CARDIAC FUNCTION AND HEART FAILURE

THE IMPACT OF THE RAPID USE OF BETA-BLOCKERS ON VENTRICULAR REMODELING AND MORTALITY IN END-STAGE HEART FAILURE

ACC Poster Contributions
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Authors: Domingos De Meio, Antonio C. Barretto, Jose F. Ramires, Instituto do Coração-InCor-FMUSP, São Paulo, Brazil

Background: The therapy with beta-blockers is fundamental for the treatment of heart failure. However, even with the data documenting the incontestable benefits of beta-blockers, the level of medical prescriptions are still far from being optimized.

Methods: In a randomized clinical 3-month study, we selected 92 patients with heart failure and ejection fraction of the left ventricle (LVEF) <45%. During hospitalization, 46 were placed randomly to receive therapy with beta-blockers by the fast method (fast-carvedilol group), initiating treatment with low dosages and doubling dosage every two days. In the comparative sample (usual-treatment group), the other 46 received the usual therapy currently applied where the increase of the dosage was 10-15 days. In the comparative sample (usual-treatment group), the other 46 received the usual therapy currently applied where the increase of the dosage was 10-15 days.

Results: In the total group studied, 64.1% were male, with an average age of 62.25 years. The LVEF average was 27.02, the end diastolic diameter (EDD) average was 66.15, and the end systolic diameter (ESD) average was 57.04. The usual treatment group did not present a significant alteration of the (ESD) during the 3-month treatment period (p=0.430). On the other hand, the fast-carvedilol group presented a significant decrease (p<0.001) of the (ESD). In relation to the (EDD), the usual treatment group did not show significant change during the three months of the study (p=0.082), but the fast-carvedilol group showed a significant decrease (p=0.007). In relation to (LVEF), the usual treatment group did not show any change (p=0.151), but the fast-carvedilol group showed a significant increase (p<0.001). The fast-carvedilol group, presented significant lower mortality levels than the other group during the period evaluated (p=0.05).

Conclusions: The therapy with beta-blocker, utilized in a more rapid method during the hospitalization of the patient, resulted in a safer and more superior treatment for obtaining survival and ventricular remodeling in comparison to the usual-treatment group.