Aktuelle Therapie der chronischen Herzinsuffizienz. Braucht es wirklich all die vielen Medikamente? Wie beginne ich in der Praxis mit der Therapie?

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Universitäres Herzzentrum

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UNI BASEL

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«Fantastischen 4»

Wie viele davon braucht es?

You = patient with a deadly disease,
4 drugs have been shown to independent from each other
Mortality ↓ & HrQoL ↑

How many of these would you like to be on:

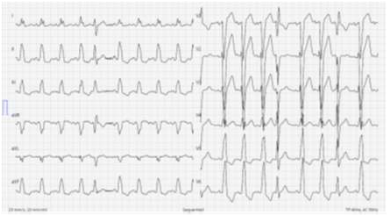
- 1
- 2
- 3
- 4

«Fantastischen 4»

1. Fälle
2. Auftitrations-Visite
3. Adäquate Polypharmazie

56y U.D., Acute Dyspnea, AHF, HFrEF (LVEF 20%)

Dilatative CMP (moderate mitral regurgitation), LBBB



<u>Day 3 in-hospital</u>:

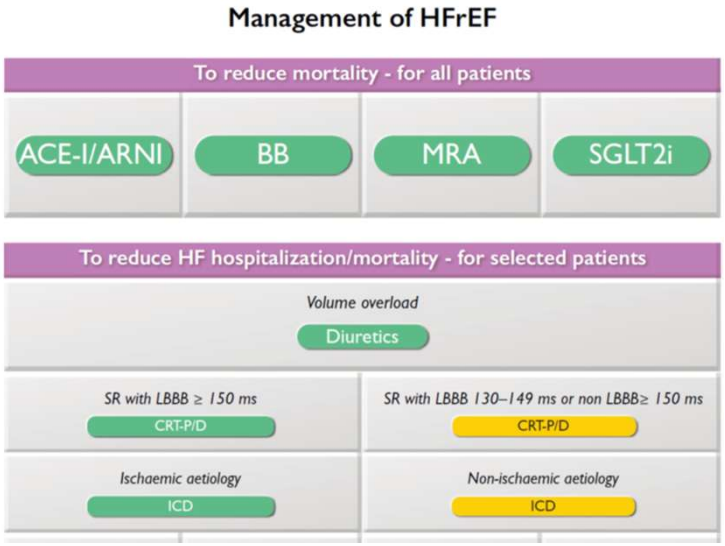
No more dyspnea at rest, Pulse 88/min, BP 110/70mmHg, 67kg↓

- warm extremities, still some rales, eGFR 107 ml/min

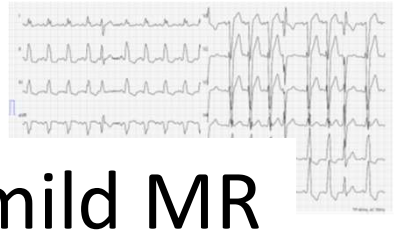
Med: Ramipril 1.25mg 1-0-1 (Furosemid IV,

What would you do?

1) Add low-dose Betablocker
2) Add Aldactone 25mg
3) Add SGLT2-Inh
4) All of the above



56y U.D., Acute Dyspnea, AHF, HFrEF (LVEF 20%)



