



Heart Failure and Cardiomyopathies

CLINICAL EFFECTIVENESS OF SPIRONOLACTONE IN HOSPITALIZED OLDER ELIGIBLE (EF LESS THAN OR EQUAL TO 35% AND EGFR GREATER THAN OR EQUAL TO 30 ML/MIN/1.73 M2) PATIENTS WITH HEART FAILURE

Poster Contributions

Poster Hall, Hall C

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Session Title: Heart Failure and Cardiomyopathies: Heart Failure Is Just a Revolving Door

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Background: Randomized controlled trials have established the efficacy of aldosterone antagonists in patients with heart failure and reduced ejection fraction (HFrEF). However, there is limited evidence of their clinical effectiveness in real-world eligible patients with HFrEF (PMID: 23188026). We examined the clinical effectiveness of spironolactone in hospitalized patients with HFrEF.

Methods: In the Medicare-linked OPTIMIZE-HF registry, of the 6524 hospitalized patients with HF and EF $\leq 35\%$, estimated glomerular filtration rate (eGFR) ≥ 30 , and not receiving spironolactone on admission, 829 received a new discharge prescription for the drug. Propensity scores for spironolactone use, estimated for each of the 6524 patients, were used to assemble a cohort of 824 pairs of patients, receiving and not receiving spironolactone, who were balanced on 58 baseline characteristics. The 1648 matched patients had a mean (\pm SD) age of 75 (± 11) years, a mean (\pm SD) EF of 24 (± 7) percent, 49% were women, and 39% African American.

Results: During 2.9 years of median follow-up (max, 6.0 years), the combined outcome of all-cause readmission or all-cause mortality occurred in 95% and 96% of matched patients receiving and not receiving spironolactone (HR, 0.89; 95% CI, 0.81–0.98; Figure). Spironolactone use had no significant association with HF readmission (HR, 0.89; 95% CI, 0.78–1.01).

Conclusions: Spironolactone use was associated with improved clinical outcomes among hospitalized eligible HFrEF patients.

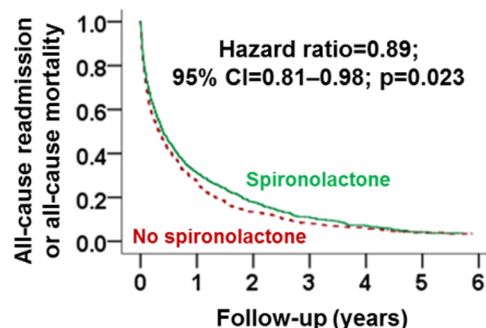


Figure Kaplan-Meier plots for all-cause readmission or all-cause mortality by spironolactone use in a propensity-matched cohort of eligible older patients with heart failure and reduced ejection fraction (CI=confidence interval)