

Prescription of Sacubitril/Valsartan in Patients with Heart Failure and Reduced Ejection Fraction Attending an Outpatient Heart Failure Clinic

M Rizzo, I Colomer-Asenjo, M Sutil-Vega, G Cabello-Molina, S Marín-López, F Taibi-Hajjami, C Roca-Guerrero, D García-Vega, M Panelo-Rubio, M Bonastre-Thio and A Martínez-Rubio

Sabadell, Barcelona, Spain

Citation: *European Cardiology Review* 2020;15:e31. **DOI:** <https://doi.org/10.15420/ecr.2020.15.1.P08>

Open Access: This work is open access under the CC-BY-NC 4.0 License which allows users to copy, redistribute and make derivative works for non-commercial purposes, provided the original work is cited correctly.

Aims: To assess the clinical and neurohormonal characteristics of patients eligible to sacubitril/valsartan (SV) attending to an outpatient heart failure clinic and describe variables related to SV prescription in real-life heart failure patients.

Design and methods: We collected data from 119 consecutive patients attending our heart failure outpatient clinic between May 2018 and November 2018.

Results: 75.5% of the patients were men. At baseline, mean age was 64 ± 10 years; mean LVEF was $28 \pm 6\%$; 42% had ischaemic aetiology; and 83 patients (70%) were New York Heart Association (NYHA) class II. Median NT-proBNP was 1,288 pg/ml (IQR 377–3,967), mean glomerular filtration rate (GFR) 67.0 ± 22.8 ml/min and potassium was 4.5 ± 0.4 mEq/l. The majority (85%) of patients were treated with ACE inhibitors

or angiotensin receptor blockers, while 96% received beta-blockers and 86% mineralocorticoid receptor antagonists. Of 119 eligible patients, 64 (53.8%) were treated with SV. Achieving >50% of beta-blocker target dose, GFR ≥ 60 ml/min and systolic blood pressure (SBP) ≥ 110 mmHg were significantly associated with the prescription of SV. In a multivariate analysis adjusted for age and beta-blocker dose, a higher systolic blood pressure (SBP; OR 1.26 95% CI [1.16–2.01]) and GFR (OR 1.02, 95% CI [1.01–1.14]) were independently associated with the prescription of SV.

Conclusion: The rate of prescription of SV in our cohort is relatively higher than in other real-life registries. Low SBP and GFR suggest a subgroup of patients with a higher risk of adverse events, requiring an optimisation of concomitant treatment, mainly diuretics and vasodilators, leading to a higher rate of SV prescription. ■