IMPROVED SURVIVAL IN PATIENTS WITH DIASTOLIC HEART FAILURE DISCHARGED ON BETA-BLOCKER AND ACE INHIBITORS

Poster Contributions
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Background: Medical management of heart failure with preserved ejection fraction (HFPEF) remains unclear. This analysis was to assess the benefit of ACE-inhibitors (ACEi) and beta blockers (BB) in patients with HFPEF and in heart failure with reduced ejection fraction (HFREF).

Methods: The BACH (Biomarkers in Acute Heart Failure) trial was a prospective, 15-center, international study of 1,641 patients presenting with dyspnea. This is a secondary analysis of the BACH trial.

Results: Patients with a diagnosis of congestive heart failure (CHF) whom were discharged on a BB or an ACEI had improved survival in both HFPEF and HFREF. The propensity score score for being prescribed an ACEI was 0.710 and for a BB was 0.614. A model including all CHF patients and both beta blocker and ACEI, ACEI alone, and BB alone demonstrated the most protective effect with ACEI.

Conclusions: Patients with HFPEF and HFREF both demonstrate improved survival when being discharged on ACEi and BB, with ACEi possibly having more survival benefit.

Figure: Days to Death