



**VŠEOBECNÁ FAKULTNÍ
NEMOCNICE V PRAZE**



**1. LÉKAŘSKÁ
FAKULTA**
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Co z novinek v updatu není?

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SUPLEMENTACE IV PREPARÁTY ŽELEZA

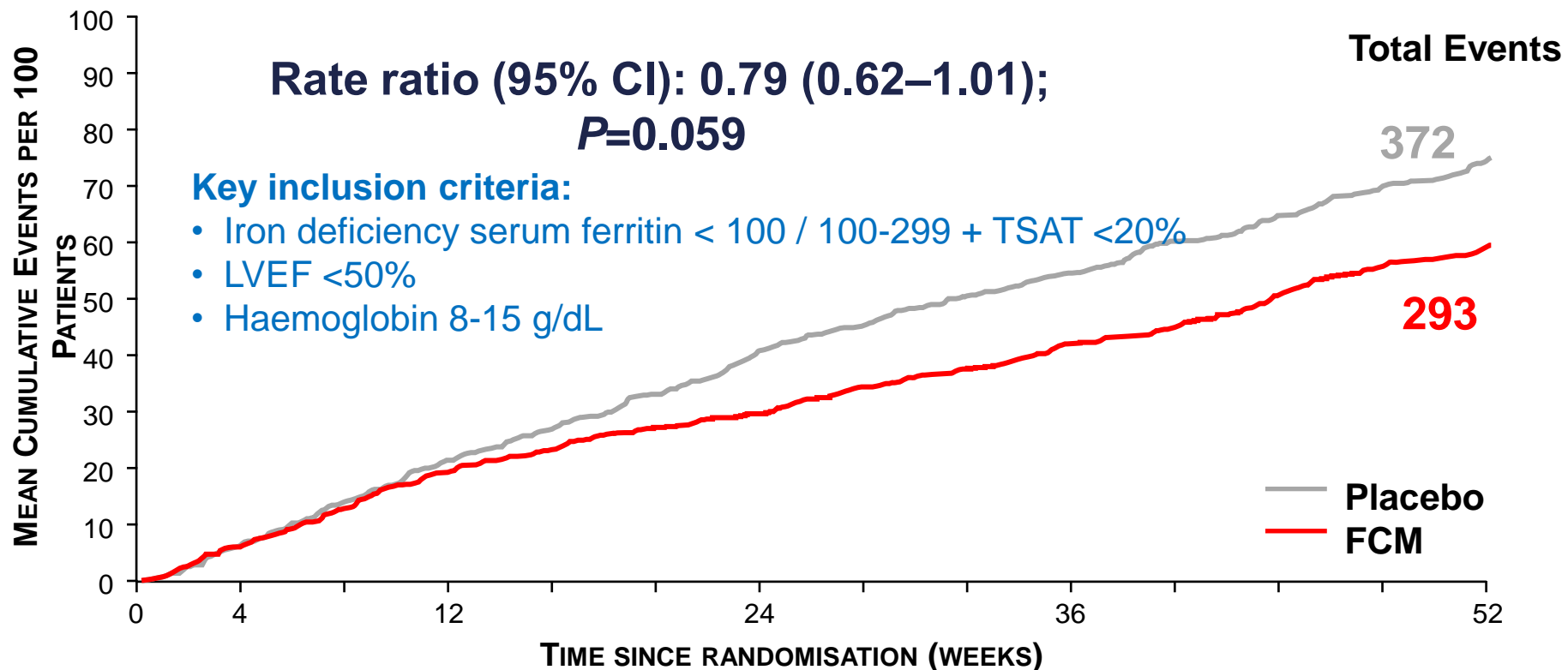
Suplementace železem

Intravenous iron supplementation with ferric carboxymaltose should be considered in symptomatic HF patients recently hospitalized for HF and with LVEF $\leq 50\%$ and iron deficiency, defined as serum ferritin < 100 ng/mL or serum ferritin $100 - 299$ ng/mL with TSAT $< 20\%$, to reduce the risk of HF hospitalization.

Ila

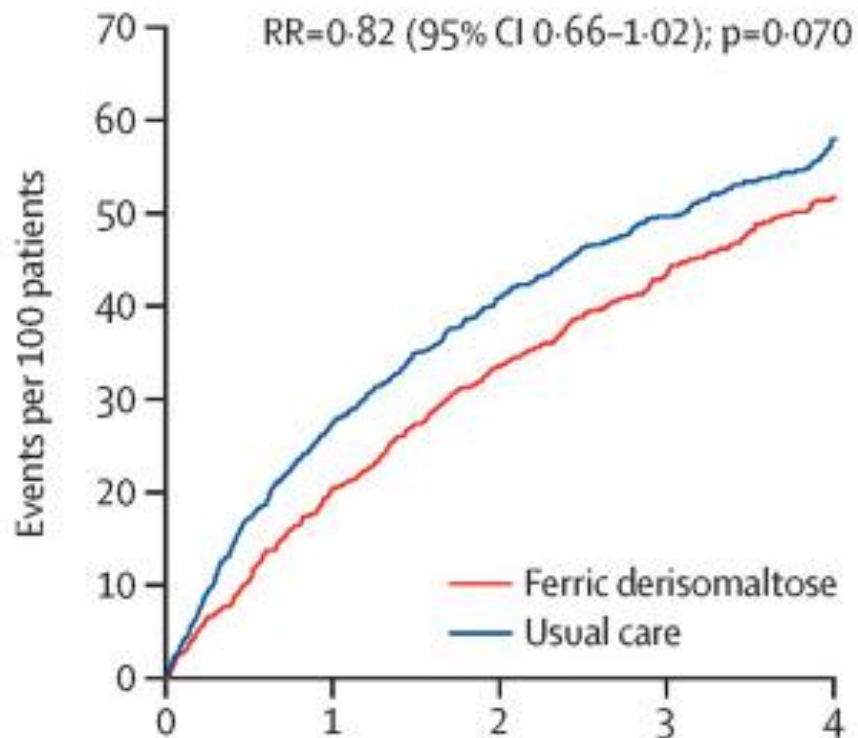
AFFIRM HF - PRIMARY ENDPOINT

ferrum karboxymaltóza

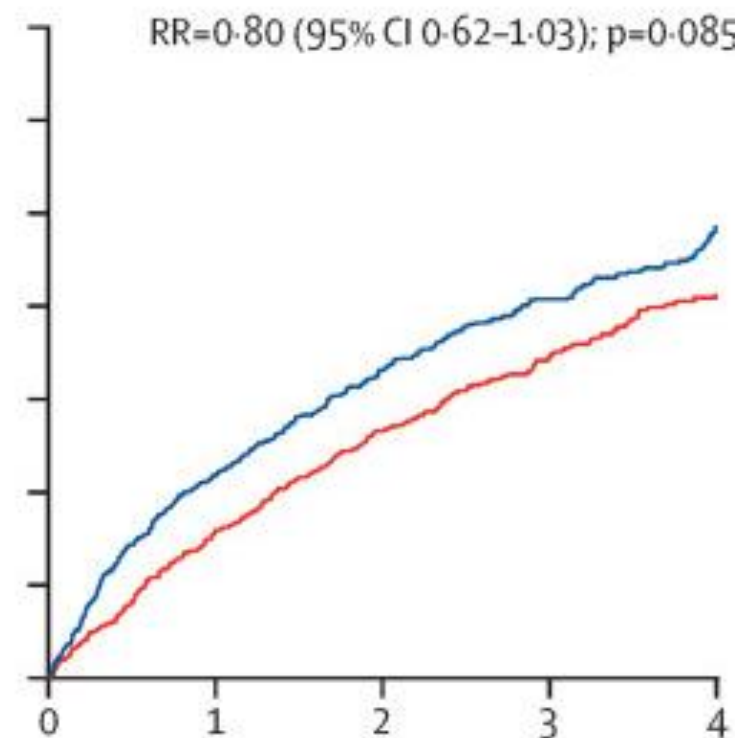


IRONMAN – ferric derisomaltosa u HF s LVEF<45%

KV úmrtí, hospitalizace pro HF,



Hospitalizace pro HF,



Number at risk		0	1	2	3	4	0	1	2	3	4
Ferric derisomaltose	569	485	405	237	86	569	485	405	237	86	
Usual care	568	483	406	227	87	568	482	405	227	87	

