

NOVELTIES IN THE TREATMENT OF HEART FAILURE WITH REDUCED EJECTION FRACTION

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In recent years, clinical practice in the management of heart failure with reduced ejection fraction (HFrEF) has changed significantly. Many new options have emerged for the pharmacological treatment of HFrEF.

A few years ago, ACE inhibitors, beta receptor blockers, and mineralocorticoid receptor antagonists were the first-line treatment for HFrEF. Today, the ACE inhibitors have been at least partially replaced by the angiotensin receptor neprilysin inhibitor, sacubitril-valsartan, and a new class of drugs, SGLT2 inhibitors, has emerged as a first-line treatment. The use of these drugs is now included in the current heart failure guidelines. Both the heart failure guidelines published by the ESC in 2021 and the AHA/ACC/HFSA in 2022 recommend the use of these drugs as a class I recommendation.

Second-line treatment has been supplemented with the soluble guanylyl cyclase stimulator, vericiguat. The above-mentioned guidelines recommend the use of vericiguat as a class IIb recommendation.

The GALACTIC HF study, published in 2021, demonstrated a beneficial effect of omecamtiv mecarbil on the composite primary endpoint of heart failure events and cardiovascular mortality in heart failure patients with a left ventricular ejection fraction of 35% or less. This new agent is not yet included in the current guidelines.

The presentation will review the above-mentioned novelties in the pharmacological management of heart failure with reduced ejection fraction, which are already in clinical practice or close to clinical application.

Keywords: novelties, pharmacological treatment, heart failure with reduced ejection fraction