Dilatative CMP (moderate mitral regurgitation), LBBB

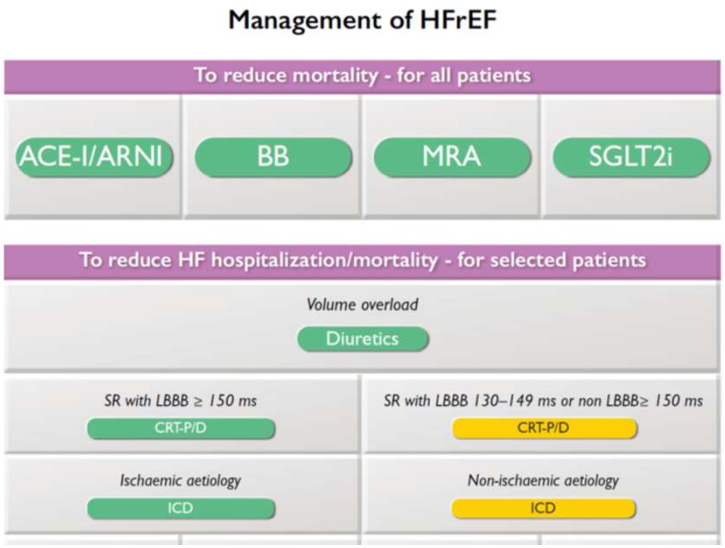
Day 3 i
No mo

FU 2 months: NYHA I-II, LVEF 40%, mild MR
FU 4 months: NYHA I-II, LVEF 55%, mild MR

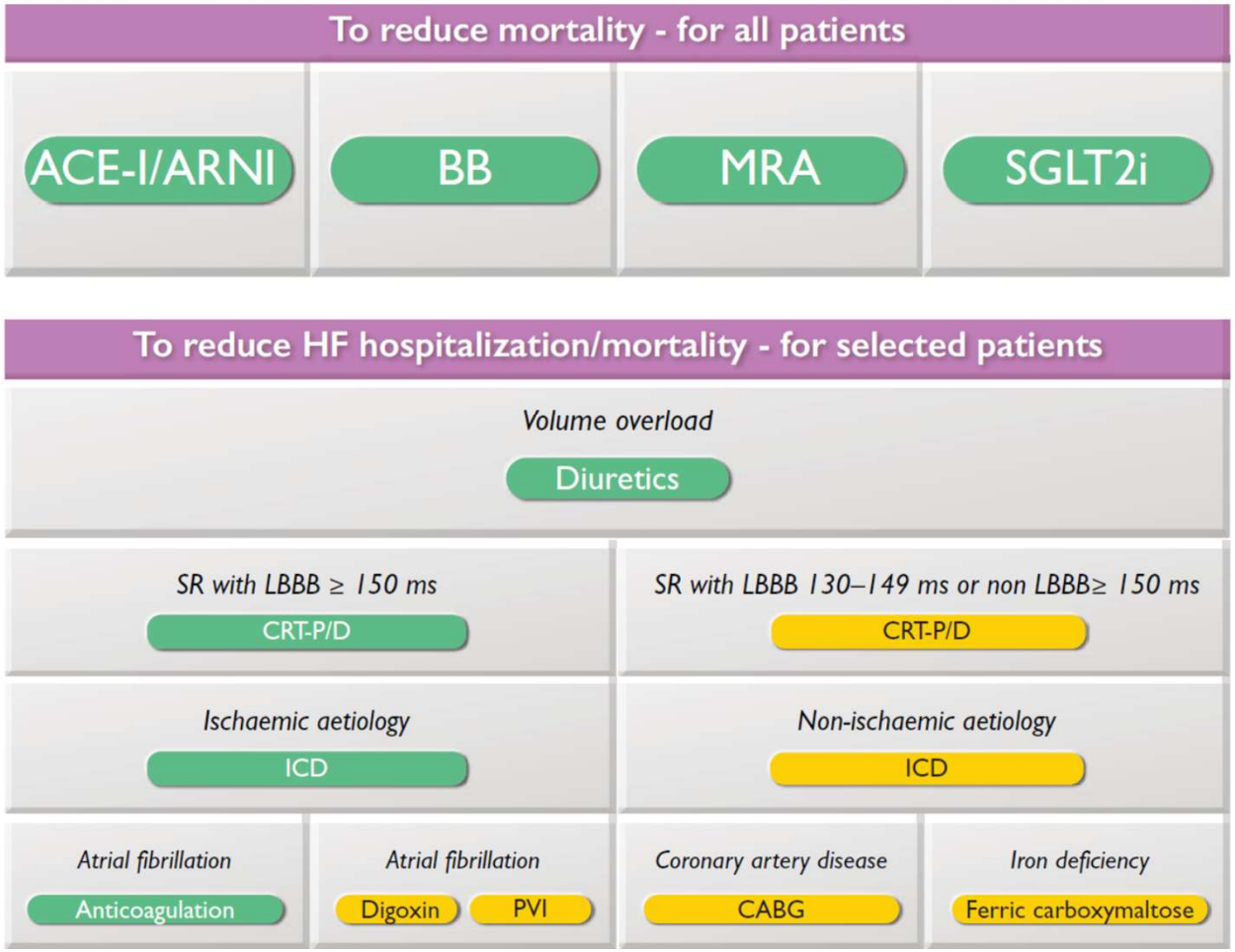
Med: Ramipril 1.25mg 1-0-1 (Furosemid IV,

