MINERALOCORTICOID RECEPTOR ANTAGONISTS IN DIABETIC PATIENTS HOSPITALIZED WITH HEART FAILURE: INSIGHTS FROM THE EVEREST TRIAL

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Background: Despite benefits of mineralocorticoid receptor antagonists (MRAs) in heart failure with reduced ejection fraction (HFrEF), concerns for adverse events in patients (pts) with diabetes (DM) limit use. The characteristics and outcomes of DM pts receiving MRAs are not well characterized.

Methods: We analyzed 1,998 HFrEF pts in the placebo arm of EVEREST by DM status and whether or not they received a MRA at discharge [MRA+ vs. MRA-]. We investigated pt characteristics and outcomes [mortality (ACM) and cardiovascular mortality (CVM)/HF hospitalization (HFH)] over a median follow-up of 9.9 mos.

Results: In EVEREST, 38% of pts had DM (N=750) and 58% of the DM pts received MRAs (N=433). MRA+ DM pts were more often female with non-ischemic etiology and lower creatinine compared to the MRA- DM pts (Table). MRA use in DM pts was associated with lower ACM (HR 0.71; 95% CI, 0.54-0.94) and CVM/HFH (HR 0.79; 95% CI, 0.64-0.99). The association between MRA use and outcomes in non-DM pts was not significant (both P>0.1).

Conclusions: HFrEF pts with DM receiving MRAs demonstrated a different clinical profile compared to MRA- pts. The differential association between MRA use and outcomes in DM pts in this observation study warrants prospective evaluation.