

Rapid up-titration of neurohormonal blockade in CHF may be beneficial

In this RCT, over 1,000 patients who were not on full doses of CHF medication were randomised to early and rapid up-titration of neurohormonal blockade (beta-blockers; ACEI, ARBs, or ARNIs; and MRAs-spirolactone).¹

There were no echo entry criteria, but patients needed to have a proBNP of > 160 pmol/l at entry).

In the high-intensity care arm, oral HF medications were up-titrated to 50% of recommended doses before discharge and to 100% of recommended doses within 2 weeks of discharge.

More effective decongestion was achieved despite a lower mean daily dose of loop diuretics at day 90. The high-intensity care arm had a significantly better chance of sustaining decongestion at day 90. Successful decongestion resulted in a lower risk of 180-day HF readmission or all-cause death (HR: 0.40; 95% CI: 0.27-0.59).

If not suggested on discharge, consider discussing with your cardiology team. Note ARNIS (Entresto) is only funded for ejection fraction < 35%.

Reference:

1. [Effects of Rapid Uptitration of Neurohormonal Blockade on Effective, Sustainable Decongestion and Outcomes in STRONG-HF](#) J Am Coll Cardiol. (2024)
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Our mailing address is:

Goodfellow Unit

The University of Auckland | Grafton Campus

22-30 Park Ave, Grafton

Auckland, Auck 1023

New Zealand