DAPA-HF
SGLT2i in non-Diabetics
Discussion

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DAPA-HF: Outcomes

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  • CV death + HF hospitalization + urgent HF visit: ARR 5%
  • All components improved, as was all-cause death, QoL, and renal function
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- No signal of side effects and rare adverse events
  - ...minus cost $$$
SGLT2i indications?

- **T2DM**
  - EMPA-REG Outcomes
  - CANVAS Program
  - DECLARE TIMI-58

- **HFpEF**
  - DELIVER HFpEF
  - EMPEROR-Preserved

- **Multimorbidity Polypharmacy**

- **HFpEF**
  - DAPA-HF
  - DEFINE-HF
  - EMPEROR-Reduced
  - EMMY
  - SOLOIST-WHF
  - REFORM
  - EMPULSE

- **CKD**
  - CREDENCE

How does SGLT2i compare?

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<thead>
<tr>
<th>PARADIGM</th>
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<th>DAPA-HF</th>
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<tbody>
<tr>
<td>• Sacubitril added to GDMT</td>
<td>• Dapagliflozin added to GDMT</td>
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<tr>
<td>• All-cause death: 20.0 → 17.3%</td>
<td>• All-cause death: 13.9 → 11.6%</td>
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<tr>
<td>• ARR = 2.7%</td>
<td>• ARR = 2.3%</td>
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<tr>
<td>• 27-month follow up</td>
<td>• 18-month follow up</td>
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<tr>
<td>• Well-tolerated (after run-in)</td>
<td>• Well-tolerated</td>
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<td>• PO BID</td>
<td>• PO Daily</td>
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We don’t use much of either!!
Dissemination and Implementation

Yet another GDMT drug...

1. GDMT sequencing
2. Polypharmacy
3. Value versus financial toxicity
4. DM + HF + CAD: SLGT2i or GLP-1?

Yancy, Januzzi, Allen, at al. 2017 Pathways for Optimization of Heart Failure Treatment. JACC. 2018; 201.
Conclusions

1. **T2DM + risk of HF or HF**: strongly consider SGLT2i
   - <5% of these patients are now on SGLT2i

2. **HFrEF**: consider SGLT2i (irrespective of DM)
   - **Sequencing**: add early? - strong outcomes data, limited side effects
   - **Align incentives**
     - encourage clinicians optimize GDMT
     - help patients avoid financial toxicity

3. **HFpEF**: Dearth of therapy, SGLT2i promising
   - High-quality trials coming!