What would you do?

1) Add low-dose Betablocker
2) Add Aldactone 25mg
3) Add SGLT2-Inh
4) **All of the above**



Class I recommendations



ESC HF 2021

85y R.H., HFrEF (LVEF 35%), AHF Hosp 8.2020

CAD (no relevant ischemia)**, Hypertensive and Valvular Heart Disease** (moderate mitral regurgitation), Lung emphysema, Chronic kidney disease

V1, 3 weeks after discharge:

Much better, NYHA II, Pulse 60/min, BP 120/65mmHg, 63kg ↔

Cold extremities, Delayed capillary refilling, cyanosis of lips, Rales

- NT-proBNP 3'600ng/L (18'000 in 8.2020)**,** eGFR 45 ml/min

Med: Ramipril 10 mg, Bisoprolol 2.5mg, Aldactone 25mg, Torasemide 20mg, Aspirin 100mg

What would you do? Add **Dapagliflozin 10mg**

After 5 days: Email from patient «drug for diabetes», «I did not know that I also have diabetes»
«I would like to better informed about my health conditions prior to taking the new drug»

85y R.H., HFrEF (LVEF 35%), AHF Hosp 8.2020

CAD (no relevant ischemia)**, Hypertensive and Valvular Heart Disease** (moderate mitral regurgitation), Lung emphysema, Chronic kidney disease

V2, 2 months after discharge:

Feels good, NYHA II, Pulse 56/min, BP 110/60mmHg, 63kg ↔
warm extremities, Delayed capillary refilling, cyanosis of lips, Rales

- NT-proBNP 1'900ng/L **,** eGFR 43 ml/min, **LVEF 40%, mild MR**

Med: Ramipril 10 mg, Bisoprolol 2.5mg, Aldactone 25mg, Torasemide 20mg, Aspirin 100mg, Dapagliflozin 10mg

What would you do?

ARNI vs ACE-I

Entresto 50mg 1-0-1, increase to 100mg 1-0-1 in 4 weeks

85y R.H., HFrEF (LVEF 35%), AHF Hosp 8.2020

CAD (no relevant ischemia)**, Hypertensive and Valvular Heart Disease** (moderate mitral regurgitation), Lung emphysema, Chronic kidney disease

V3, 4 months after discharge:

Feels good, NYHA I-II, Pulse 56/min, BP 110/60mmHg, 63kg ↔
warm extremities, Delayed capillary refilling, cyanosis of lips, Rales

