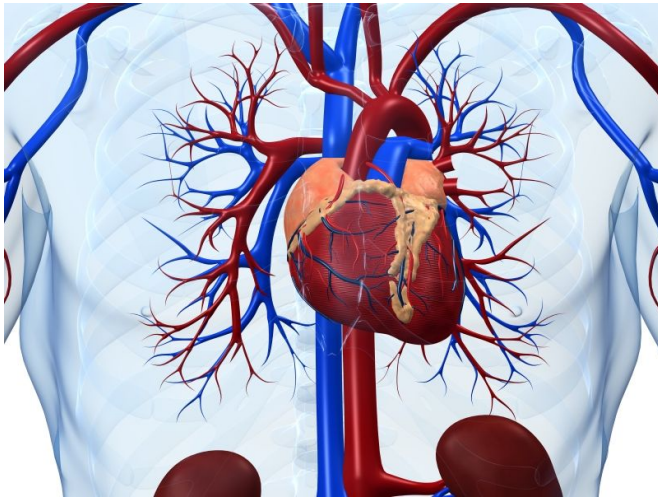


NT-ProBNP-guided treatment no benefit in high-risk HFrEF

23 August 2017



hospitalization or [cardiovascular mortality](#) occurred in 37 percent of both the biomarker-guided and usual-care groups (adjusted hazard ratio, 0.98; 95 percent confidence interval, 0.79 to 1.22; $P = 0.88$). Cardiovascular mortality was 12 and 13 percent in the biomarker-guided and usual-care groups (hazard ratio, 0.94; 95 percent confidence interval, 0.65 to 1.37; $P = 0.75$). There was no significant difference between the groups in secondary end points or the decreases in NT-proBNP levels achieved.

"In high-risk patients with HFrEF, a strategy of NT-proBNP-guided therapy was not more effective than a usual care strategy in improving outcomes," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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(HealthDay)—For high-risk patients with heart failure and reduced ejection fraction (HFrEF), an amino-terminal pro-B-type natriuretic peptide (NT-proBNP)-guided treatment strategy does not improve clinical outcomes versus usual care, according to a study published in the Aug. 22/29 issue of the *Journal of the American Medical Association*.

G. Michael Felker, M.D., from the Duke Clinical Research Institute in Durham, N.C., and colleagues randomized patients to an NT-proBNP-guided strategy, in which heart failure therapy was titrated with the goal of achieving a target NT-proBNP of less than 1,000 pg/mL (446 patients), or usual care (448 patients who received [heart failure](#) care in accordance with published guidelines).

The study was stopped for futility when 894 of the planned 1,100 patients had been enrolled with follow-up for a median of 15 months. The researchers found that the primary end point of composite of time-to-first [heart failure](#)

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