

Outpatient Mineralocorticoid Receptor Antagonist Prescription Rate for Heart Failure

Svenja Schneider, MD; Sairamya Bodempudi, MD; Joshua Bernard, MD; Ryan D'Angelo, PharmD; Eitan Frankel MD; Sara Collins, MD; Yair Lev, MD Thomas Jefferson University Hospital

Problem Definition

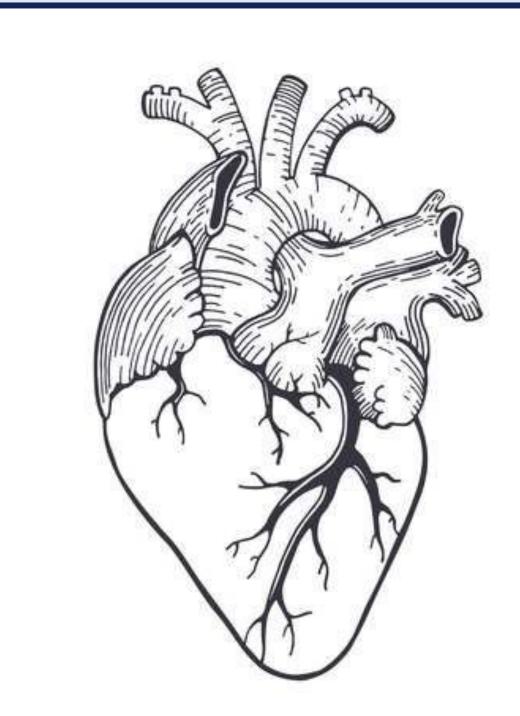
MRA use in HFrEF is a Class 1A Recommendation¹

RALES Trial: reduce mortality by 30% and lower hospitalizations by 35% in NYHA III – IV²

EMPHASIS-HF Trial: decrease cardiovascular death or HF hospitalization from 25.9% to 18.3% in NYHA II³

Aims For Improvement

Improve MRA
prescription rate in the
outpatient cardiology
clinic by 25%



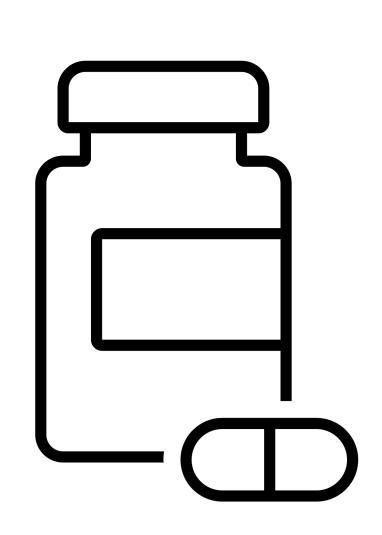
Phase 1

Study Design

- Patients at Jefferson
 Heart Institute between
 June Dec 2019
- EF ≤35%
- Contraindications:
 - •K>5
 - •GFR<30
- NYHA class and other prescribed GDMT was recorded

Results

67.5%
of patients who met
criteria were <u>not</u>
prescribed an MRA



Phase 2 (Intervention)

- Identify barriers to prescription
- Improve prescription through combination of educational measures and EMR interventions
 - Lectures and educational material
 - "Smartphrases" in Epic for heart failure visits
 - Possibility of expanding to other clinics and inpatient services

Discussion

- Greatly under-utilized
- Recent increased interest in novel agents (ARNI and SGLT2 inhibitors)
- Continued focus needed on MRAs -> well-studied, effective, safe, and affordable

References

- 1. Hunt, S. A., Abraham, W. T., Chin, M. H., et al. ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Update the 2001 Guidelines for the Evaluation and Management of Heart Failure): developed in collaboration with the American College of Chest Physicians and the International Society for Heart and Lung Transplantation: endorsed by the Heart Rhythm Society. Circulation 112, e154-235 (2005).
- 2. Pitt, B., Zannad, F., Remme, W. J., et al. The effect of spironolactone on morbidity and mortality in patients with severe heart failure. Randomized Aldactone Evaluation Study Investigators. N. Engl. J. Med. 341, 709–717
- 3. Zannad, F., McMurray, J. J. V, Krum, H., et al. Eplerenone in patients with systolic heart failure and mild symptoms. *N. Engl. J. Med.* **364**, 11–21 (2011).