

PRACTICAL GUIDANCE TO IMPLEMENT HEART FAILURE TREATMENT WITH SGLT2I IN THE HOSPITAL SETTING

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Guidelines recommend SGLT2i for patients with HF across the LVEF spectrum, but the implementation of GDMT is suboptimal¹

Clinical inertia has a major role in the lack of prescription of GDMT¹⁻³



Physicians^{2,3}

- Non-prescription of GDMT
- Not reaching target doses
- Risk treatment paradox



Patients^{2,3}

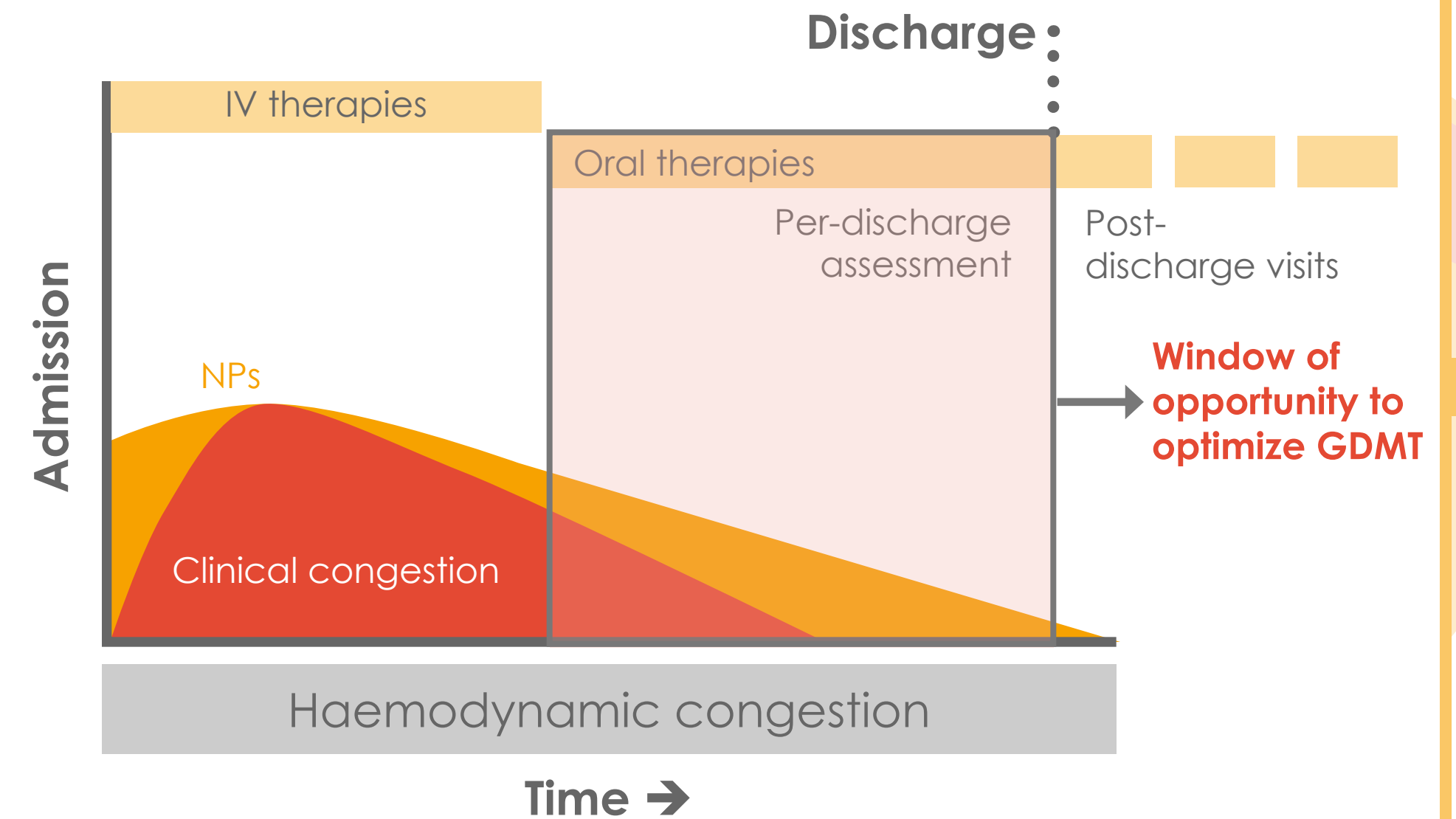
- Old age/frailty
- Comorbidities
- Poor adherence
- Lack of awareness



Healthcare systems²

- Fragmented, isolated care
- Poor patient follow-up
- Outdated protocols

Hospitalization is a key opportunity to break clinical inertia and improve long-term outcomes for patients with HF¹



1. Metra M, et al. *Eur J Heart Fail.* 2023;25:1115-1131. 2. Verhestraeten C, et al. *Heart Fail Rev.* 2021;26:1359-1370. 3. Greene SJ, et al. *Eur J Heart Fail.* 2023;23:1343-1345.

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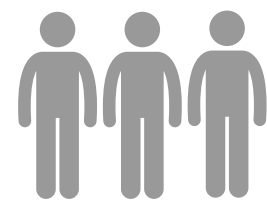
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SGLT2i are simple to initiate and associated with early clinical benefit in hospitalized patients who had been stabilized following an acute HF event^{4,5}

In the EMPULSE trial, in-hospital initiation of empagliflozin was associated with:



Significantly reduced risk of death and first HF event vs placebo⁶



Clinical benefit across age, eGFR or LVEF subgroups⁵



Early and sustained improvements in symptoms, physical limitations and QoL⁷



AE rates that are similar to placebo group^{5,6}

Considerations for implementation of SGLT2i in the hospital setting



Age

Consistent benefits across age and LVEF subgroups^{8,9}



Side effects

AEs such as genital tract infections are often mild, responsive to treatment and do not usually require discontinuation¹²⁻¹⁴



Kidney function

Consistent benefits across the spectrum of kidney function; favorable effects on renal function^{8,10}



Other drugs

Increased likelihood of tolerance of other GDMT and reduced need for diuretic dose escalation^{12,13}



Blood pressure

Tolerability in patients with low BP¹¹



Initiation during hospital stay

1-5 days after hospitalization or at the time of discharge

4. Tromp J, et al. *Eur J Heart Fail.* 2021;23:826-834. 5. Voors AA, et al. *Nat Med.* 2022;28:568-574. 6. Voors AA, et al. Presented at AHA 2021 Scientific Sessions, 13-15 November 2021. 7. Kosiborod MN, et al. *Circulation.* 2022;146:279-288. 8. Vaduganathan M, et al. *Lancet.* 2022;400:757-767. 9. Filippatos G, et al. *Eur J Heart Fail.* 2022;24:2297-2304. 10. Voors AA, et al. *Eur J Heart Fail.* 2022;24:1844-1852. 11. Böhm M, et al. *J Am Coll Cardiol.* 2021;78:1337-1348. 12. Jardiance® Summary of Product Characteristics. Boehringer Ingelheim International GmbH. 13. Farxiga® Summary of Product Characteristics. AstraZeneca AB. 14. Engelhardt K, et al. *Ann Pharmacother.* 2021;55:543-548.