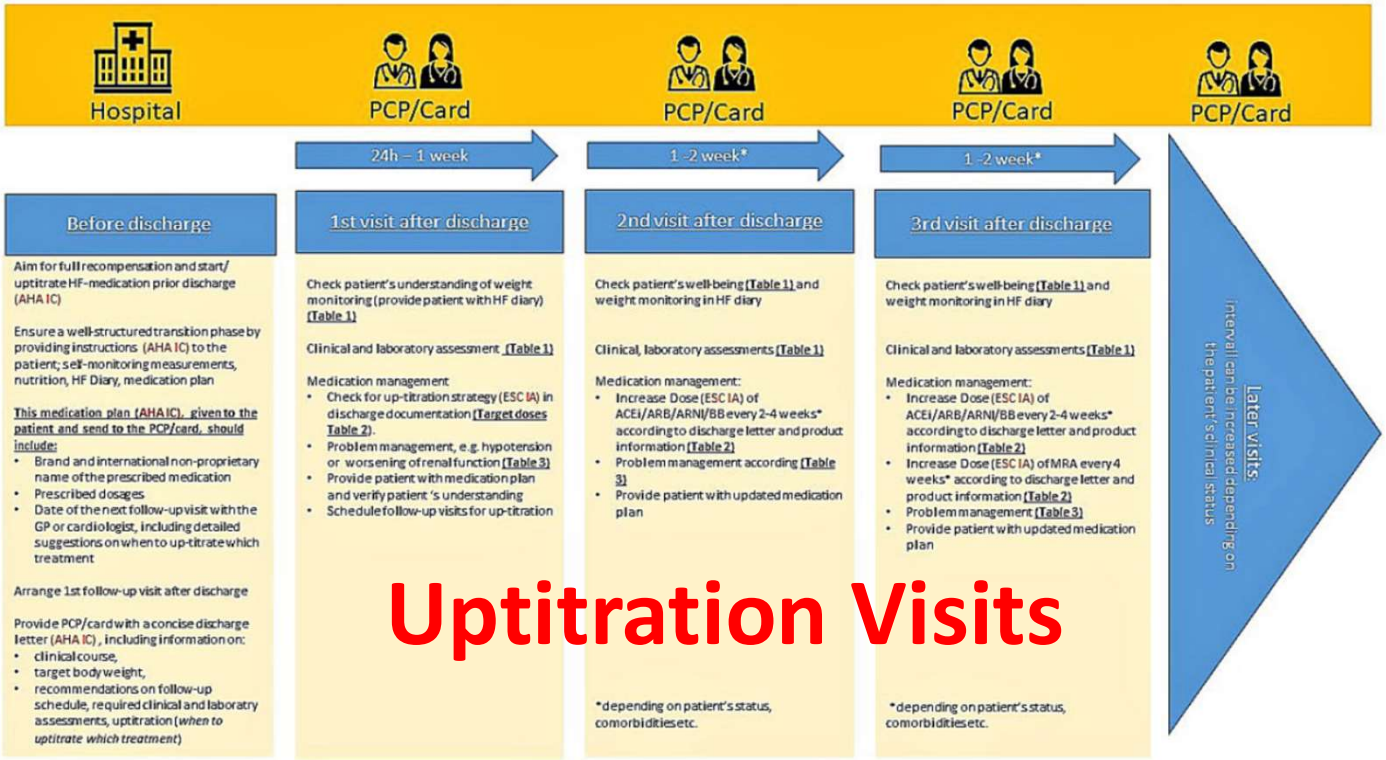
- NT-proBNP 1'100ng/L **,** eGFR 37 ml/min, LVEF 40%, mild MR

Med: Entresto 100mg 1-0-1, Bisoprolol 2.5mg, Aldactone 25mg, Torasemide 20mg, Aspirin 100mg, Dapagliflozin 10mg

Review article: Biomedical intelligence | Published 06 February 2020 | doi:10.4414/smw.2020.20159
Cite this as: Swiss Med Wkly. 2020;150:w20159

Roadmap for the treatment of heart failure patients after hospital discharge: an interdisciplinary consensus paper

Mueller Christian[a], Bally Klaus[b], Buser Marc[c], Flammer Andreas J.[d], Gaspoz Jean-Michel[e], Mach François[f], Moschovitis Giorgio[g], Paul Matthias[h], Zeller Andreas[b], Heitlinger Ellen[i], Fay Bianca[j], Rosemann Thomas[k]