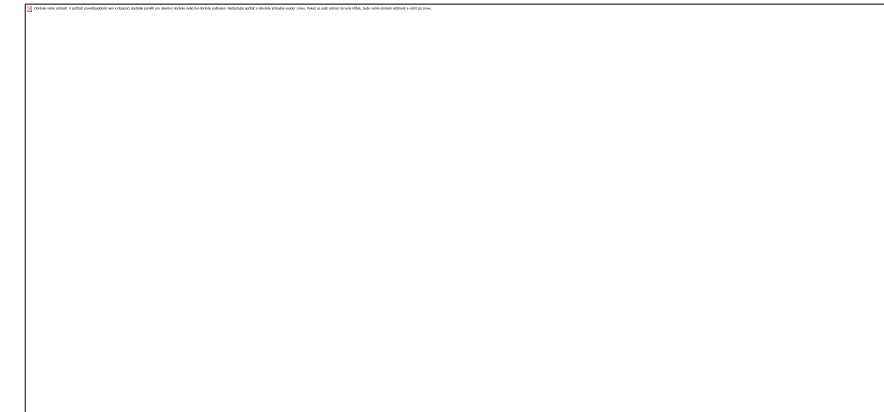
Doporučení pro suplementaci železem

Recommendations	Class ^a	Level ^b
Intravenous iron supplementation is recommended in symptomatic patients with HFrEF and HFmrEF, and iron deficiency, to alleviate HF symptoms and improve quality of life. ^{c 12,41,47–49}	I	A
Intravenous iron supplementation with ferric carboxymaltose or ferric derisomaltose should be considered in symptomatic patients with HFrEF and HFmrEF, and iron deficiency, to reduce the risk of HF hospitalization. ^{c 12,41,43–46}	IIa	A

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HEART-FID

- ambulatory patients with heart failure, a left ventricular ejection fraction of 40% or less, and iron deficiency



Heart failure iron deficiency - metaanalysis

Patients:

AFFIRM-AHF

CONFIRM-AHF

HEART-FID

4,475 patients

2,241 received ferric carboxymaltose (FCM)

2,234 received placebo (PBO)

Selected inclusion criteria:

Adult patients with heart failure and iron deficiency (ferritin <100 ng/mL **or** ferritin 100–300 ng/mL with TSAT <20%) treated with ferric carboxymaltose or placebo for 52 weeks.

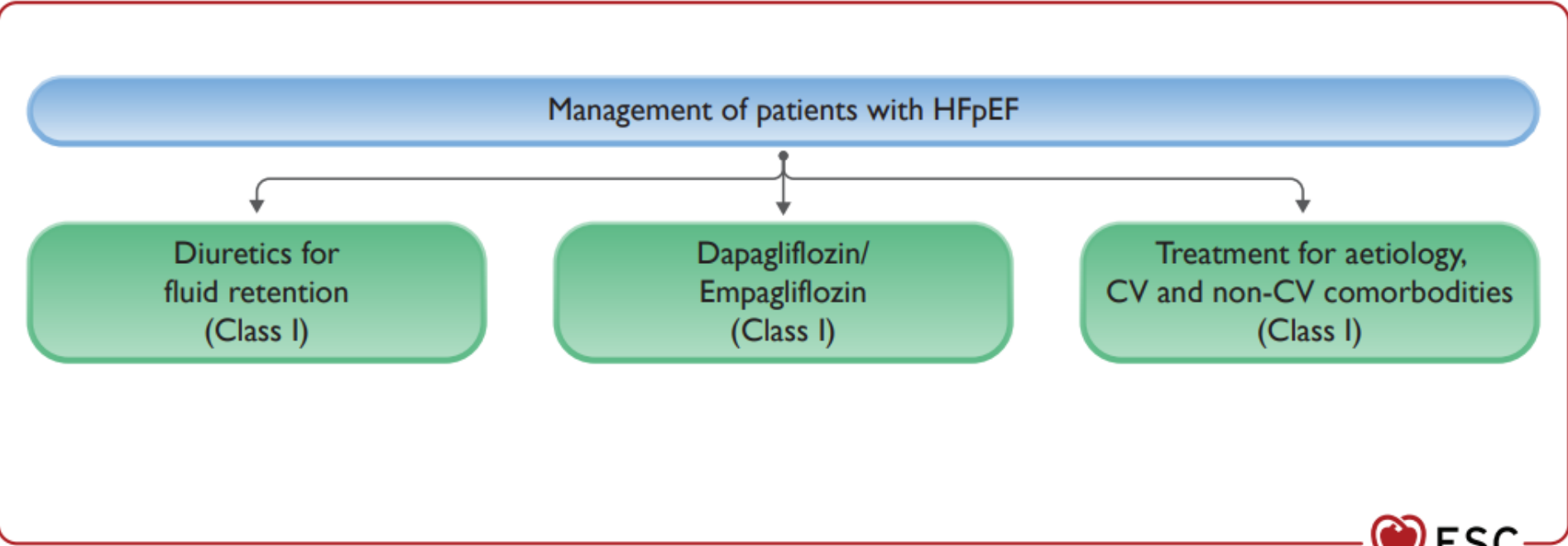
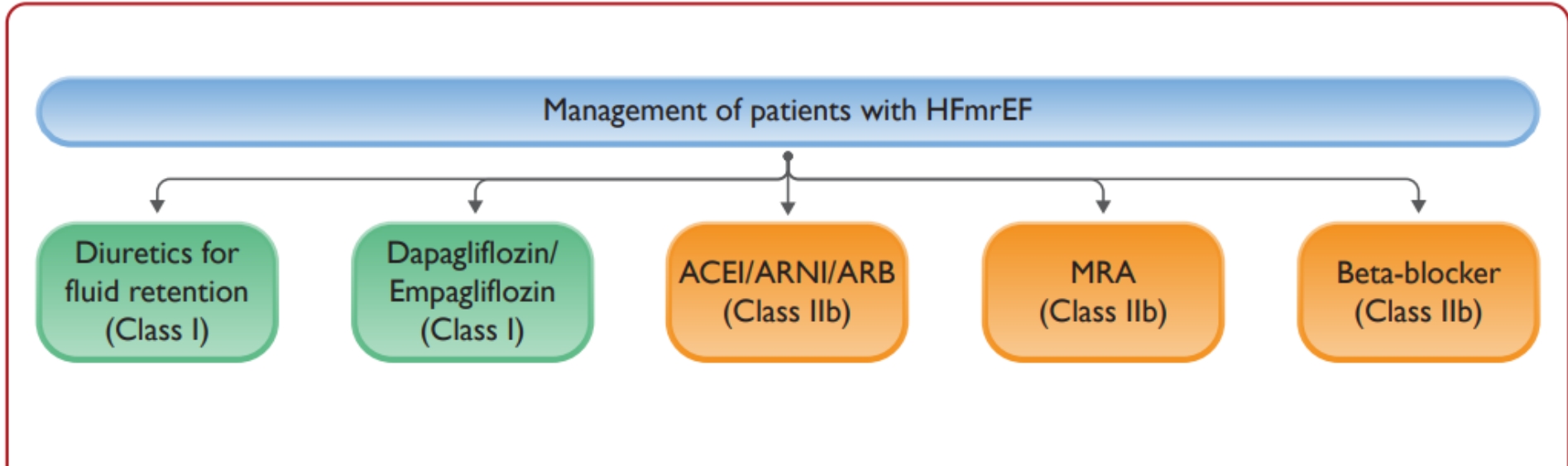
Results:^a

