ADEQUACY REVIEW IN THE USE OF DAPAGLIFLOZIN FOR THE TREATMENT OF HEART FAILURE

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Background

Protocol for use of dapagliflozin was approved for the adult treatment of symptomatic chronic heart failure with reduced left ventricular ejection fraction (LVEF) in patients uncontrolled with first-line therapies, angiotensin-converting enzyme inhibitors (ACEI) or angiotensin receptor blockers (ARB) with beta-blockers, and second-line therapies, aldosterone antagonists.

Objective

To evaluate the use of dapagliflozin in the treatment of heart failure in hospitalized patients, assessing the degree of prescription compliance with the protocol agreed upon by the Pharmacy and Therapeutics Committee.

Material and methods

Retrospective observational study between December 2021 and April 2022 of hospitalized patients who started treatment with dapagliflozin. The study variables were: sex, age, reason for admission, presence of heart failure with LVEF <40%, concomitant treatment with ACEI, ARB, beta-blockers, aldosterone antagonists, positive inotropics, sacubitril/valsartan or diuretics, and presence of diabetes with or without antidiabetic treatment. Clinical data were obtained from the Orion-Clinic® electronic medical record program.

Results

61 patients initiated dapagliflozin 10mg/day

46 patients had heart failure on admission

38 patients had a LVEF registry

22 patients with LVEF <40%

Concomitant treatments prescribed

11 patients (18%) were being treated with this combination

22 patients (36%) ACEI/ARB

38 patients (62%) beta-blockers

21 patients (34%) aldosterone antagonist diuretics

8 patients (13%) positive inotropics

41 patients (67%) loop/thiazide diuretics

9 patients (14.8%) sacubitril/valsartan

Finally, only 35 patients (57%) continued with dapagliflozin as discharge treatment

Conclusions

The degree of adequacy of dapagliflozin prescription to the approved protocol for use was high but an appreciable percentage of patients do not adhere to the inclusion criteria, indicating that the protocol recommendations should be revised to ensure effective use of dapagliflozin. Only half of the patients who initiated treatment continued after discharge.