

Impact of Guideline-Directed Medical Therapy in Heart Failure



Heart failure is an escalating global health challenge that can be difficult to manage. Tools like guideline-directed medical therapy (GDMT) offer promising ways to improve outcomes.

New research led by UCLA emphasises the critical role these guidelines play in reducing mortality rates for individuals with heart failure with reduced ejection fraction (HFrEF), a condition affecting approximately 29 million people worldwide. These guidelines are significantly underutilised in clinical practice globally due to barriers such as poor health literacy, limited access to care, and high medication costs.

Published in *JAMA Cardiology*, the study found that many eligible individuals with HFrEF are not receiving life-saving treatments. Specifically, 8.2 million people are missing beta-blocker therapy, 20.4 million lack angiotensin receptor neprilysin inhibitors, 12.2 million are not receiving mineralocorticoid receptor antagonists, and 21.2 million are without SGLT2 inhibitors. This highlights the difficulty in implementing global guidelines.

Researchers estimate that the optimal use of GDMT could prevent 1.2 million deaths annually, with more than a million lives saved in regions such as the Eastern Mediterranean, Southeast Asia, and the Western Pacific.

The study is the first to assess the global mortality benefits of GDMT for HFrEF, using patient data from large registries to estimate heart failure prevalence, treatment eligibility, current prescription rates, and potential lives saved worldwide, rather than focusing only on the United States.

There are significant regional disparities in heart failure management, and this study shows that heart failure is not uniform—it varies greatly based on socioeconomic and cultural factors.

These findings underscore the importance of addressing heart failure, a global health issue. By projecting the number of lives that could be saved annually, the scale of the problem can be more easily grasped, and the urgency to make therapeutic interventions available worldwide can be highlighted.

Source: [JAMA Cardiology](#)

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