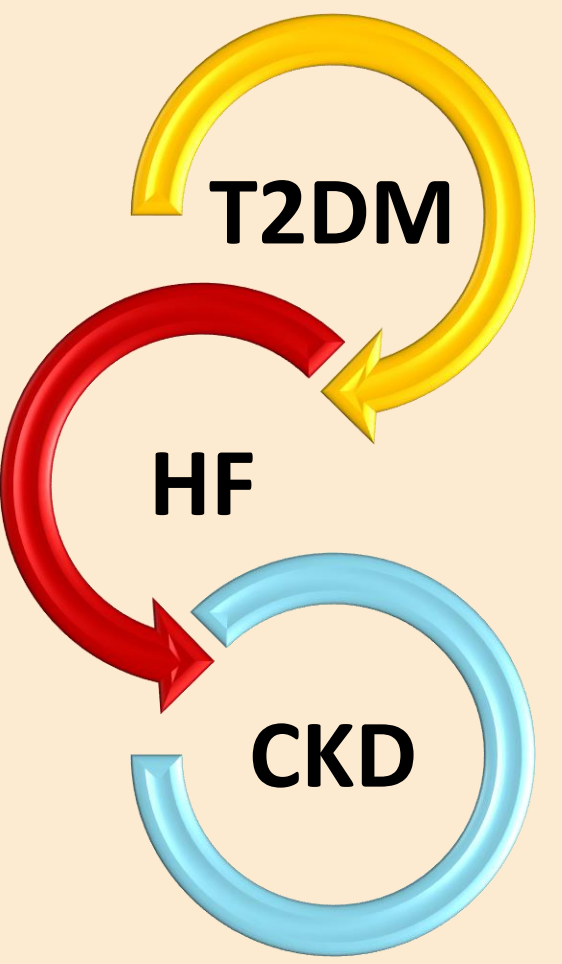


4CPS-194 BASELINE AUDIT OF POTENTIAL TO OPTIMISE THERAPY THROUGH USE OF SGLT2i IN A COHORT OF PATIENT ADMITTED WITH AN ACUTE MYOCARDIAL INFARCTION



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INTRODUCTION :

Each year in the UK there is an estimated 100,000 hospital admission due to acute myocardial infarction (AMI). Patients present with multiple co-morbidities including diabetes (increasing year on year, suggested incidence 22.7%¹), chronic kidney disease (CKD) depending on definition in around half of AMI admissions, and heart failure (HF) in around 1/3 of AMI patients.³ SGLT2i have NICE recommendations for use in each of these 3 comorbidities.

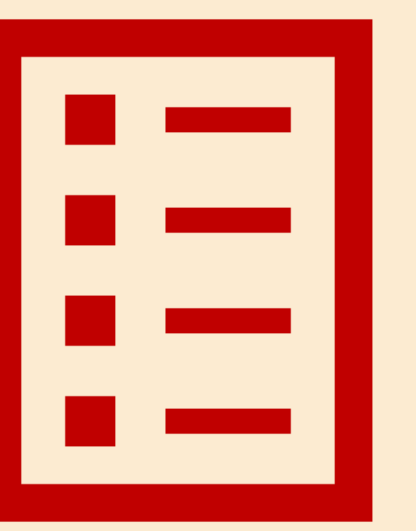
AIM:



Assess patients at a large London based cardiovascular centre, being previously discharged with a diagnosis of AMI to identify the opportunity to optimise therapy through prescribing SGLT2i.