Why is **Polypharmacy dangerous**

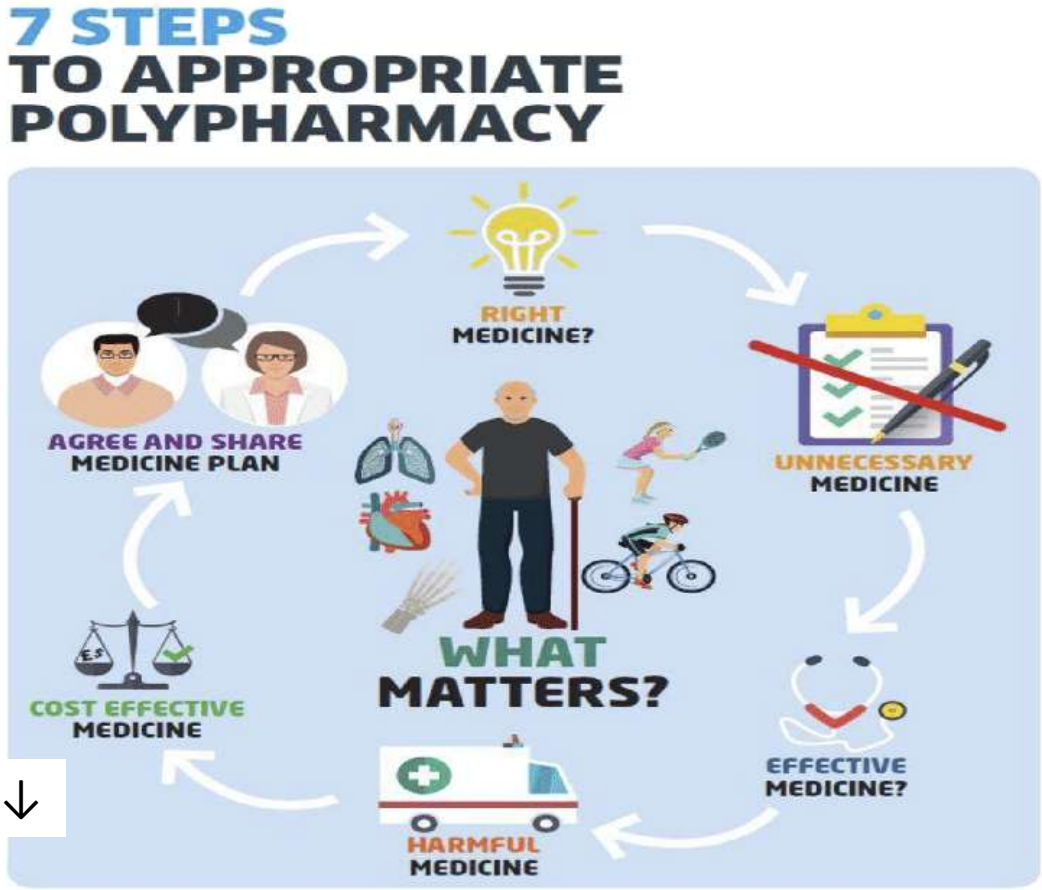
Polypharmacy ≥ 4-5 Drugs

- Old Patients
- Several chronic disorders
- Interactions↑, Side effects↑ (>10% of all hosp)
- Adherence ↓
- Risk↑ of Undertreatment

