

# Short- and Long-Term Effect of Immediate Vasodilator Therapy in Acutely Decompensated Heart Failure: Results of the TRUE-AHF Trial

**Purpose:** To evaluate the short- and long-term effect of immediate vasodilator (ularitide) therapy in acutely decompensated heart failure on cardiovascular death

**Trial Design:** randomized, double-blinded, parallel-group, placebo-controlled, event-driven trial in acute HF patients. N=2157; 1:1 randomization ularitide 15 ng/kg/min (continuous IV infusion) vs placebo for 48 hours

**Primary Endpoint:** composite endpoint at 48 hours (improved, in-hospital worsening or unchanged); risk of CV death during the trial.

Trial Results	Ularitide vs placebo
48 hours	N-terminal pro BNP 47% lower vs. placebo, $p < 0.001$
	Intravascular decongestion markers: increased hgb, $p < 0.001$ and serum creatinine, $p = 0.005$ , decrease in hepatic transaminases, $p < 0.001$
	High sensitivity cardiac troponin T at 48 hours: $p = 0.70$
120 hours	Worsening HF events: placebo vs ularitide: $p = 0.005$
Composite Endpoint	$P = 0.82$ ,

**Conclusions:** While immediate vasodilator therapy in acute HF reduced congestion and cardiac wall stress, the long-term risk of cardiovascular death was not reduced ( $p = 0.75$ )