Outcome	FCM N=2237	PBO N=2233	Rate/Hazard ratio (95% CI) ^b	p value ^b	
Primary endpoints {	Total CV hospitalizations and CV death	27.6%	30.5%	RR 0.86 (0.75–0.98)	0.029
	Total HF hospitalizations and CV death	22.5%	25.2%	RR 0.87 (0.75–1.01)	0.076
Total CV hospitalizations	22.9%	26.4%	RR 0.83 (0.73–0.96)	0.009	
Total HF hospitalizations	17.0%	20.2%	RR 0.84 (0.71–0.98)	0.025	
Time to CV death	9.2%	9.8%	HR 0.97 (0.80–1.17)	0.724	
Time to all-cause death	11.5%	12.7%	HR 0.93 (0.78–1.10)	0.393	

0.5 1.0 1.5
RR (95% CI)
 Favours FCM ← → Favours PBO

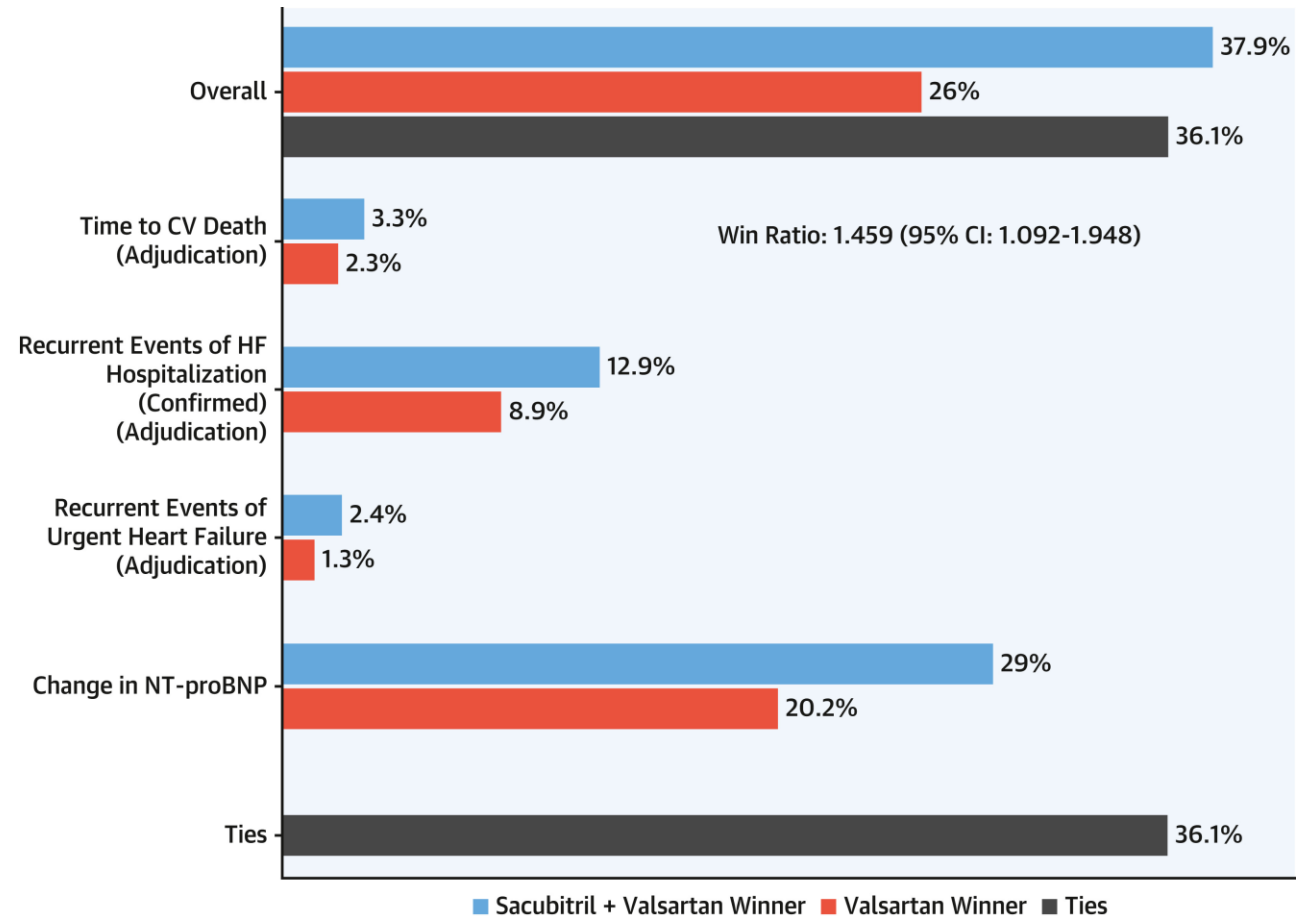
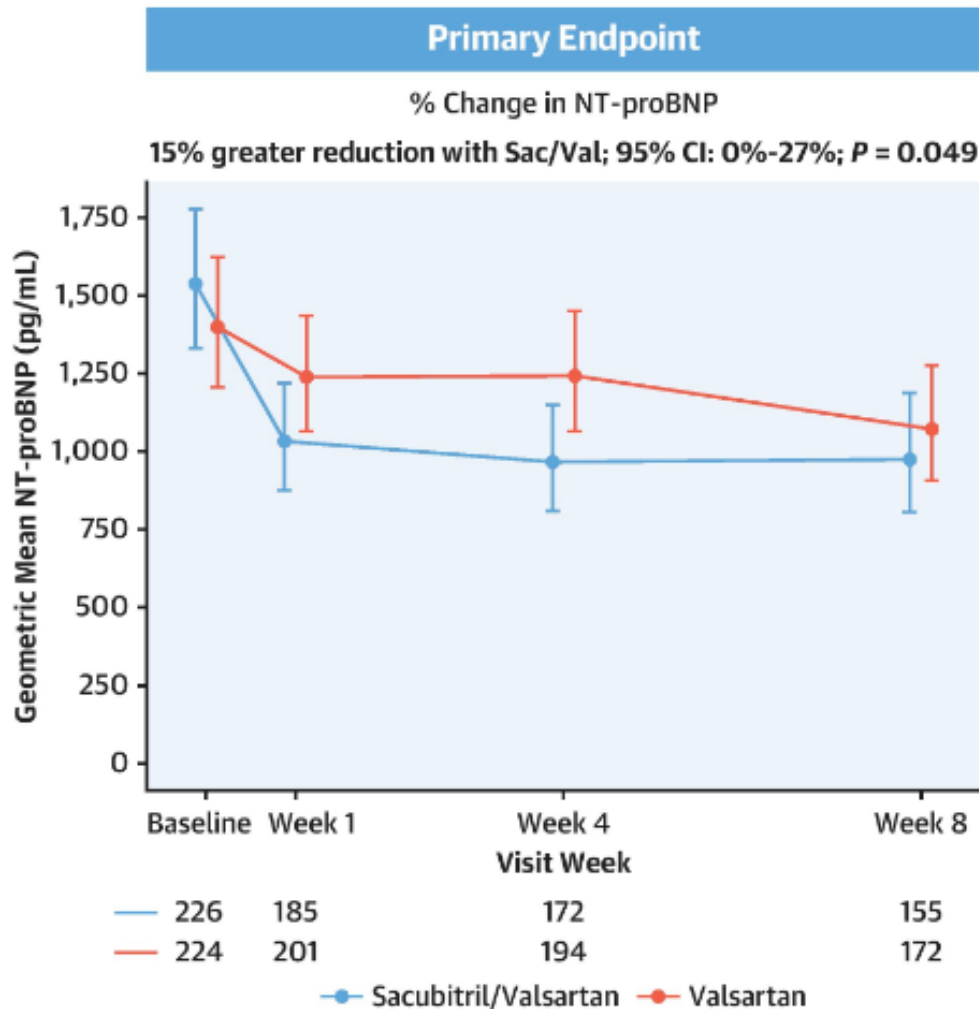
Conclusion: FCM significantly reduced the rate of CV and HF hospitalization, but did not reduce mortality rates

