**GALACTIC - Effect of Comprehensive Vasodilation in Acute Heart Failure**

**Purpose:** To evaluate a comprehensive approach of early intensive plus sustained vasodilation, individualized doses, combining well-characterized, widely available & inexpensive drugs with complimentary hemodynamic profile.

**Trial Design:** Adult patients presenting with advanced heart failure to the ED, NYHA III/IV, BNP/NT-pro-BNP elevated, systolic BP > 100mgHg. Randomized to either standard of care (ESC GLs) or Intervention (vasodilation/early intensive +sustained)

**Primary Endpoints:** Death or Advanced HF hospitalization

<table>
<thead>
<tr>
<th>Primary Endpoint</th>
<th>Standard Care</th>
<th>Early intensive vasodilation</th>
<th>Hazard Ratio</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death or Advanced HF hospitalization</td>
<td>N = 111 (27.8%)</td>
<td>N = 117 (30.6%)</td>
<td>1.07 (95% CI 0.83-1.39)</td>
<td>P=0.592</td>
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**Results:**
- Individualized doses, intensive vasodilation did not improve outcomes.
- AHF will continue to have a very high morbidity and mortality.
- Pulmonary congestion (common symptom) in AFH may not be the perfect target for treatment.
- For the clinician – must pursue prevention of HF, detection and treatment of HF early to prevent progression to AHF.

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