

USE OF SACUBITRIL/VALSARTAN IN PATIENTS WITH CHRONIC HEART FAILURE

L. ENRÍQUEZ OLIVAR, A.M. LÓPEZ GONZÁLEZ, S. IZQUIERDO MUÑOZ, E. QUEIPO GARCÍA, M.T. SÁNCHEZ SÁNCHEZ
HOSPITAL CLÍNICO UNIVERSITARIO, PHARMACY, VALLADOLID, SPAIN .

PURPOSE

To evaluate the adherence to the recommendations of Pharmacy and Therapeutics Committee (PTC) about the prescriptions of sacubitril/valsartan (SV) on the hospital admission.

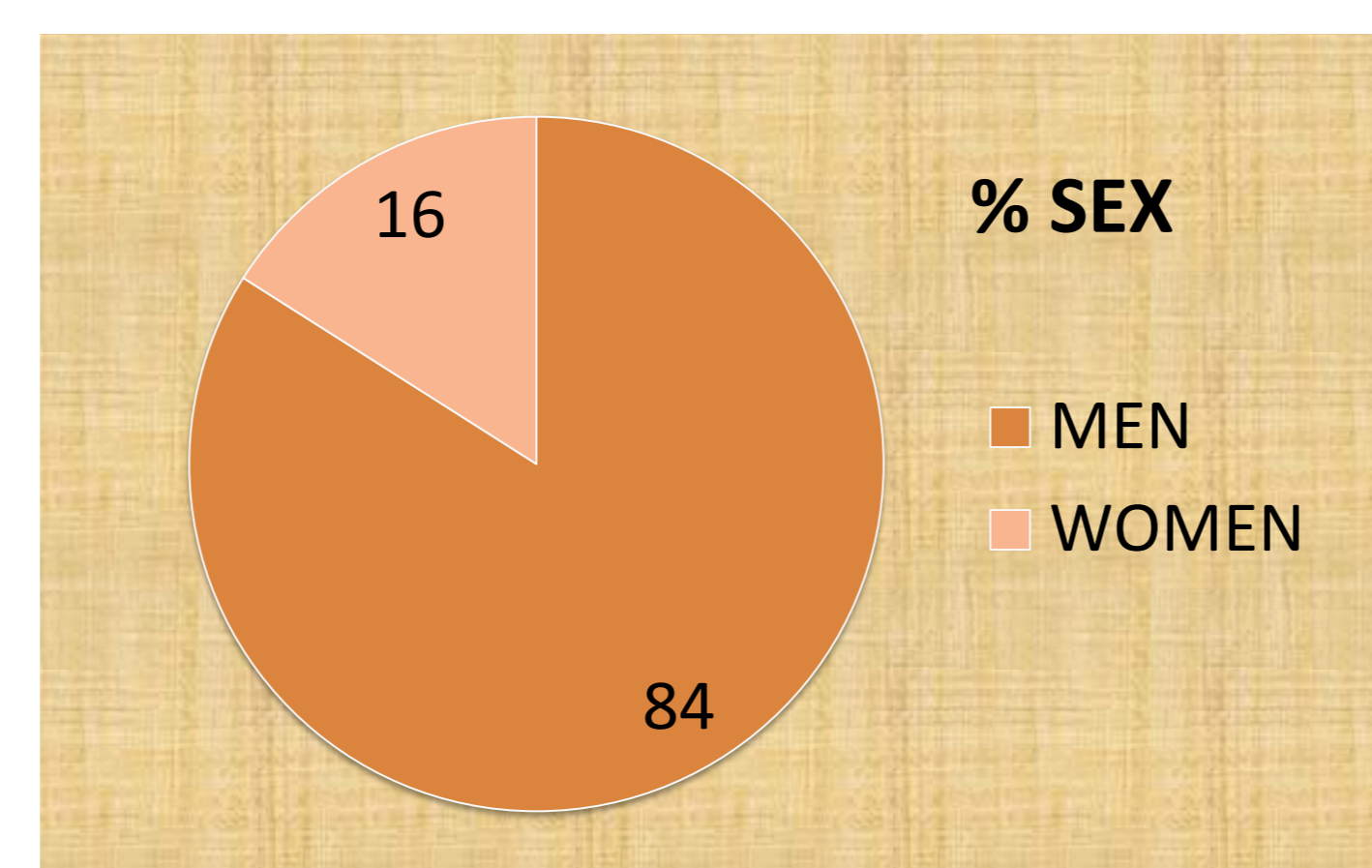
MATERIAL AND METHODS

A descriptive, observational and prospective study including patients treated with SV from March 2018 to July 2018 in a General Teaching Hospital.

