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DAPAGLIFOZIN REAL-WORLD DATA IN PATIENTS WITH HEART FAILURE COMPARED TO CLINICAL TRIALS: A RETROSPECTIVE OBSERVATIONAL STUDY

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Background and Importance

Heart failure (HF) affects 2–3% of adults, leading to high morbidity and mortality. Dapagliflozin, an SGLT2 inhibitor, was approved for treating HF with reduced (<40%) or preserved (>40%) left ventricular ejection fraction (LVEF) based on the DAPA-HF and DELIVER trials.

Aim and Objectives

To assess the real-world effectiveness of dapagliflozin in reducing HF-related hospitalizations and mortality.

Materials and Methods

- Retrospective observational study of 50 HF patients on dapagliflozin treatment.

- Collected data



- age
- sex
- serum creatinine,
- eGFR,
- LVEF,
- NT-proBNP,
- comorbidities (diabetes, hypertension),
- hospitalization, and
- mortality.

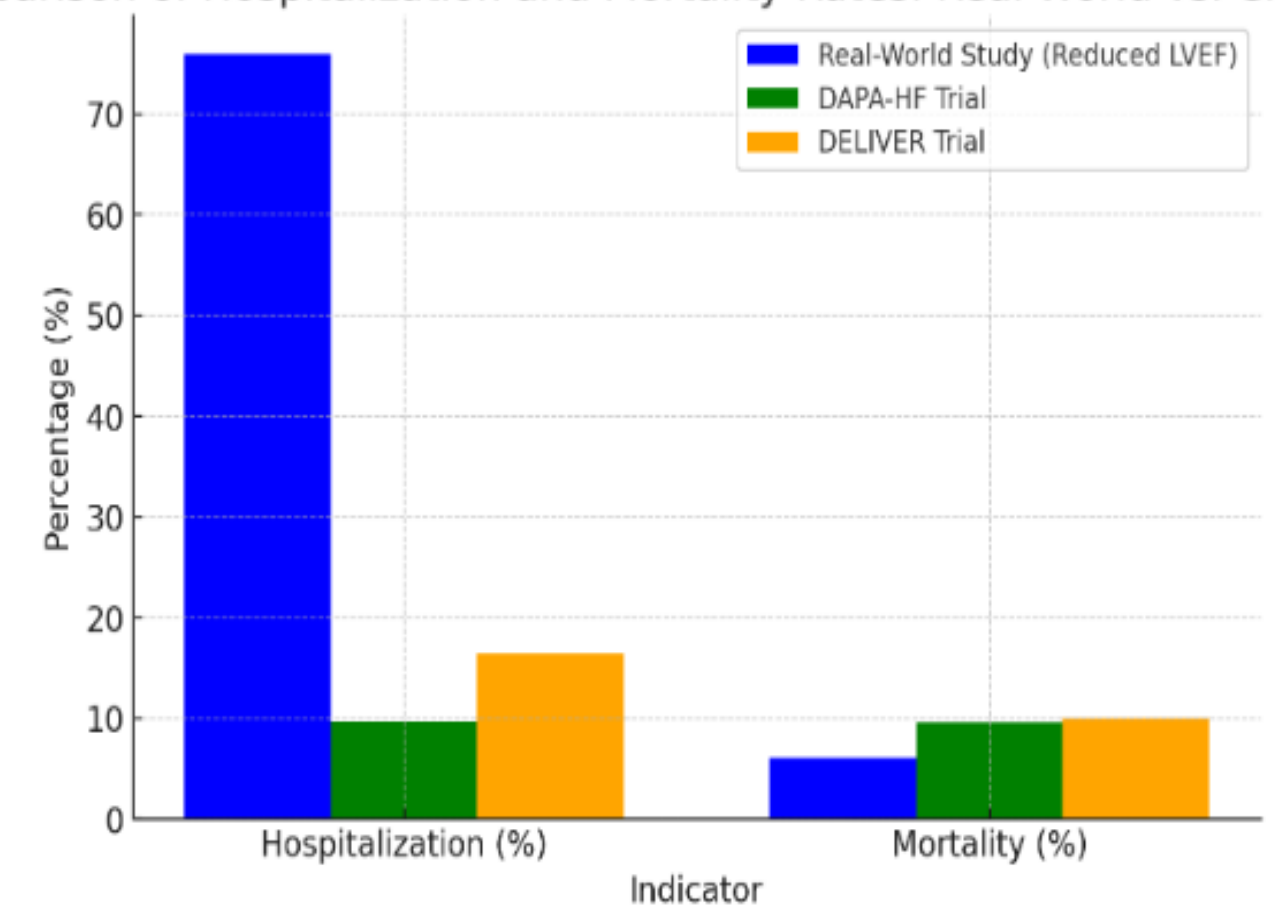
- Comparison with DAPA-HF and DELIVER trial outcomes.

Results

- Patients: 82% male, mean age 78.5 years.
- Clinical parameters: Serum creatinine (1.22 mg/dL), eGFR (83.02 mL/min/1.73 m²), NT-proBNP (6811.24 pg/mL).
- LVEF distribution: 26% reduced, 74% preserved.
- Comorbidities: Diabetes (86%), hypertension (92%).
- Hospitalization: 76% in reduced LVEF vs. 46% in preserved LVEF.
- Mortality: 6% in reduced LVEF vs. 10% in preserved LVEF.



Comparison of Hospitalization and Mortality Rates: Real-World vs. Clinical Trials



Conclusion and Relevance

- Hospitalization and mortality rates were significantly higher than in DAPA-HF (9.7% hospitalization, 9.6% mortality) and DELIVER (16.4% hospitalization).
- Key factors: Older patient age (78.5 vs. 66.2 in DAPA-HF, 72 in DELIVER) and higher comorbidity rates (diabetes: 86% vs. 42% in DAPA-HF, 45% in DELIVER).
- Real-world patients are often more heterogeneous and frail than clinical trial populations.
- Limitations: Observational study, small sample size, and different inclusion criteria from pivotal trials.

