

# DE NOVO HEART FAILURE: WHEN TO START TREATMENT WITH AN ARNI AND SGLT2i

PRESENTED BY JAVED BUTLER | 25 AUGUST 2023



Most HF patients are not on optimal medical therapy

The use of **ARNI** vs **SGLT2i** is often debated, and both therapies remain underutilized. Thus, the rapid initiation of optimal GDMT in HF is recommended.

## Being comprehensive matters!

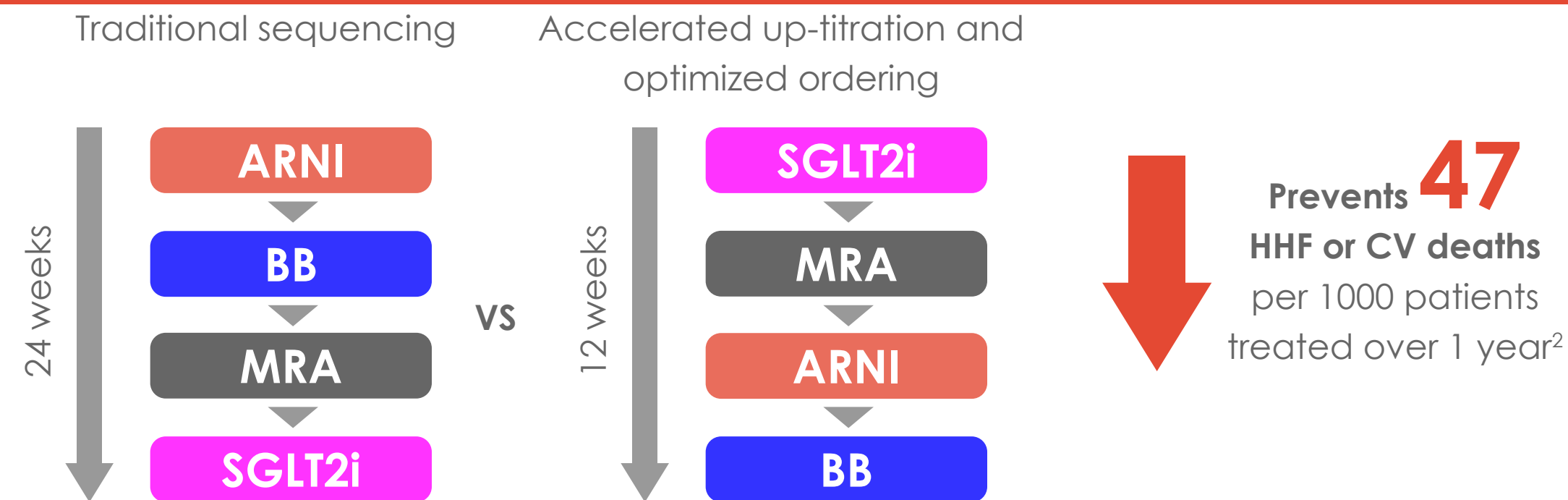
Comprehensive therapy (ARNI + BB + MRA + SGLT2i)



Increased mean overall survival by **6.3** years

vs conventional therapy (ACEi/ARB + BB)<sup>1</sup>

## Rapid up-titration and optimized ordering



## ARNI vs. SGLT2i

High-level comparison

Properties	ARNI	SGLT2i
Large high caliber RCT data	Yes	Yes
Mortality and morbidity benefit	Yes	Yes
Health status benefit	Yes	Yes
Remodeling	Yes - not randomized	Yes - not randomized
SCD benefit	Yes	Likely
Data in HFrEF	Yes	Yes
Data in HHF	Yes	Across EF
HFrEF, HFmrEF	Up to 60%	No
Sex difference?	?	Yes
Glycemic/Metabolic benefit	Possibly	Yes
CKD benefit	Significant	Little
Effect on blood pressure	Significant	Little
Diuretic properties	Yes	Yes
Head to head comparison	No - no baseline SGLT2i	No - 15-20% baseline ARNI
Dosing	3 steps BID	1 step QD
Cost	Not generic	Not generic

## Both ARNI and SGLT2i are beneficial in HF regardless of order of initiation, however:

- ✓ SGLT2i is the only foundational therapy that can be used **without modification in multiple HF phenotypes**
- ✓ SGLT2i are **simple** to use Single dose Once daily No titration
- ✓ SGLT2i may **improve the tolerance** of other HF therapies

1. Vaduganathan M, et al. *Lancet*. 2020;396:121-128.  
 2. Shen L, et al. *Eur Heart J*. 2022;43:2573-2587.