HF-PEF / MR-EF

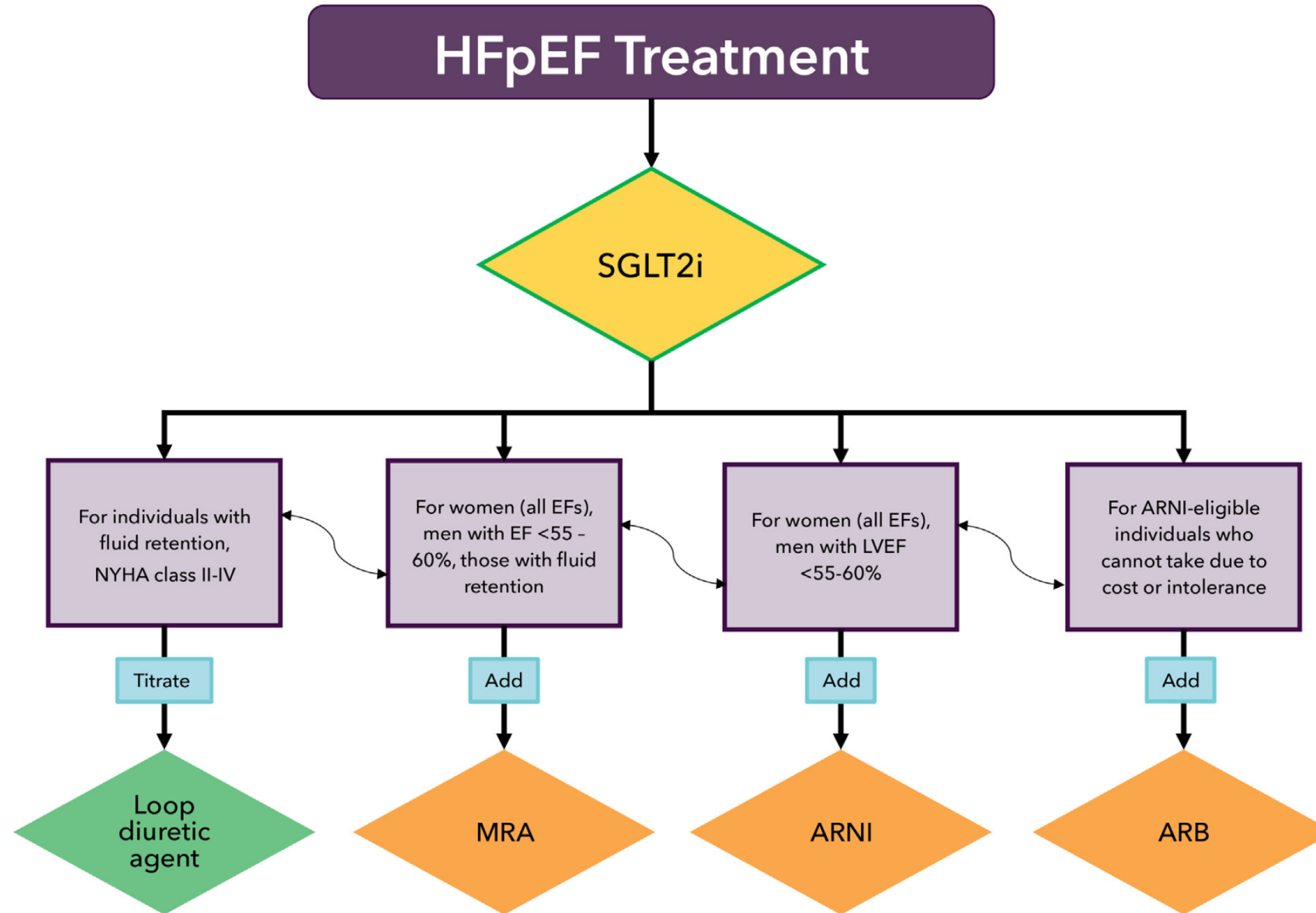


PRAGLIDE -HF

PARAGLIDE-HF evaluated the effect of sacubitril/valsartan versus valsartan on changes in NT-proBNP, safety and tolerability in heart failure patients with EF above 40% who had been stabilised after a worsening heart failure event

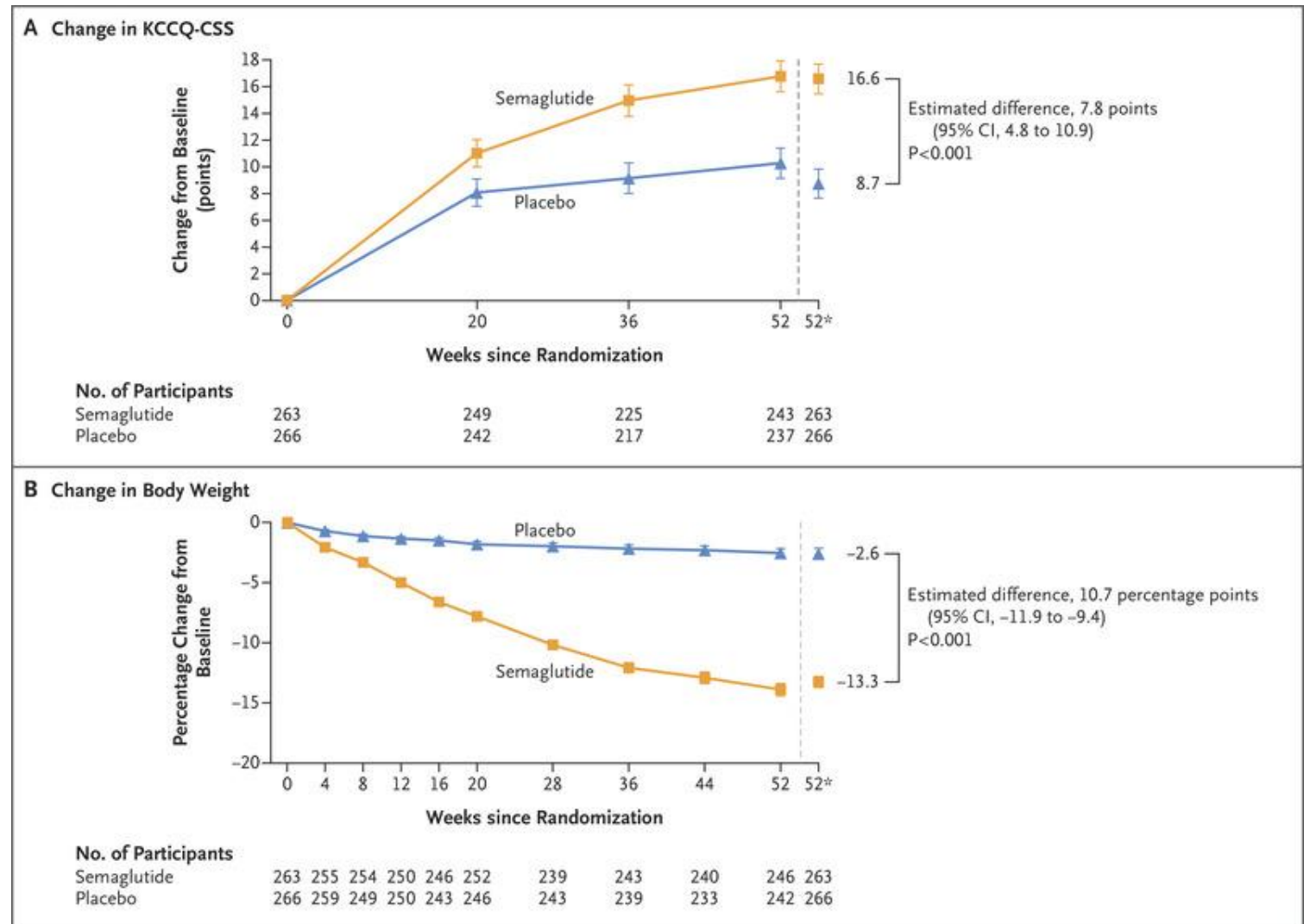


Sekvence léčby dle konsensu ACC



STEP-HF-PEF: Semaglutid u nemocných s HF-pEF a obezitou

529 patients who had heart failure with preserved ejection fraction and a body-mass index (the weight in kilograms divided by the square of the height in meters) of 30 or higher to receive once-weekly semaglutide (2.4 mg) or placebo for 52 weeks.



STOP ACEI?