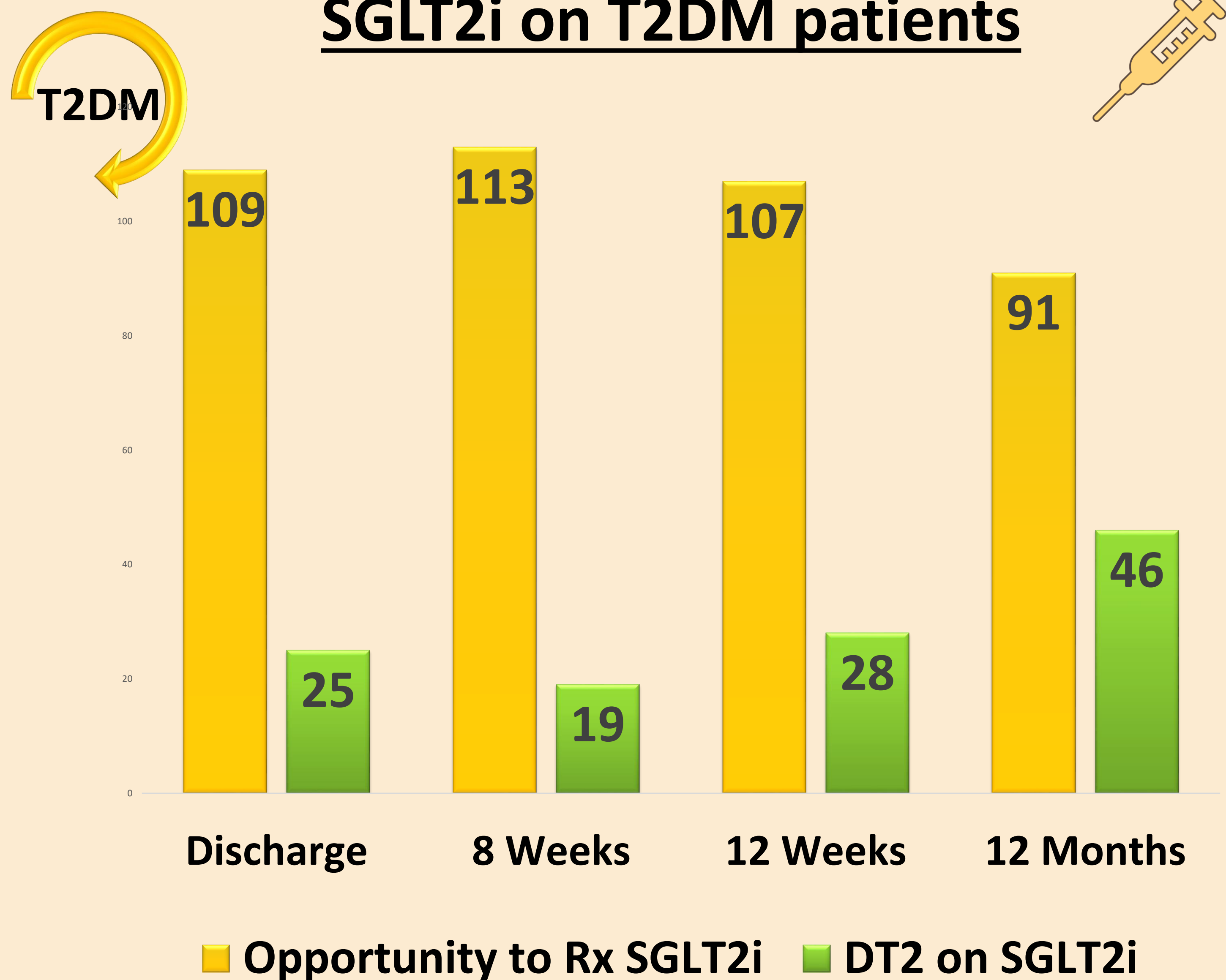
MATERIAL AND METHODS :

Retrospective analysis of patients admitted with an AMI between January and October 2021 at a large London based cardiovascular centre to assess the opportunity to optimise use of SGLT2i at discharge (DC) and up to 12 months in those with cardiometabolic risk factors.

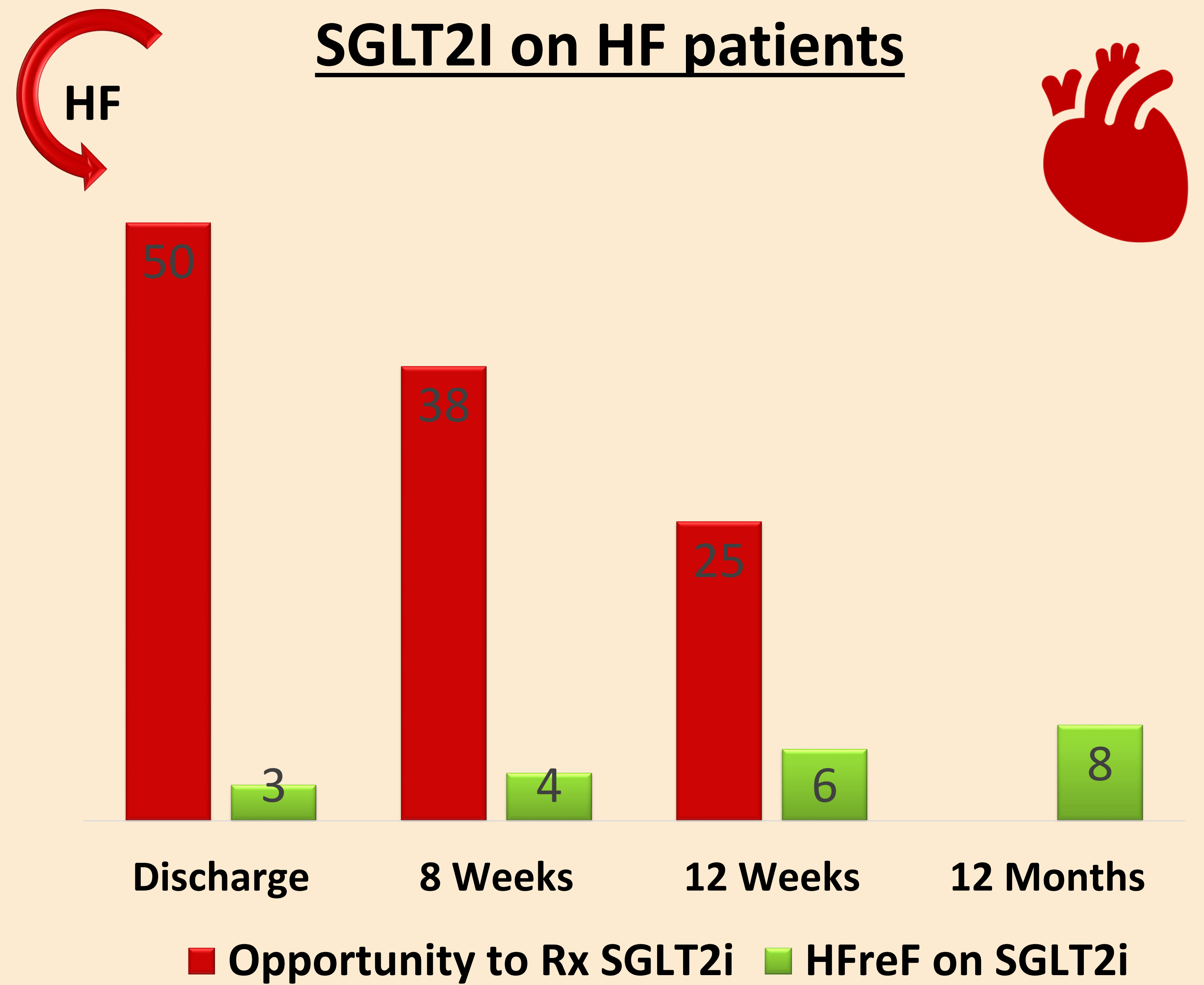


RESULTS : 492 patients with AMI were followed during 1 year, average age of 57.3 years with 84% male. Those with T2DM at index event were 134/492, Heart failure 53/492 and CKD 48/492. Below is the break down of opportunity in prescribing SGLT2i in selected comorbidities over time.

