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Heart Failure and Cardiomyopathies

BETA BLOCKER DOSAGE AND USE OVER TIME IN THE SYSTOLIC HEART FAILURE TREATMENT WITH THE IF INHIBITOR IVABRADINE TRIAL (SHIFT) STUDY

Poster Contributions
Poster Hall B1
Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: Advances in Heart Failure Therapies: From Diuretics to VADs and Transplant
Abstract Category: 14. Heart Failure and Cardiomyopathies: Clinical
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Background: In the SHIFT study, ivabradine, a novel selective inhibitor of the cardiac pacemaker f-current (If) that lowers heart rate, showed significant reduction in cardiovascular mortality or hospitalizations for worsening heart failure vs placebo in patients with chronic systolic heart failure, when added to standard therapy, including beta blockers (BB).

Methods: In the SHIFT population (n = 6505), we assessed whether adding ivabradine to optimized background therapy affected BB usage.

Results: At randomization, 5820 (89.5%) were taking a BB. The percent of patients taking a BB during the study showed no meaningful change from baseline (> 89% of patients treated), nor was there any meaningful between-group difference (graph). During the study, the BB dose remained stable in most patients (2459 [75.9%]) in the ivabradine and (2369 [72.6%]) in the placebo group. Few patients had a BB dose decrease (194 [6.0%]) in the ivabradine and (170 [5.2%]) in the placebo group. In addition, 244 patients (7.5%) in the ivabradine and 384 (11.8%) in the placebo group had a BB dose increase, and 30 patients (0.9%) in the ivabradine and 54 (1.6%) in the placebo group started a BB during the study.

Conclusion: In the SHIFT study, adding ivabradine to optimized background therapy did not affect beta-blocker usage. Beta-blocker intake and dose post-randomization was consistent and no meaningful differences were observed between ivabradine and placebo groups.