STOP ACEi

- N=411, RAS inhibitor > 6 měsíců
- eGFR < 30 ml/min/1,73m² a pokles eGFR > 2 ml/min/1,73m² / 2 roky

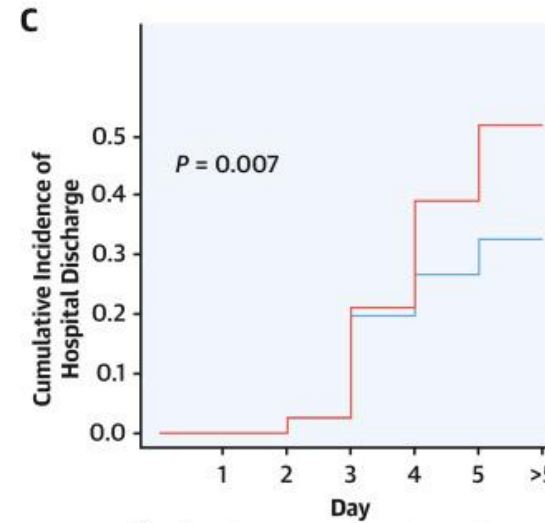
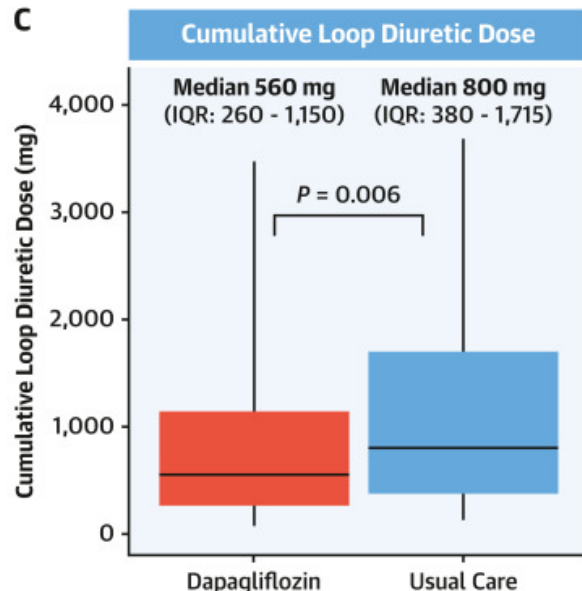
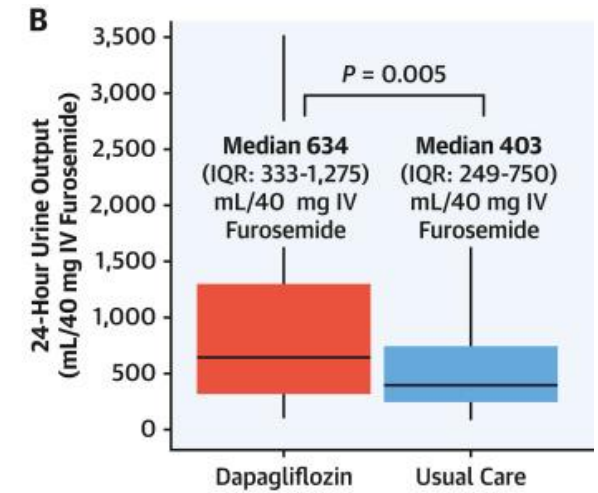
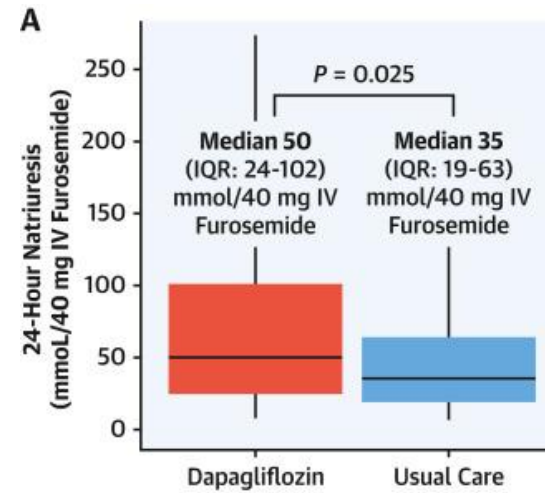
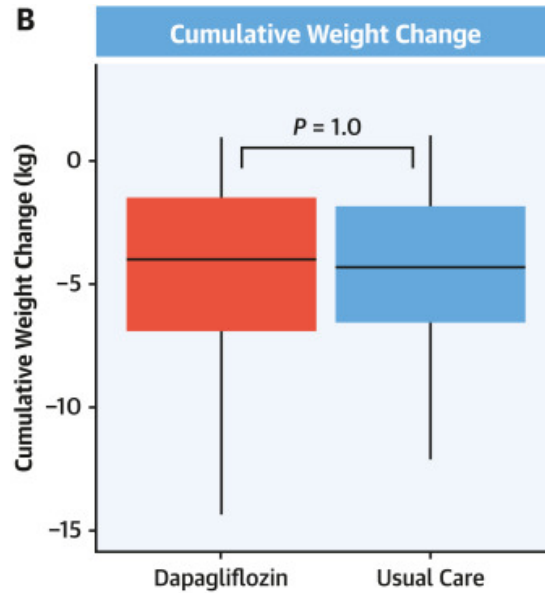
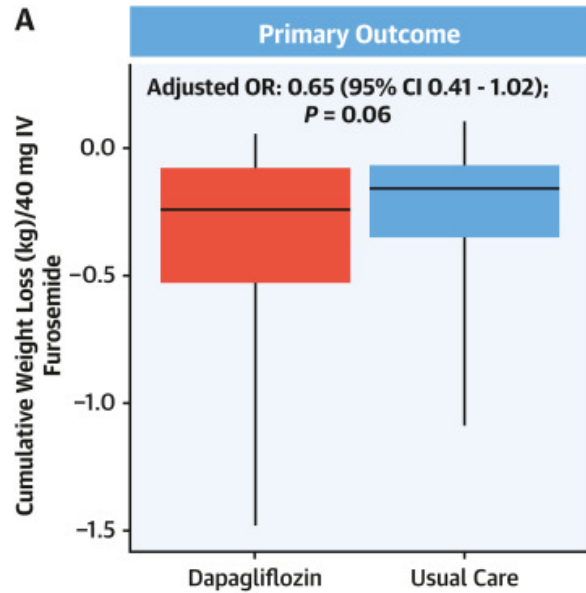
13,3±0,6 vs. 12,6±0,7, p = 0,42

HR 1,28 (0,99-1,65)

