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Pharmacological treatment patterns in heart failure: a real world cohort study

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Background: Although the efficacy and safety of existing therapies of heart failure (HF) have been demonstrated in clinical trials in the last 35 years, little is known about the treatment patterns of HF in clinical practice, especially in France.

Objectives: To describe the treatment initiation patterns and the subsequent treatment changes among HF patients, in the first year following an incident hospitalisation for HF, in a French real-world setting. Methods: A cohort of patients aged 40 years old and older, with an incident hospitalisation for HF between January 1, 2008 and December 31, 2013, was identified in the EGB, a 1/97 permanent random sample of the French nationwide claims database. All patients who died during the index hospitalization or with a period of at least 3 consecutive months with no healthcare dispensing recorded were excluded. All included patients were followed one year. HF drugs of interest were: beta blockers (BB), angiotensin-converting enzyme inhibitors (ACEI), angiotensin receptor blockers (ARBs), aldosterone antagonists (AA), diuretics, digoxin or ivabradine. Drug exposure was assessed quarterly using a Proportion of Days Covered > 66% (> 60 days out of the 90 days of the quarter covered by the treatment of interest), by considering HF drugs individually or in combination. Drug changes were assessed between each quarter over the first year of follow-up.

Results: Between 2008 and 2013, 7,387 from the EGB were included in the cohort study. The mean age at baseline was 77.7 years (±12.0 years) and 51.6% were women. During the follow-up, 24.4% of patients died and 20% did not receive any HF treatment. During the first quarter following initial hospitalisation, 42.7% of patients had diuretics, 26.0% had BB, 25.7% had ACEI, 7.4% had ARB, 7.6% had AA, 4.7% had digoxin and 1.3% had ivabradine. the most frequent combination was BB/ACE/ARB (23.4%). These proportions remained globally constant in each quarter of the follow-up. The main change occurred between the first and the second quarter and concerned 53.1% of the initially untreated patients; by the second quarter, 22.2% of them initiated a BB/ACE/ARB combination, 13% a diuretic alone, 7.4% a BB and 4.9% a BB/ACE/ARB/AA combination.

Conclusion: This study provides precious information on treatment patterns after an initial hospital admission for HF at a time when new treatments for HF are emerging.