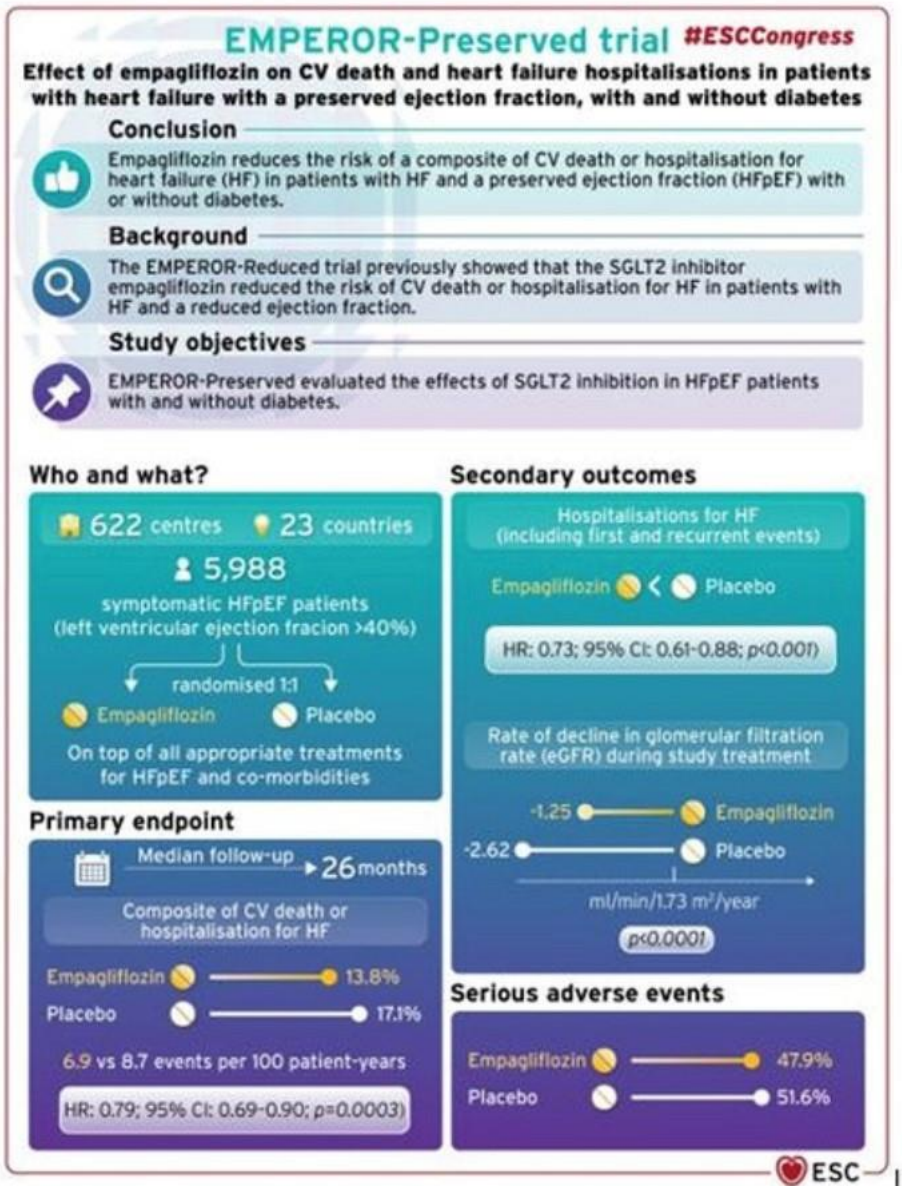
EMPEROR-Preserved trial #ESCCongress
Effect of empagliflozin on CV death and heart failure hospitalisations in patients with heart failure with a preserved ejection fraction, with and without diabetes
Conclusion
Empagliflozin reduces the risk of a composite of CV death or hospitalisation for heart failure (HF) in patients with HF and a preserved ejection fraction (HFpEF) with or without diabetes.
Background
The EMPEROR-Reduced trial previously showed that the SGLT2 inhibitor empagliflozin reduced the risk of CV death or hospitalisation for HF in patients with HF and a reduced ejection fraction.
Study objectives
EMPEROR-Preserved evaluated the effects of SGLT2 inhibition in HFpEF patients with and without diabetes.
Who and what?
622 centres
23 countries
5,988
symptomatic HFpEF patients
(left ventricular ejection fracion >40%)
randomised 1:1
Empagliflozin
Placebo
On top of all appropriate treatments for HFpEF and co-morbidities
Primary endpoint
Median follow-up
26 months
Composite of CV death or hospitalisation for HF
Empagliflozin
13.8%
Placebo
17.1%
6.9 vs 8.7 events per 100 patient-years
HR: 0.79; 95% CI: 0.69-0.90; p=0.0003)
Secondary outcomes
Hospitalisations for HF
(including first and recurrent events)
Empagliflozin
Placebo
HR: 0.73; 95% CI: 0.61-0.88; p<0.001)
Rate of decline in glomerular filtration rate (eGFR) during study treatment
-1.25
Empagliflozin
-2.62
Placebo
ml/min/1.73 m²/year
p<0.0001
Serious adverse events
Empagliflozin
47.9%
Placebo
51.6%
ESC