MACE 43 % (pokračování) vs. 52% (přerušeni) – p = NS

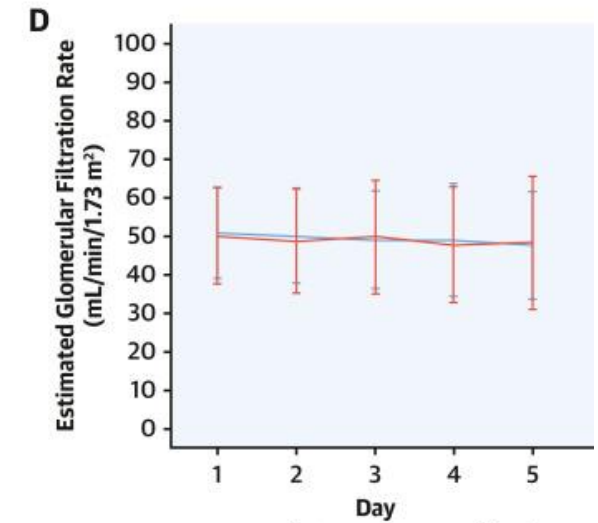
RESTRIKCE SOLI A DIURETICKÁ TERAPIE

ICTATE-HF dapagliflozin u akutního srdečního selhání



— Dapagliflozin	118	118	114	91	70	55
— Usual Care	116	116	112	91	83	76

— Usual Care — Dapagliflozin



N = 240

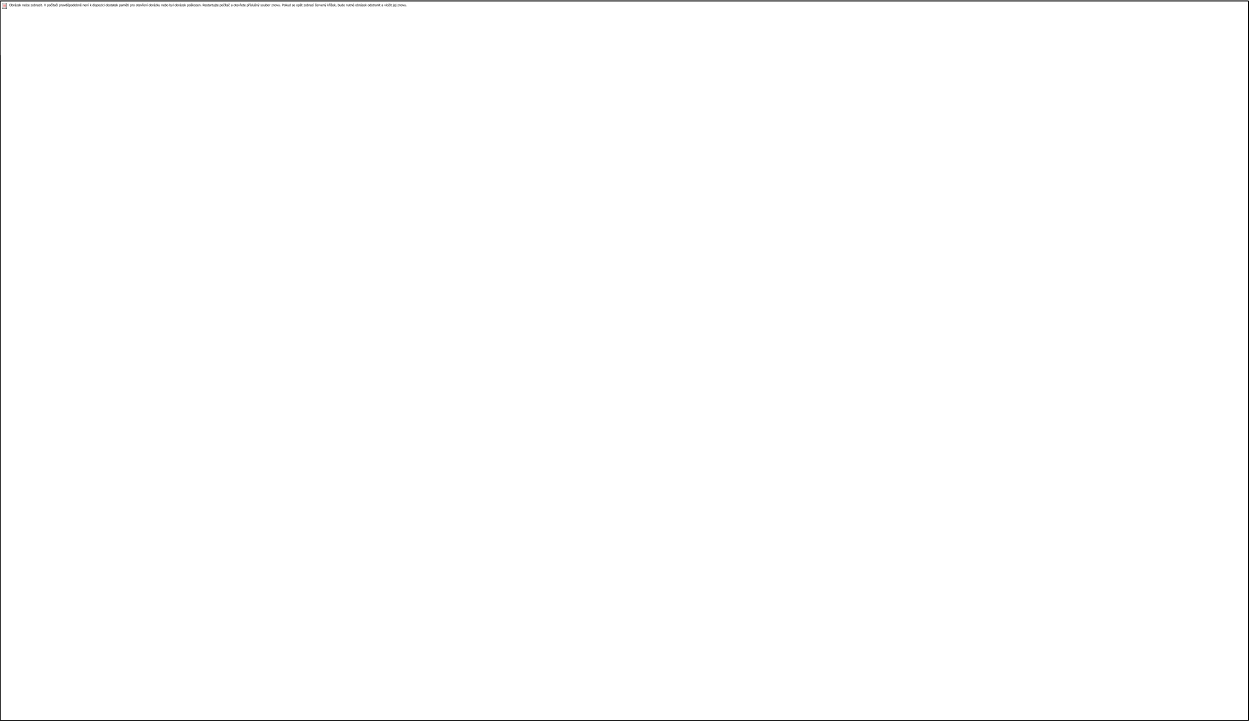
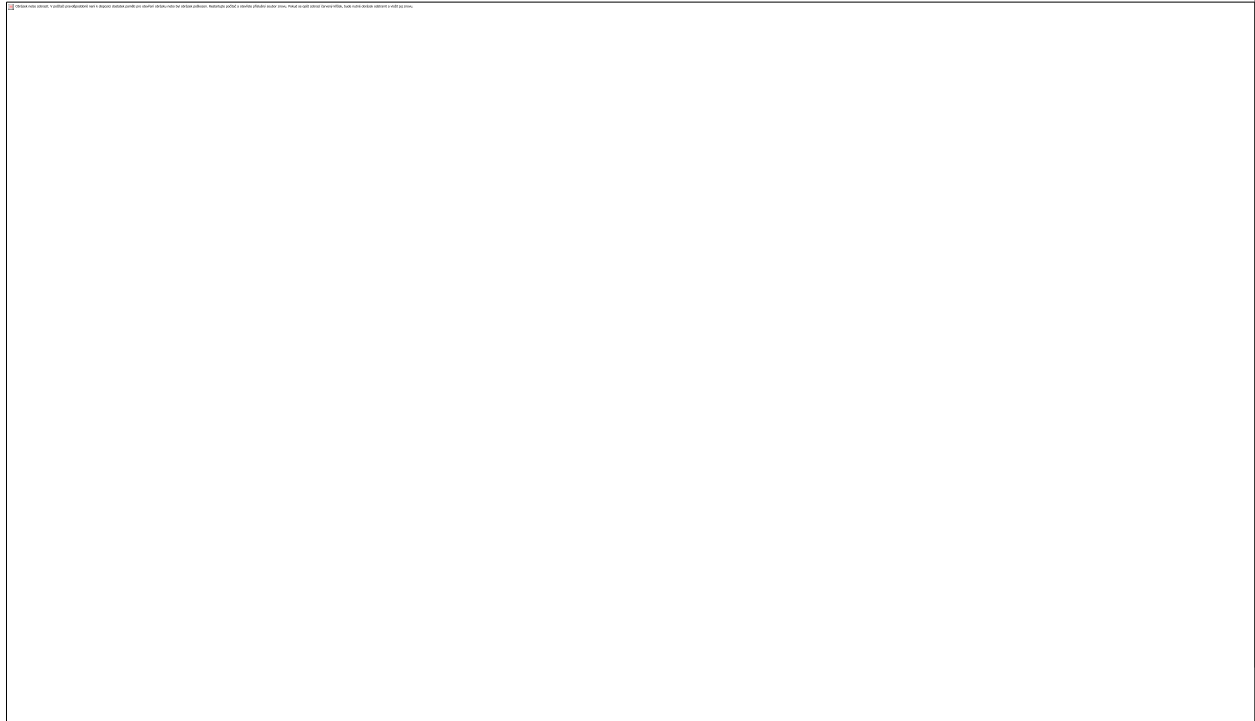
ADVOR: Acetazolamid u akutně dekompenzovaného srdečního selhání

intravenous acetazolamide (500 mg once daily) or placebo added to standardized intravenous loop diuretics (at a dose equivalent to twice the oral maintenance dose).

519 patients underwent randomization. Successful decongestion occurred in 108 of 256 patients (42.2%) in the acetazolamide group and in 79 of 259 (30.5%) in the placebo group (risk ratio, 1.46; 95% confidence interval [CI], 1.17 to 1.82; $P < 0.001$).

