Abstract: P780


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Introduction: Long-acting loop diuretics have a possibility of better prognosis compared to short-acting loop diuretics in patients with heart failure with preserved ejection fraction (HFpEF).

Purpose: To investigate the effect of long- and short-acting loop diuretics in patients with HFpEF.

Methods: From the Clue of Risk Stratification in Patients With Heart Failure Registry (CURE-HF Registry), we enrolled 301 consecutive patients with HFpEF (median age, 84 years; 55% female). Long-acting loop diuretics (azosemide) were administrated in 127 patients, and short-acting loop diuretics (furosemide) in 174 patients. We constructed Cox models for MACE (defined as a composite of all-cause death, non-fatal myocardial infarction, non-fatal stroke, and heart failure [HF] hospitalization).

Results: During a median follow-up of 317 [174-734] days, the primary endpoint occurred in 129 patients (42.8%). On multivariate inverse probability of treatment weighted (IPTW) Cox modeling, patients treated with long-acting loop diuretics had a significantly lower incidence of adverse events than those treated with short-acting loop diuretics (hazard ratio [HR], 0.39; 95% confidence interval [CI] 0.23-0.67; P=0.001). Furthermore, on multivariate IPTW Cox modeling for the secondary endpoints, all-cause mortality (HR, 0.50; 95% CI, 0.20-0.80; P=0.01) and unplanned hospitalization for decompensated HF (HR, 0.50; 95% CI, 0.28-0.89; P=0.018) were also reduced in patients treated with long-acting loop diuretics.

Conclusions: Long-acting loop diuretics reduced the risk of MACE compared to short-acting diuretics in patients with HFpEF.