

Predictors of optimal pharmacological treatment in patients with heart failure and depressed ejection fraction. Results of the VIDA-IC study

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Introduction and Objectives: Many studies have demonstrated prognostic benefits of evidence-based drug therapy, but rate of use of these drugs remains less than optimal. We analyzed rates of optimal drug therapy in a "real-world" population of patients with heart failure and depressed ejection fraction (HF-dEF), as well as factors associated with its use.

Methods: VIDA-IC study included 1037 patients with EF<40% in 2012 in Spain. For analysis, concomitant use of ACE inhibitors (or ARB), betablockers and MRA was considered to be optimal treatment.

Results: Mean age was 71±11 years, 30% women. Mean EF 33±7%. ACEI/ARB was used in 92% of patients, beta-blockers in 77%, MRA in 66%, Ivabradine in 7%. Optimal treatment was used in 55%. Independent predictors for non using betablockers were age (OR:1.025;95% CI 1.009-1.041;p=0.002), lower blood pressure (OR:1.106, 95%CI 1.007-1.024;p<0.001) and lower heart rate (OR:1.105;95%CI 1.006-1.025;p=0.002). For MRA were age (OR:1.047;95%CI 1.012-1.084;p=0.009), higher EF (OR:1.079;95%CI 1.021-1.139;p=0.007) and betablockers use (OR:0.381,95%CI 0.166-0.875;p=0.002). Age (OR:1.061,95%CI 1.030-1.094;p<0.001) and lower HR (OR:1.019;95%CI 1.002-1.037;p=0.027) was associated with no of optimal treatment.

Conclusions: Half of patients with HF-dEF are still not receiving optimal drug therapy, mainly due to low MRA prescription and to a lesser extent beta-blockers. Factors associated with non-optimal therapy were older age and lower heart rate.