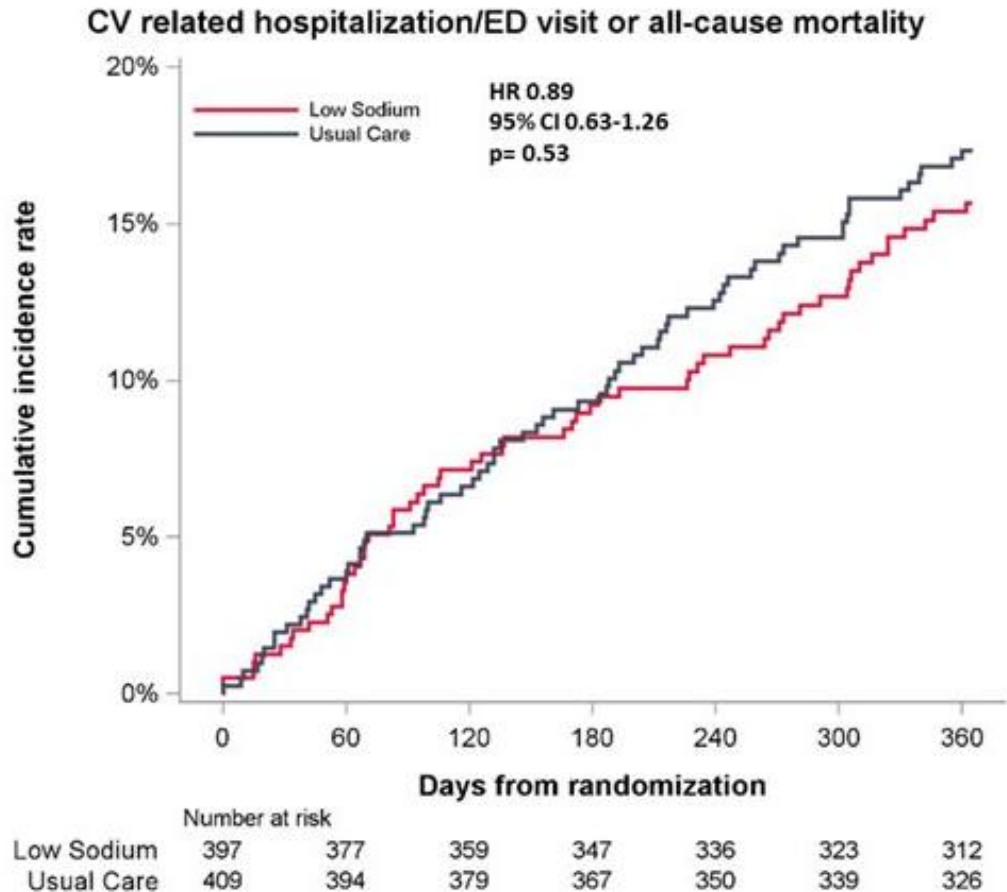
Furosemid vs. torasemid - TRANSFORM-HF

2859 pacientů hospitalizovaných pro srdeční selhání (bez ohledu na ejekční frakci)
Torasemid – lepší biologická dostupnost a delší plazmatický poločas



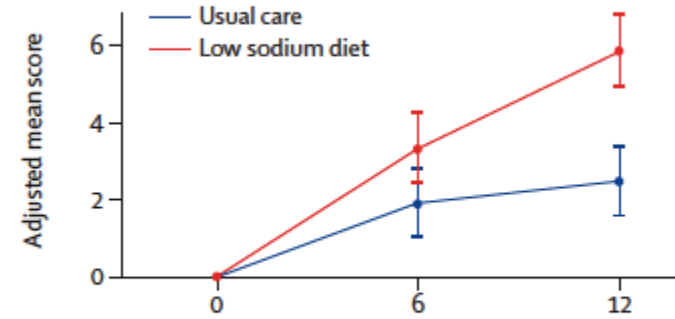
SODIUM-HF přísná restrikce soli vs. běžná péče

NYHA II-III, usual care according to local guidelines or a low sodium diet of less than 1500 mg/day.



KCCQ OSS

Adjusted difference (95% CI) p value
1.42 (-1.1 to 3.97) 0.28
3.38 (0.79 to 5.96) 0.011

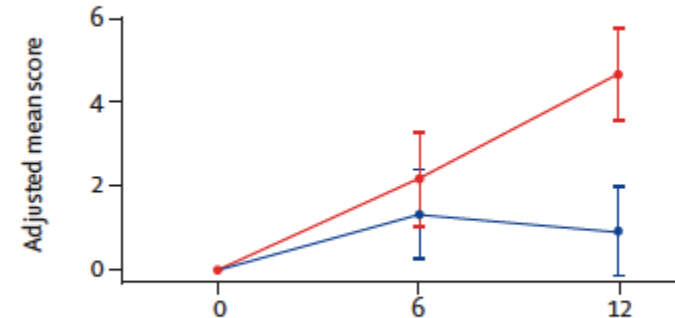


Number analysed

Usual care	407	330	316
Low sodium diet	393	309	302

KCCQ PLS

Adjusted difference (95% CI) p value
0.86 (-2.2 to 3.93) 0.585
3.77 (0.67 to 6.87) 0.017

