-5 inhibitors to increase activity or QoL in patients with HFpEF is ineffective (171, 172).	NEW: Current recommendation reflects new data from RCTs.
See Online Data Supplement C.			



Heart Failure with Preserved EF Summary

- Approximately 50% of HF patients have preserved EF
- Diagnosis is primarily by exclusion of other causes
- Compared to systolic HF, patients are older, more often women, more hypertensive, and have less overt CAD
- In U.S., HF with preserved EF is responsible for approximately 20,000 deaths and 400,000 hospital admissions annually. These numbers are growing.
- This form of heart failure is preventable!
- Thus far, there are no proven effective therapies

Is there Really a Good Drugs for
Treatment of Patientes with HF with
Preserved EF ?

NO

But don't forget espironolactone