

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 ≥ 100 mgHg. Randomized to either standard of care (ESC GLs) or Intervention (vasodilation/early intensive +sustained)

Primary Endpoints: Death or Advanced HF

Primary Endpoint	Standard Care	Early intensive vasodilation	Hazard Ratio	P value
Death or Advanced HF hospitalization	N = 111 27.8%)(N = 117 (30.6%)	1.07 (95% CI 0.83- 1.39)	P=0.592

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.**