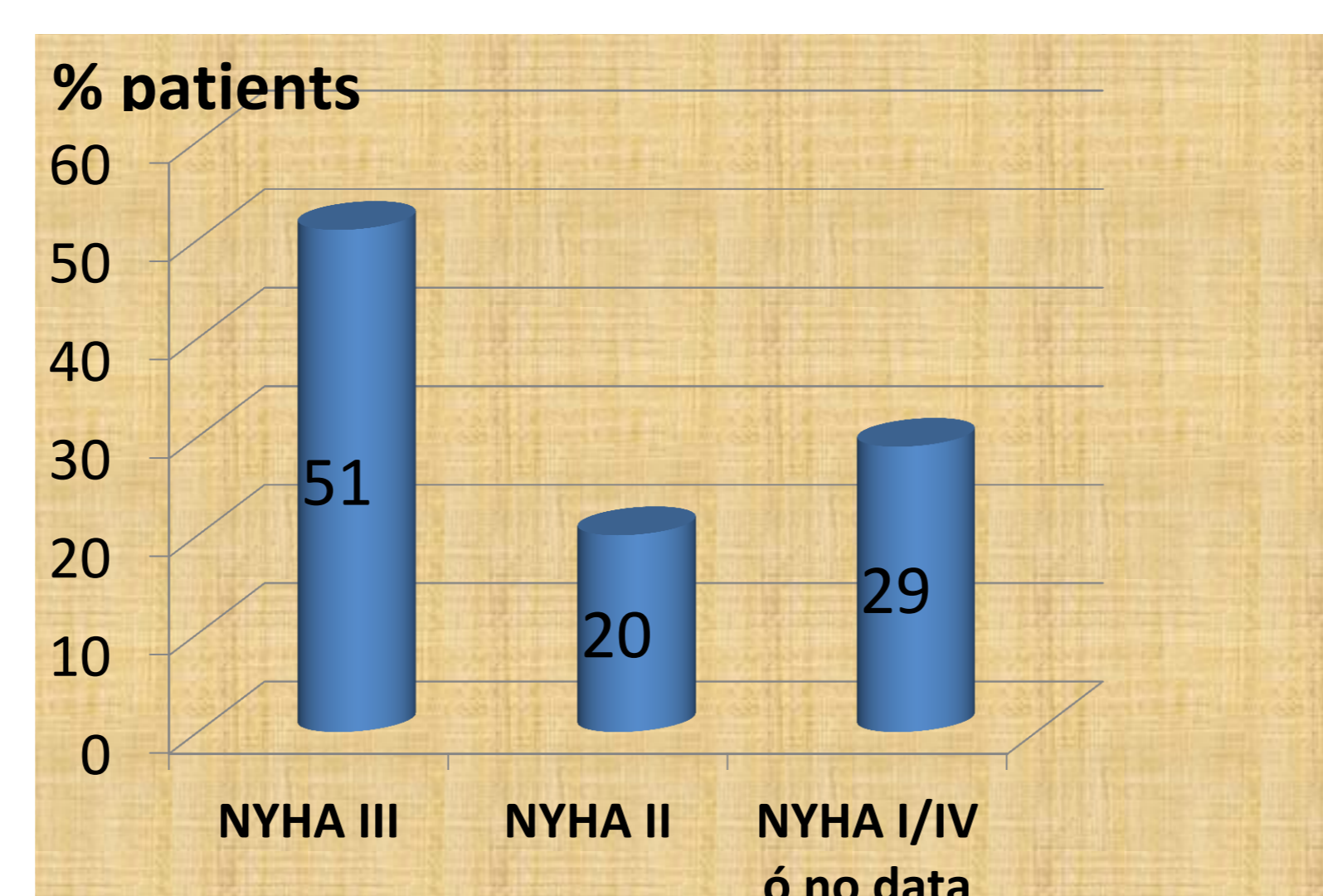
Variables considered were: sex, age, patient chronic and fragile (G3), according to the stratification of the regional Health Service, symptomatic heart failure (HF) New York Association (NYHA) classification, left ejection fraction (LVEF), N-terminal Pro B-type natriuretic peptide (NT-proBNP), previous treatment with angiotensin converting enzyme inhibitors (ACE) inhibitors or angiotensin II receptor blockers (ARB), beta-blockers (BB) and mineralcorticoid antagonists at hospital admission and glomerular filtration rate (GFR).