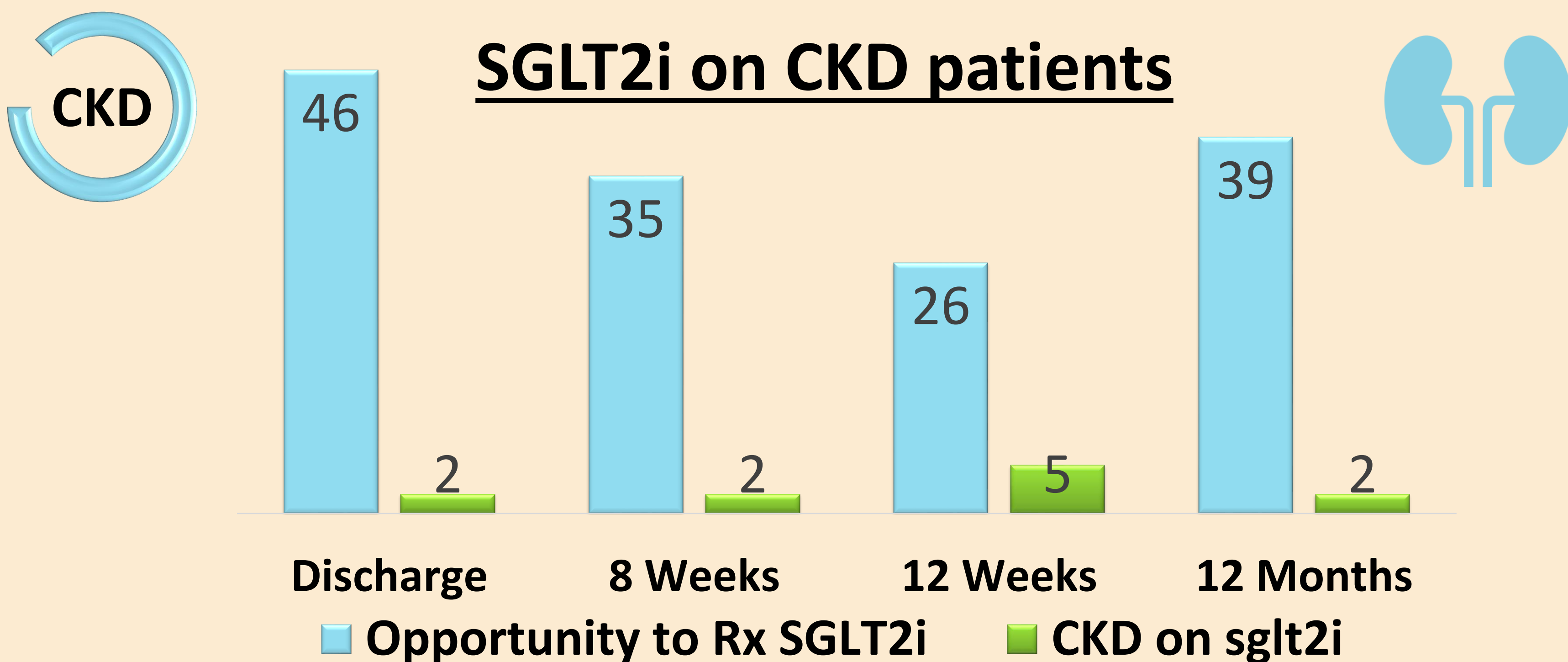
SGLT2i on T2DM patients



SGLT2i on HF patients



SGLT2i on CKD patients



CONCLUSION :

This data supports an opportunity to improve SGLT2i prescribing in our post MI cohort with additional cardiometabolic risk factors. Strategies to facilitate optimisation include protocolisation of initiation, communication for 1ry care physicians to start shortly after discharge and consideration of earlier initiation prior to discharge in those with cardiometabolic risk factors .

References:

- ¹MINAP data
- ²Sederholm S, et al. BMJ Open 2015;5:e008188. doi:10.1136/bmjopen-2015-008188
- ³Jenca D et al. ESC Heart failure 2021; 8(1): 222-237. doi: [10.1002/ehf2.13144](https://doi.org/10.1002/ehf2.13144)

