HealthManagement
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#ESCCongress: EMPEROR-Reduced Trial Meets Primary Endpoint

In a Hot Line session today at ESC Congress 2020, findings from the EMPEROR-Reduced trial showed that empagiflozin reduces the risk of cardiovascular death or hospitalisation for heart failure in patients with heart failure and a reduced ejection fraction. The findings are published in the New England Journal of Medicine.

The clinical trial evaluated the effects of empagliflozin 10 mg once daily (as compared with placebo) in patients with heart failure and a reduced ejection fraction, with or without diabetes, who were already receiving standard treatment for heart failure. The primary endpoint of the study was the composite of cardiovascular death or hospitalisation for heart failure. Secondary endpoints included adverse renal outcomes including chronic dialysis or renal transplant or sustained reduction of estimated glomerular filtration rate.

The study included 3730 patients with heart failure and a left ventricular ejection fraction of 40% or less, with or without diabetes .Patients received empagliflozin 10mg once daily or placebo.

Findings show that at follow-up of 16 months, the primary endpoint occurred in 361 patients in the empagliflozin group and 462 patients in the placebo group. Total hospitalisation rates declined in the empagliflozin group. Uncomplicated genitourinary tract infections were more common in the empagliflozin group but the frequency of hypotension, volume depletion and hypoglycaemia were similar in the two groups. Overall, empagliflozin reduced the risk of of serious heart failure events by 30% and also decreased the risk of serious adverse rental outcomes by 50%.

The researchers conclude that based on these results, and together with earlier findings with dapaglifozin, SGLT2 inhibition with empagliflozin and dapagliflozin can be the new standard of care for patients with heart failure and reduced ejection fraction.

Source: ESC Congress 2020

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