**Top Line Current Treatment: Guideline Directed M** 



## Guideline Directed Medical Therapy and Advanced Heart Failure Therapies

# Publications continue to emphasize challenges in implementing the use of GDMT-

including suboptimal and delayed initiation and high rates of discontinuation

#### Trends in Adherence to Quality Care Measures in Get with the Guidelines—HF program in the US 2020-2022

Quality of Care Measure	2020	2021	2022
Evidence-based specific $\beta$ -blockers at discharge for patients with HFrEF	92.0	93.4	94.2
Measure LV function	99.0	99.2	99.2
Post discharge appointment for HF patients	84.9	85.6	86.2
ARNI at discharge for patients with HFrEF	34.4	49.3	57.0
SGLT-2 inhibitor at discharge for patients with HFrEF	2.0	10.8	37.5
MRA at discharge for patients with HFrEF	49.1	57.1	61.3
ACEI/ARB or ARNI at discharge for patients with HFrEF	90.2	91.8	92.6
Anticoagulation for AF or atrial flutter	90.9	91.9	92.8
CRT-D or CRT-P placed or prescribed at discharge for eligible patients	44.1	39.4	35.5
DVT prophylaxis	91.3	93.8	92.7
Follow-up visit within 7 d or less	67.6	65.4	63.9
Hydralazine nitrate at discharge in self-identified Black patients with HFrEF	27.7	28.1	25.9
ICD counseling or ICD placed or prescribed at discharge for eligible patients	64.9	70.6	68.8
Influenza vaccination during flu season	76.4	73.1	70.6
Pneumococcal vaccination	62.1	64.2	63.7
Lab monitoring follow-up within 7 d of MRA prescription or dose change	N/A	N/A	41.7
Defect-free care for quadruple therapy medication for patients with HFrEF	6.0	18.4	41.4
DOAC at discharge for HF with nonvalvular AF or atrial flutter patients	41.1	43.4	45.2

Despite the emphasis on timely initiation of GDMTs and planning and counseling for ICD and/or CRT prior to hospital discharge **a large number of patients remain untreated** 

# **First-line treatment** of patients with HFrEF includes quadruple therapy with:

- Angiotensin receptor-neprilysin inhibitors (ARNi), angiotensin-converting enzyme inhibitors (ACEi), or angiotensin receptor blockers (ARB)
- Beta-blockers
- Mineralocorticoid receptor antagonists (MRA)
- Sodium-glucose cotransporter 2 inhibitors (SGLT2i)

Recent data and expert consensus have upgraded SGLT2i to first-line therapy in patients with HFpEF

However, the role of quadruple therapy in HFpEF is unclear

#### Use of beta-blockers in patients

## with HFpEF is controversial

In a cohort of patients with HF and LVER >40%, beta-blocker use was associated with an increased risk of HF hospitalizations as LVEF increased.





There are significant disparities in the use of device therapies according to sex, race/ethnicity, and comorbidities, and these disparities have not shown significant improvement over time

### Advanced HF Therapies: Heart Transplantation and LVADs



# Heart transplant volumes continue to increase in the United States

- The incidence of multi-organ transplantation (ie, heartkidney, heart-liver, heart-lung) has increased since the 2018 allocation policy change
- Novel organ preservation techniques and the use of hearts for transplantation from donation after circulatory death (DCD) have increased the availability of donor hearts for transplantation

All information, including graphics, tables, and text in this infographic are from the report published in the *Journal of Cardiac Failure*, and should be referenced as follows: *J Card Fail*. 2025; 31 P66-116



For more information visit https://hfsa.org/hf-stats