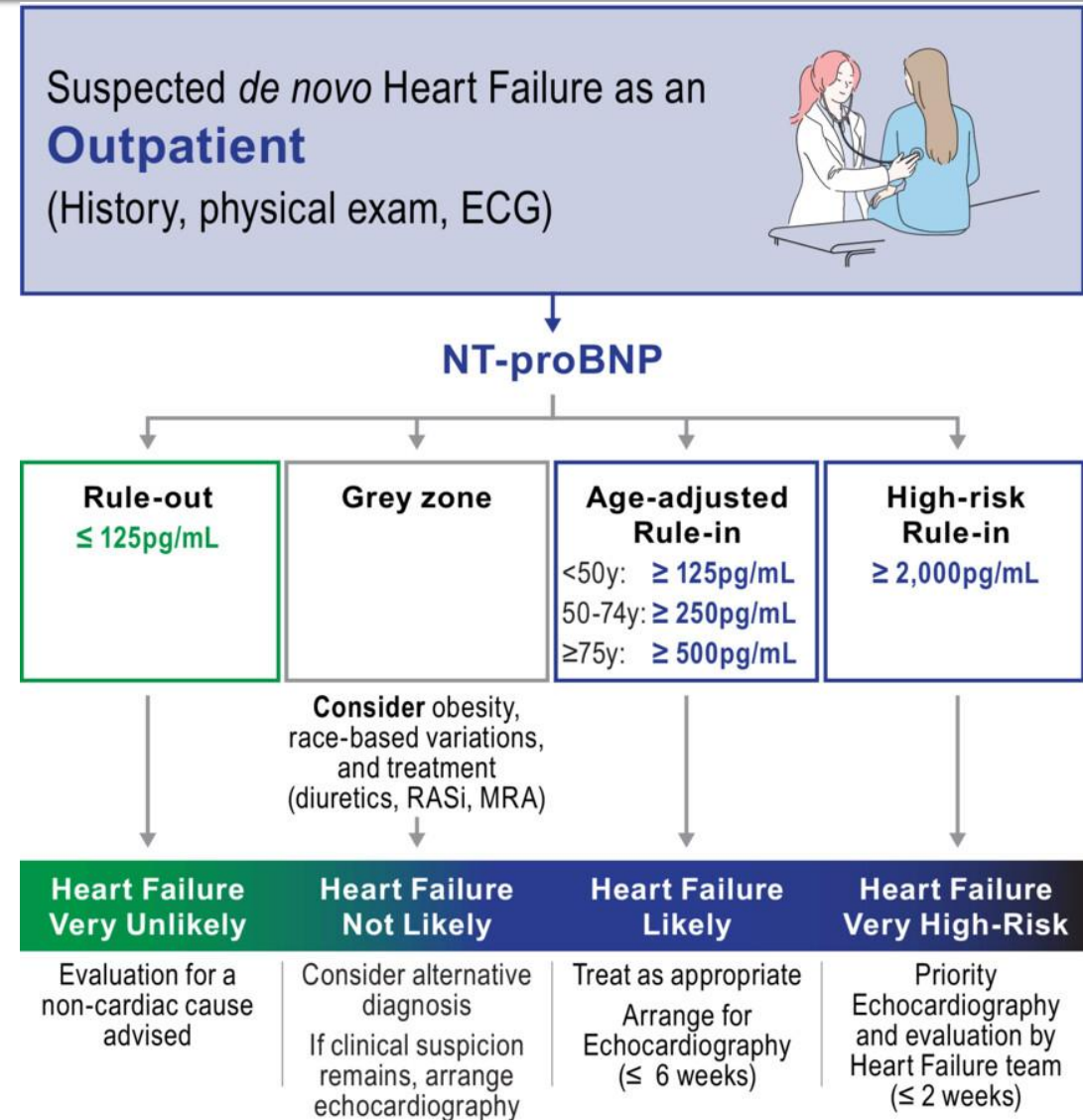


Number analysed

Usual care	402	320	308
Low sodium diet	383	296	295

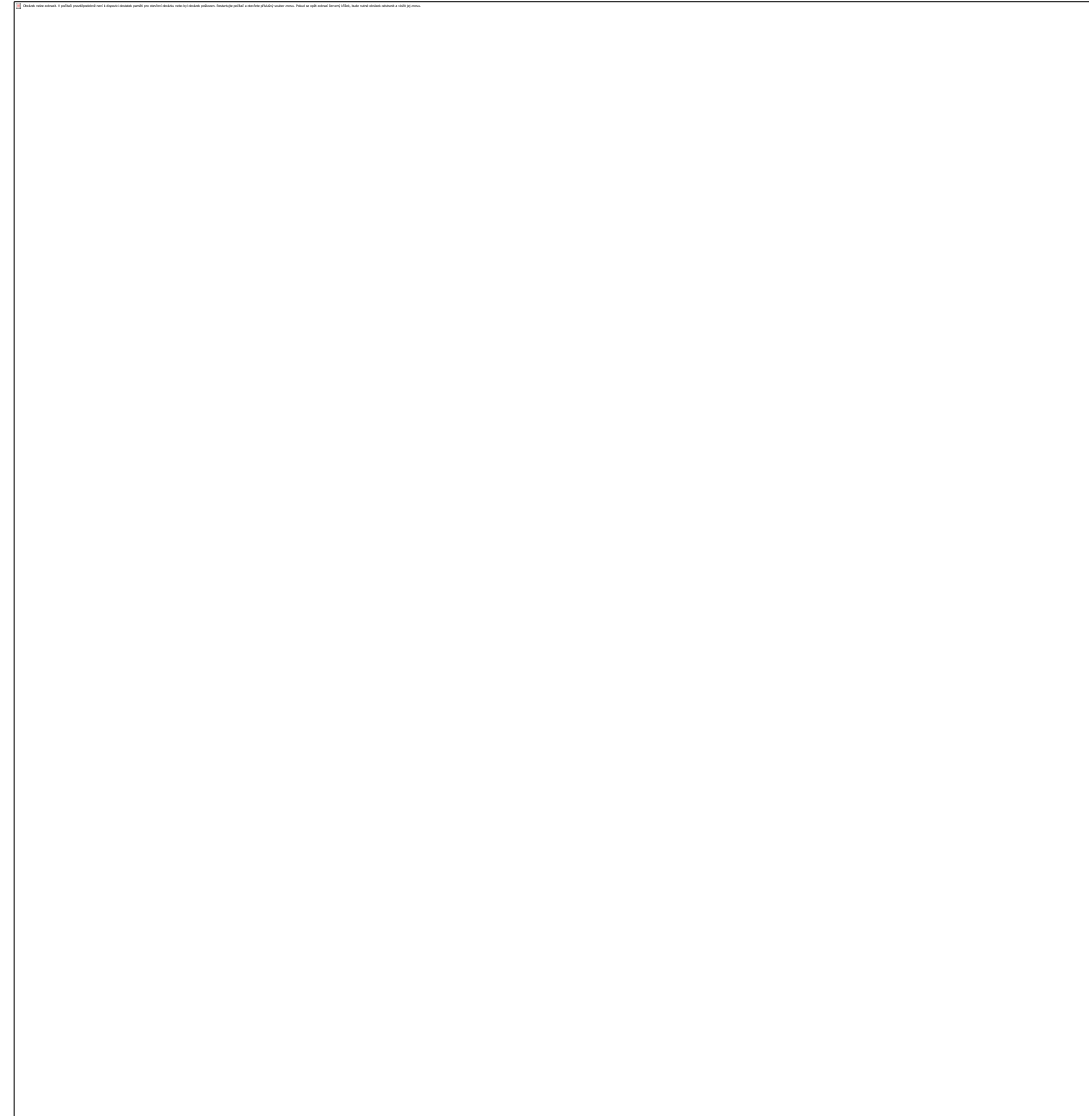
CUT-OFF HODNOTY PRO POZITIVNÍ DIAGNÓZU SRDEČNÍHO SELHÁNÍ

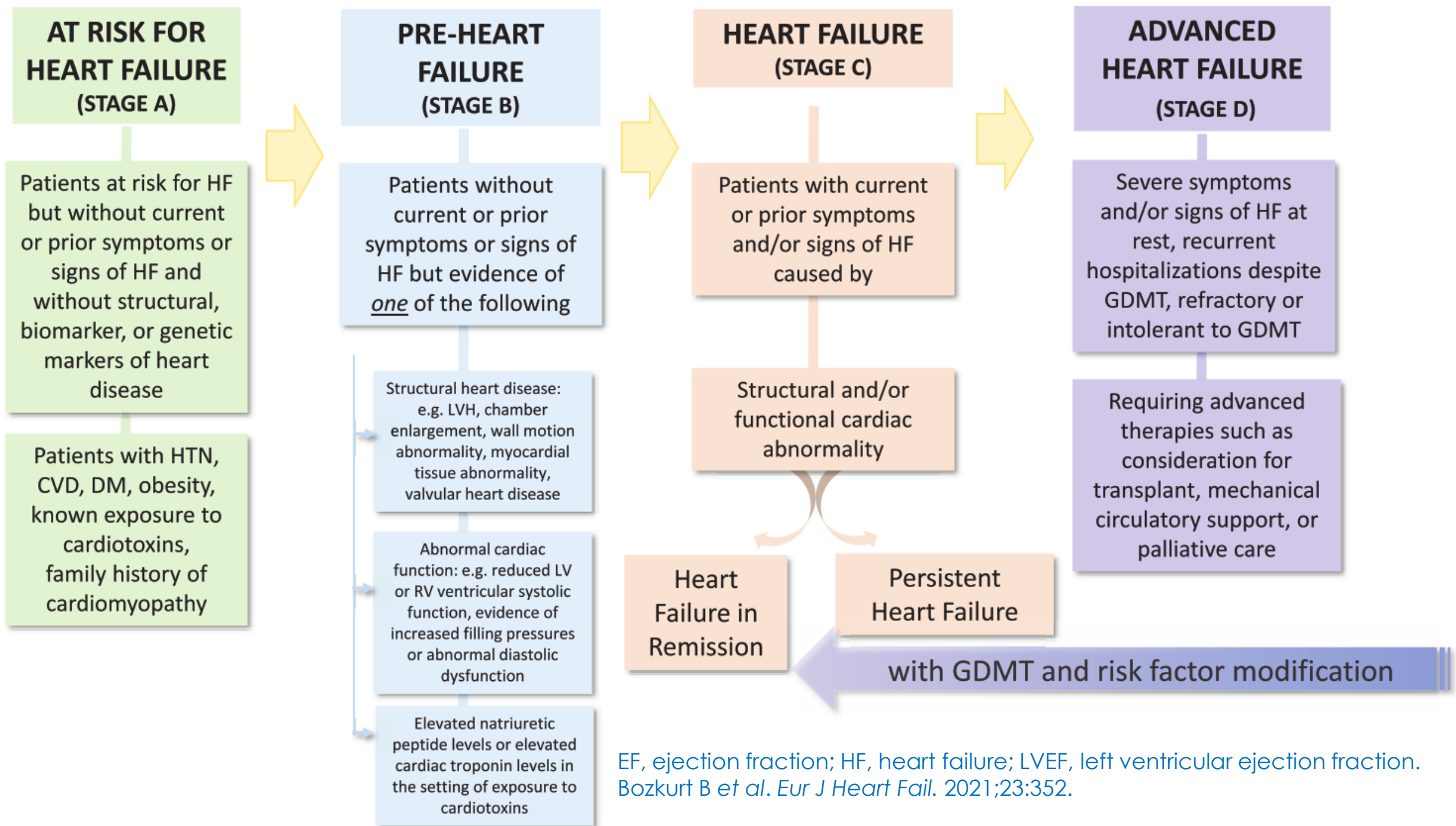
Practical algorithms for early diagnosis of heart failure and heart stress using NT-proBNP: A clinical consensus statement from the HFA of the ESC



HEART STRESS

‘Heart stress’ is introduced to identify asymptomatic individuals with risk factors and elevated plasma NPs, irrespective of the presence or absence of structural heart disease or cardiac dysfunction.





EF, ejection fraction; HF, heart failure; LVEF, left ventricular ejection fraction.
 Bozkurt B et al. *Eur J Heart Fail.* 2021;23:352.

Závěry

- Oblast srdečního selhání se vyvíjí rychle a guidelines nemohou podchytit poslední trendy v jejich celku
- Odstup od provedených studií je často na místě
- Některé studie minuly cíl jen o málo – přílišné lpění na splnění primárního cíle někdy zastíní možné benefity (sacubitril valsartan u HF-pEF, dapagliflozin u akutního selhání)
- Některé terapie pravděpodobně do praxe proniknou velmi obtížně (acetazolamid)