Aim: appropriate polypharmacy

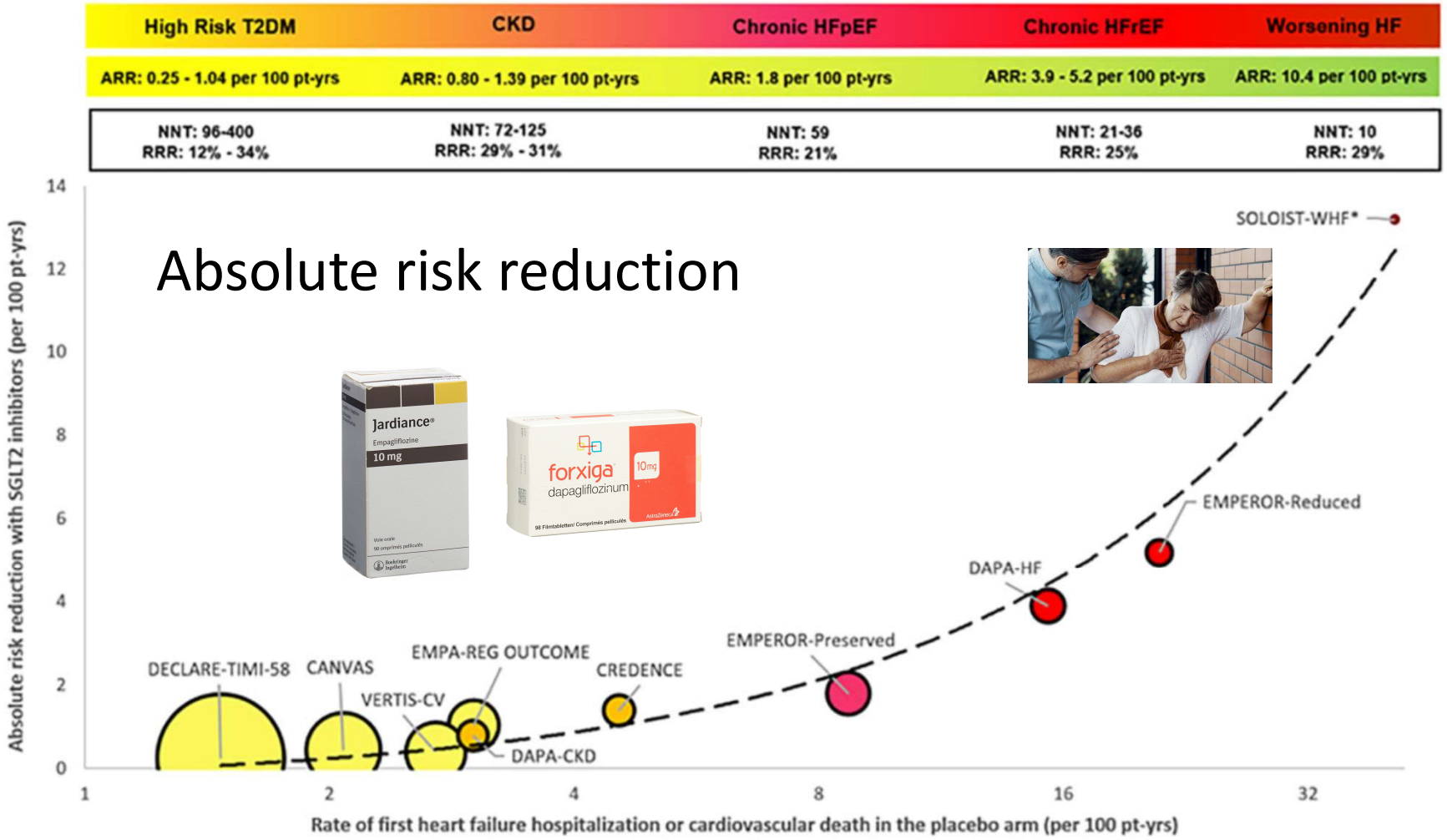
Appropriate Polypharmacy

If possible 1x/d
Small pills
Dispenser



Absolute Risk↓

Absolute risk reduction



Butler J, et al. Eur Heart J 2021

«Fantastischen 4»

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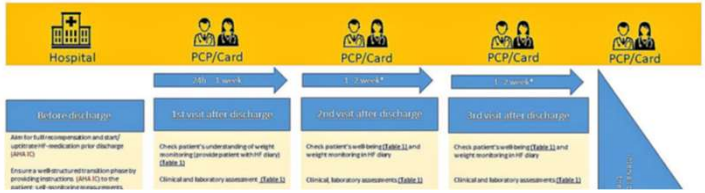
2. Auftitrations-Visite



3. Appropriate Polypharmacy