

Withdrawal of Guideline-Directed Medical Therapy in Heart Failure



Patients with heart failure who experience improved heart function remain at a higher risk of heart-related death or hospitalisation if they discontinue their heart failure medications, according to a new study from Karolinska Institutet. The findings are published in *Circulation*.

The study highlights the importance of maintaining medical treatments in daily clinical practice, even when patients show improvement in symptoms and pump function.

Using data from the Swedish Heart Failure Registry (RiksSvikt), study researchers analysed more than 8,700 heart failure patients whose ejection fraction was initially below 40% but later improved to 40% or higher.

By linking RiksSvikt with other national health registries, researchers from Karolinska Institutet, Linköping University in Sweden, and the University of Naples in Italy tracked hospitalisations and deaths among patients who either continued or stopped various heart failure medications.

The study found that patients who discontinued renin-angiotensin system inhibitors (RASi), angiotensin receptor-neprilysin inhibitors (ARNi), or mineralocorticoid receptor antagonists (MRA) had a 36–38% higher risk of heart-related death or hospitalisation within one year.

However, stopping beta-blockers was associated with increased risk only in patients whose heart function had improved moderately rather than fully.

These results show that heart failure medications continue to provide significant benefits even when heart function appears to recover. This supports current guidelines recommending continued RASi/ARNi and MRA treatment, while also suggesting that beta-blockers might be reconsidered for certain patients with well-recovered heart function.

As an observational study, the findings cannot establish causation, and researchers acknowledge the possibility of residual confounding. To strengthen these insights, further studies are planned.

It is important to understand how heart failure medications affect patients with improved heart function and to develop guidelines for when, if ever, it is safe to discontinue certain treatments. This could lead to more tailored and effective treatment strategies for heart failure patients.

Source: [Karolinska Institutet](#)

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