Abstract: P1649

Effects of mineralocorticoid receptor antagonists (MRA) in heart failure patients after up to 12 months of follow-up.

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Background: Studies have shown that Mineralocorticoid receptor antagonists (MRAs) have beneficial prognostic effects in patients with heart failure. However, in clinical practice, MRAs are eventually stopped due to several reasons.

Purpose: To assess the effect of MRAs in heart failure patients after 12 months of follow-up.

Method: Data collection was done using IT systems used in the Department of Cardiology (CVIS). Patients who attended heart failure clinic (HFC) between January and June 2017, who were started or were already on a MRA were followed up after 12 months. Patients who were lost to follow up and patients who passed away were excluded from the study.

Results: There were 220 patients who attended HFC between January and June 2017 who were already on or started on MRA. 73% were males and 27% females. Mean age was 67 years. 24.5% (n=54) stopped MRA after 12 months of which 35% (n=19) did not tolerate the drug due to side effects (including gynaecomastia and hypotension) and 65% (n=35) had to stop the drug due to a significant rise in creatinine and/or hyperkalaemia. Baseline (estimated glomerular filtration rate) eGFR was noted to be a predictor for stopping MRA after 12 months (p value 0.013) using multivariate logistic regression for confounders including age, gender and baseline potassium. Mean eGFR in patients stopping MRA was 58.7mls/min/1.73m2 and mean eGFR in patients who continued MRA was 70.5mls/min/1.73m2.

Conclusion: In this study we found that baseline eGFR is a predictor for stopping or continuing MRA after 12 months of follow-up. Age, gender and baseline potassium were not shown to be predictors in stopping or continuing MRA after 12 months.