Empagliflozin meets primary endpoint in heart failure with reduced ejection fraction

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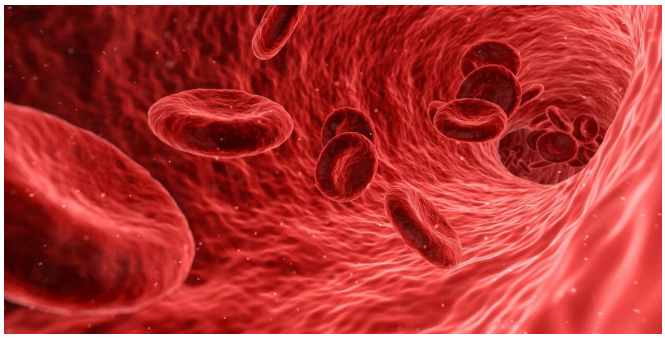

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Empagliflozin reduces the risk of cardiovascular death or hospitalization for heart failure in patients with heart failure and a reduced ejection fraction. That's the finding of the EMPEROR-Reduced trial presented in a Hot Line session today at ESC Congress 2020.

The EMPEROR-Reduced trial was designed to evaluate 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 all appropriate treatments for heart failure.

The primary endpoint was the composite of cardiovascular death or hospitalization for heart failure. Secondary endpoints included adverse renal outcomes, defined as chronic dialysis or renal transplant or sustained reduction of estimated glomerular filtration rate (eGFR).

By adjusting eligibility based on natriuretic peptide levels to the baseline ejection fraction, the trial preferentially enrolled higher-risk patients, who had not been well-represented in earlier studies.

The trial enrolled 3,730 patients with heart failure and a left ventricular ejection fraction of 40% or less, with or without diabetes. Patients were randomly assigned to empagliflozin 10 mg once daily or placebo.

During a median follow-up of 16 months, the primary endpoint occurred in 361 patients in the empagliflozin group and 462 patients in the placebo group (hazard ratio [HR] 0.75; 95% confidence interval [CI] 0.65–0.86; p

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