RESULTS

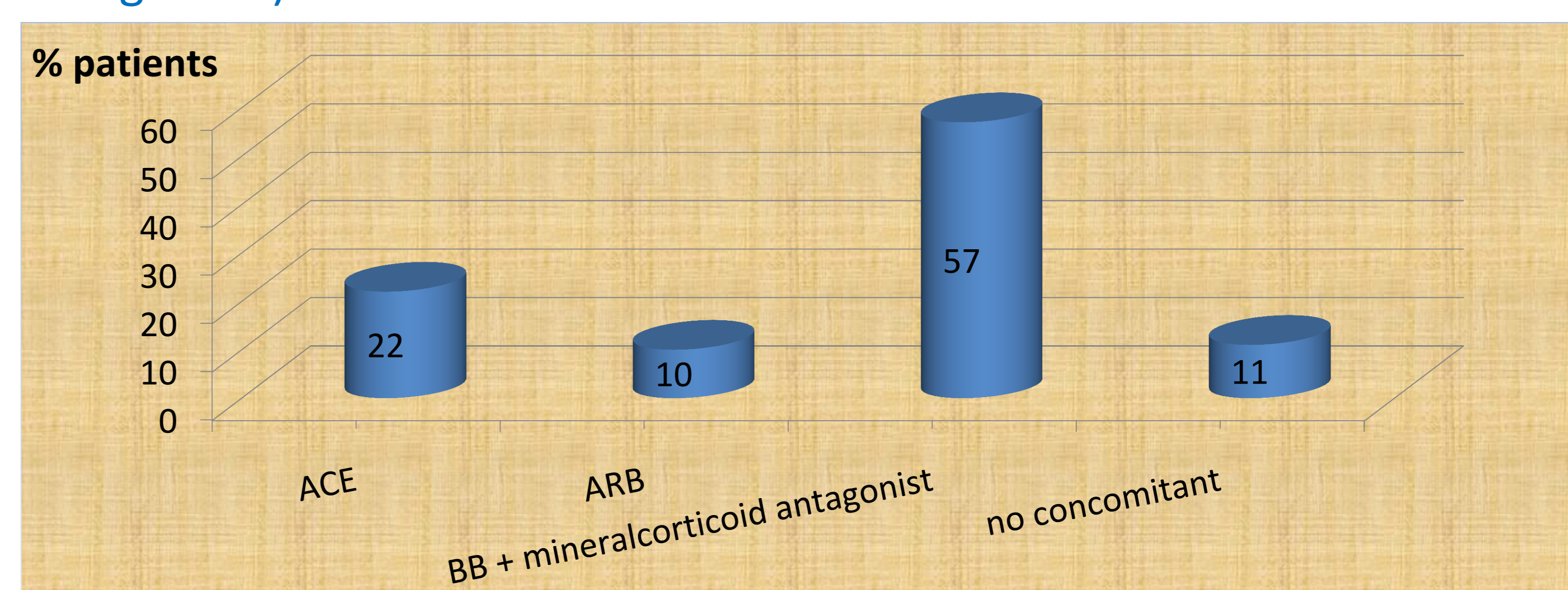
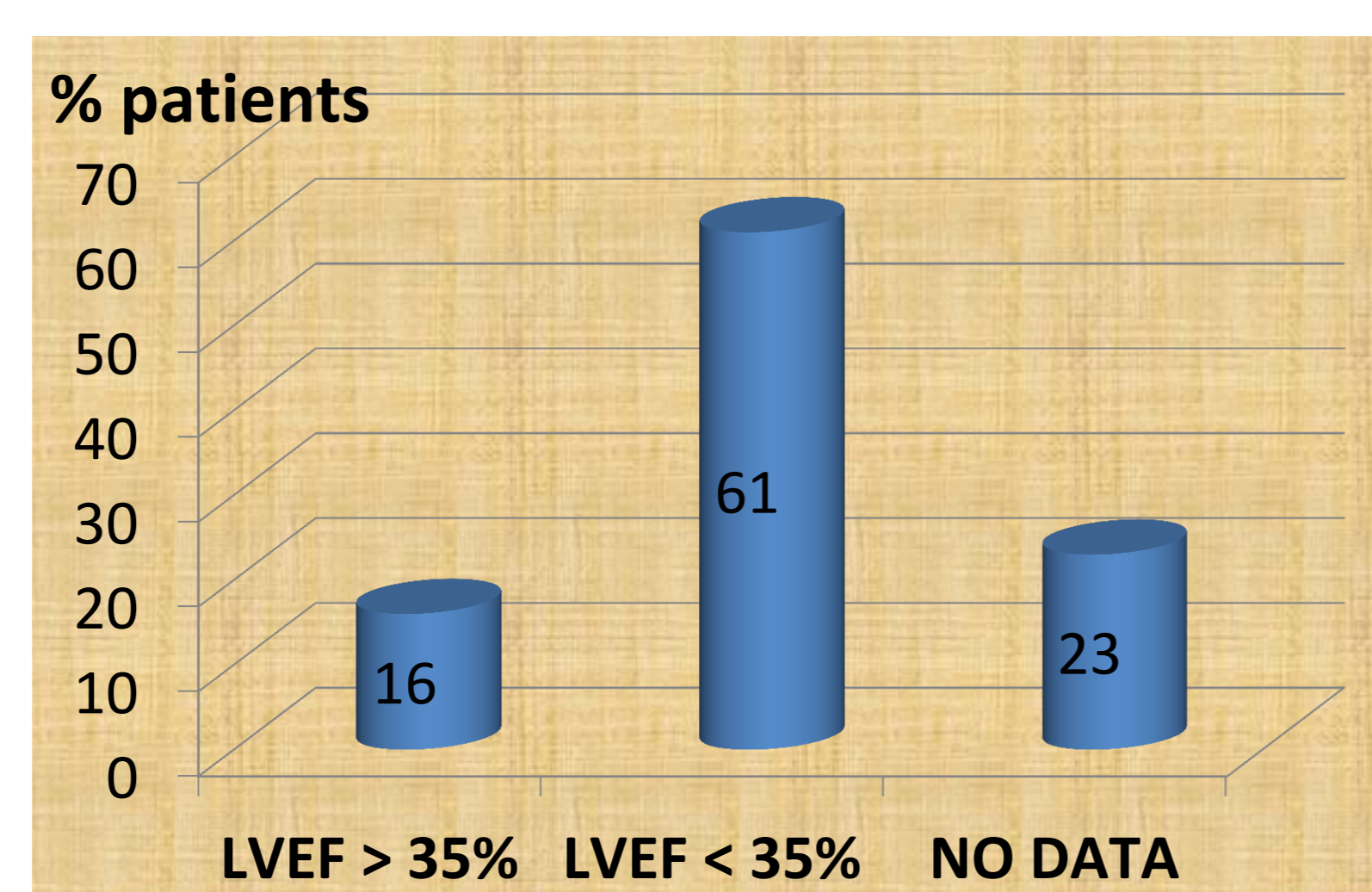
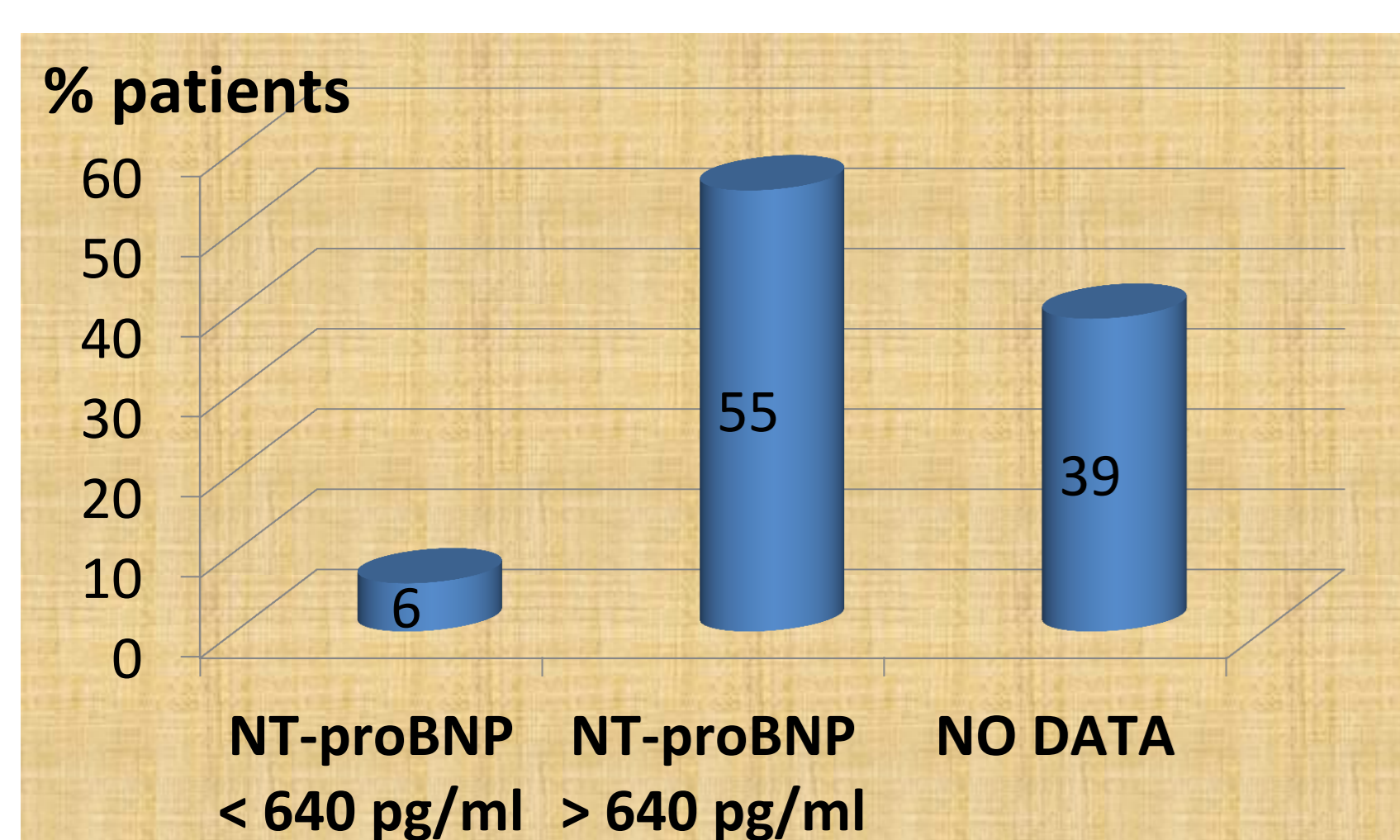
Fifty-one patients were included: 84% (43/51) were men, average 69 ± 11 years and 51% (30/51) were G3.



According to the PTC's recommendations: 26/51 (51%) patients with NYHA III and 20% (10/51) NYHA II grade. The median of NT-proBNP was of 2,396 pg/ml [247-49,280], 31/51 (61%) patients had NT-proBNP levels registered in the electronic clinical record (ECR), 3/31 (10%) patients had NT-proBNP < 640 pg/ml



The average of LVEF was $31 \pm 8\%$, 39/51 (76%) patients had LVEF levels registered in ERC, 8/51 (16%) patients had LVEF > 35%. 90% of patients received ACE or ARB and 57% (29/51) received both BB and mineralcorticoid antagonists. Just 27/51 (53%) of patients were well-treated with standard care therapy (ACE/ARBs, BB and mineralcorticoid antagonists).



2% (1/51) of patients had GFR < 30 ml/min. Just 27/51 (53%) of patients were well-treated with standard care therapy (ACE/ARBs, BB and mineralcorticoid antagonists)

After the study period, 82% (42/51) of patients continued treatment with SV and patients were followed by primary care physicians.

CONCLUSION

The results show a low adherence of prescription with sacubitril/valsartan according to the Pharmacy and Therapeutics Committee's recommendations. The recording of the variables NT-proBNP and LVEF in the electronic clinical record could be improved.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest