

Real-world discharge prescription of guideline-directed pharmacologic and device therapies among patients with heart failure and reduced ejection fraction: comparison of the University Hospital of Split HF Registry with the GWTG-HF Registry

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Background: The initiation and titration of guideline-directed medical therapies for heart failure with reduced ejection fraction (HFrEF) are essential for improving prognosis. However, data from several global registries indicate suboptimal adherence to these guidelines.^{1,2} This study aims to assess the

utilization of pharmacologic and device therapies at discharge for HFrEF patients at the University Hospital Centre Split (UHC Split) and compare it with prescription patterns documented in the robust U.S.-based hospital registry known as Get With The Guidelines-HF (GWTG-HF).

Patients and Methods: We conducted a cross-sectional observational study, comparing a consecutive sample of patients hospitalized with chronic HFrEF at the Cardiovascular Diseases Department of UHC Split in the year 2022-2023 with data published from the GWTG-HF Registry.³

Results: Figure 1 illustrates that the use of beta-blockers and ACE inhibitors/ARBs/ARNi medications was similar between the two registries, with the UHC Split HF registry reporting numerically higher prescription rates at discharge (95% vs. 89% and 78% vs. 68%, respectively). Significantly higher rates of MRAs and SGLT2 inhibitors were prescribed at discharge in the UHC Split HF Registry compared to GWTG-HF (80% vs. 41% and 78% vs. 20%, $p < 0.001$). In terms of device therapies, cardiac resynchronization therapy was similarly utilized in both registries (13% vs. 10%, respectively), while a significantly greater rate of ICD implantations was observed in GWTG-HF compared to the UHC Split HF registry (23% vs. 8%, respectively).

Conclusions: The use of fundamental pharmacologic therapies for HFrEF at UHC Split is high and appears to exceed what is reported in the contemporary GWTG-HF registry. Conversely, the utilization of device therapies for HFrEF is relatively low at UHC Split and should be improved in the coming years.

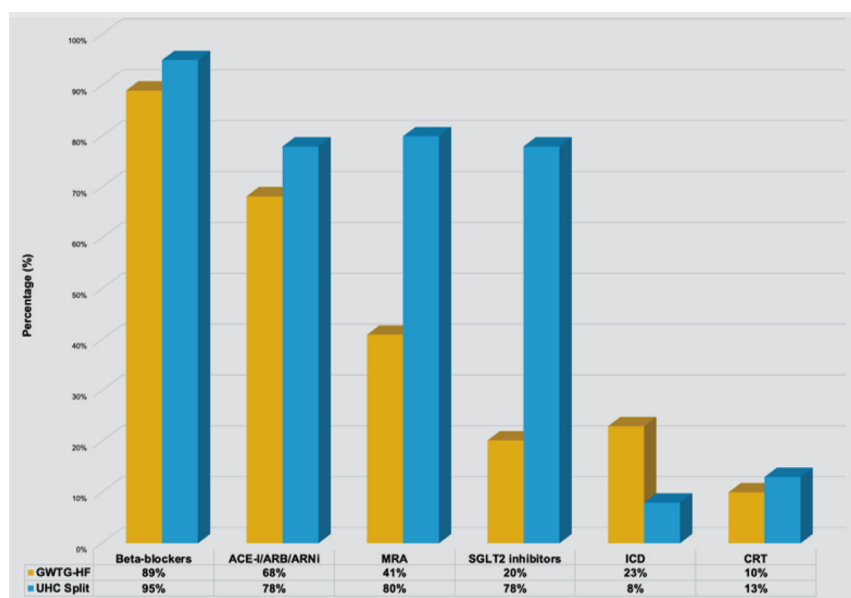


FIGURE 1. A proportion (%) of guideline-directed medical therapy and device therapies at discharge among patients with heart failure and reduced ejection fraction: comparison between the Get With The Guidelines Heart Failure Registry and University Hospital Centre Split Heart Failure Registry.

ACE-I = angiotensin-converting enzyme inhibitor; ARB = angiotensin receptor blocker; ARNi = angiotensin receptor neprilysin inhibitor; GWTG = Get With The Guidelines; HF = heart failure; SGLT2 = sodium-glucose co-transporter 2; MRA = mineralocorticoid receptor antagonist; ICD = implantable cardioverter-defibrillator; CRT = cardiac resynchronization therapy; UHC = University Hospital Centre.

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LITERATURE

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