Abstract: **P532**

6-hours levosimendan outpatient administration in advanced heart failure: Our 93 sessions experience

Authors:
A Valentim Goncalves¹, T Pereira-Da-Silva¹, R Soares¹, J Reis¹, R Ilhao Moreira¹, A Teresa Timoteo¹, R Cruz Ferreira¹, ¹Hospital de Santa Marta - Lisbon - Portugal,

Topic(s):
Chronic Heart Failure: Pharmacotherapy

Citation:

Introduction
Advanced Heart Failure (HF) is defined by the presence of left ventricular ejection fraction (LVEF) reduction and poor functional capacity leading to recurrent hospitalisations. Clinical experience with outpatient 6-hours administration of Levosimendan is lacking.

Purpose
Present our 1-year experience performing 6-hours Levosimendan in an outpatient care for advanced HF patients.

Methods
Patients with advanced HF despite optimal medical treatment (OMT) and device therapy were selected to start Levosimendan in an outpatient care.
Advanced HF was defined by persistent ambulatory NYHA functional class =III, LVEF <40% and previous HF hospitalizations requiring intravenous diuretics or inotropic support.
Levosimendan was performed as a 6-hour intravenous infusion (0.2 ??g/kg/min) every two weeks in an outpatient setting.

Results
Levosimendan 6-hours treatment was started in 13 patients for a total of 93 sessions. Baseline characteristics are presented in the table 1. There were a total of 21 HF hospitalizations in the 3 months previous to outpatient treatment.
There are no adverse events to report in the 93 sessions. During a mean follow-up time of 149±144 days, only one patient required a HF hospitalization for persisting systemic congestion treated with the onset of peritoneal dialysis. One patient was withdrawn of the list for heart transplantation because of pVO2 improvement (12.1-23.7 ml/kg/min).

Conclusion:
Larger studies are needed to confirm the safety and efficacy of this therapeutic strategy. However, our results show that Levosimendan 6-hours outpatient administration is safe and related to a reduction in HF hospitalizations.

<table>
<thead>
<tr>
<th>Baseline characteristics of the study population</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age (years)</td>
<td>60 ± 15</td>
</tr>
<tr>
<td>Male gender</td>
<td>11 (85%)</td>
</tr>
<tr>
<td>Ischemic etiology</td>
<td>7 (54%)</td>
</tr>
<tr>
<td>Number of HF hospitalizations in the last 3-months</td>
<td>21</td>
</tr>
<tr>
<td>Waiting for Heart Transplant or LVAD</td>
<td>4 (31%)</td>
</tr>
<tr>
<td>NHYA IV class</td>
<td>11 (85%)</td>
</tr>
<tr>
<td>Mean systolic blood pressure (mmHg)</td>
<td>101 ± 13</td>
</tr>
</tbody>
</table>
Abstract: P532
6-hours levosimendan outpatient administration in advanced heart failure: Our 93 sessions experience

Authors: A Valentim Goncalves 1, T Pereira-Da-Silva 1, R Soares 1, J Reis 1, R Ilhao Moreira 1, A Teresa Timoteo 1, R Cruz Ferreira 1, 1Hospital de Santa Marta - Lisbon - Portugal,

Topic(s): Chronic Heart Failure: Pharmacotherapy

Citation:

Introduction
Advanced Heart Failure (HF) is defined by the presence of left ventricular ejection fraction (LVEF) reduction and poor functional capacity leading to recurrent hospitalisations. Clinical experience with outpatient 6-hours administration of Levosimendan is lacking.

Purpose
Present our 1-year experience performing 6-hours Levosimendan in an outpatient care for advanced HF patients.

Methods
Patients with advanced HF despite optimal medical treatment (OMT) and device therapy were selected to start Levosimendan in an outpatient care.
Advanced HF was defined by persistent ambulatory NYHA functional class =III, LVEF <40% and previous HF hospitalizations requiring intravenous diuretics or inotropic support.
Levosimendan was performed as a 6-hours intravenous infusion (0.2 ?g/kg/min) every two weeks in an outpatient setting.

Results
Levosimendan 6-hours treatment was started in 13 patients for a total of 93 sessions. Baseline characteristics are presented in the table 1. There were a total of 21 HF hospitalizations in the 3-months previous to outpatient treatment.

There are no adverse events to report in the 93 sessions. During a mean follow-up time of 149±144 days, only one patient required a HF hospitalization for persisting systemic congestion treated with the onset of peritoneal dialysis. One patient was withdrawn of the list for heart transplantation because of pVO2 improvement (12.1–23.7 ml/kg/min).

Conclusion:
Larger studies are needed to confirm the safety and efficacy of this therapeutic strategy. However, our results show that Levosimendan 6-hours outpatient administration is safe and related to a reduction in HF hospitalizations.

Baseline characteristics of the study population

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous implantable cardioverter defibrillator (ICD)</td>
<td>12 (92%)</td>
</tr>
<tr>
<td>Mean glomerular filtration rate (ml/min)</td>
<td>55 ± 23</td>
</tr>
<tr>
<td>Mean NTproBNP (pg/ml)</td>
<td>11135 ± 6801</td>
</tr>
<tr>
<td>Mean left ventricular ejection fraction (%)</td>
<td>26 ± 7</td>
</tr>
<tr>
<td>Mean peak oxygen consumption (ml/kg/min)</td>
<td>11.7 ± 3.8</td>
</tr>
</tbody>
</table>

Baseline characteristics of the study population