

APPROPRIATENESS OF DAPAGLIFLOZIN PRESCRIPTION IN HEART FAILURE

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Background and importance

Heart failure (HF) is a leading cause of hospitalization in Spain, associated with high morbidity in the adult population due to aging demographics. Optimizing available treatments is crucial to reduce hospitalization risks and maximize early benefits.

Aim and objectives

Evaluate the appropriateness of dapagliflozin prescription according to financing and the indications established in the product label for heart failure in hospitalized patient.

Material and methods

unicentric,
observational,
prospective study

February - March
2024

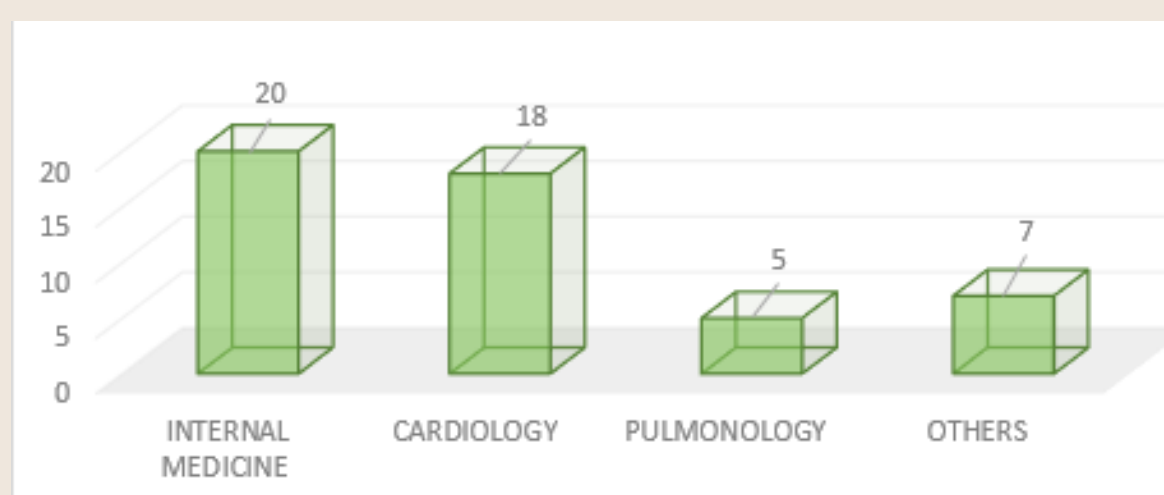
tertiary care hospital

- demographic (age and sex)
- left ventricular ejection fraction (LVEF)
- NT-proBNP levels
- date of prescription initiation
- reason for admission
- pharmacotherapeutic history

Patients who met the criteria for heart failure (HF) with LVEF < 40% not controlled with first-line therapies (ACE inhibitors or ARBs combined with beta-blockers) and second-line therapies (mineralocorticoid receptor antagonists, MRA), as well as the treatment of symptomatic patients with LVEF > 40% and elevated plasma NT-proBNP levels.

Results

 
73% 27%
[54-94 years]

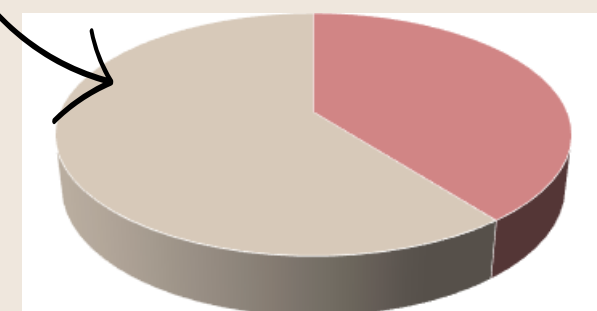


90% of the patients met the indication criteria

PRESCRIPTION OF DAPAGLIFLOZIN	
AMBULATORY BASIS	HOSPITAL
76%	24%

**60.5 % Hospitalized
due to HF**

**39.5 % Hospitalized
due to others**



Conclusion and relevance

- Heart failure (HF) is a leading cause of hospitalization in Spain, associated with high morbidity in the adult population due to aging demographics.
- Optimizing available treatments is crucial to reduce hospitalization risks and maximize early benefits.

