

Optimizing Heart Failure Care

A Guide to GDMT & SGLT2 Inhibitors



Why Guideline-Directed Medical Therapy (GDMT) Matters

- Heart failure (HF) is a progressive condition that requires early and sustained treatment to improve outcomes
- GDMT significantly reduces hospitalizations, cardiovascular death, and symptom burden across the spectrum of left ventricular ejection fraction (LVEF)
- Adherence to GDMT is crucial regardless of baseline symptoms to slow disease progression and enhance quality of life



SGLT2 Inhibitors: Benefits and Safety

- Reduce HF hospitalizations or cardiovascular deaths: clinical trials (DAPA-HF, EMPEROR-Reduced, DELIVER, EMPEROR-Preserved, SOLOIST-WHF) show significant risk reduction
- Effective across the LVEF spectrum: benefit observed in HF with reduced ejection fraction (HFrEF) (LVEF $\leq 40\%$), HF with mildly reduced ejection fraction (HFmrEF) (LVEF 41%-49%), and HF with preserved ejection fraction (HFpEF) (LVEF $\geq 50\%$)
- Renal protective effects: help prevent worsening kidney function in patients with HF
- Low risk of hypoglycemia: safe for use in patients with and without diabetes
- Tolerability: mild adverse effects like increased urination, genital infections, or dehydration can be managed with proper patient education





Integrating SGLT2 Inhibitors Into HF Treatment Plans

1. Assess eligibility

- Consider in all patients with HF, regardless of diabetes status
- Check renal function

2. Initiate early

- Can be started in both outpatient and inpatient settings, including post hospitalization

Standard Dosing for SGLT2 Inhibitors in HF

SGLT2 Inhibitor	Indication in HF	Standard Dose	Renal Function Considerations
Bexagliflozin	Not approved for HF		Initiate if eGFR ≥ 30 mL/min/1.73 m ² ; discontinue if eGFR < 30 mL/min/1.73 m ²
Canagliflozin	Not approved for HF		Not recommended if eGFR < 60 mL/min/1.73 m ²
Dapagliflozin	HFrEF and HFpEF	10 mg once daily	Initiate if eGFR ≥ 30 mL/min/1.73 m ² ; discontinue if eGFR < 30 mL/min/1.73 m ²
Empagliflozin	HFrEF and HFpEF	10 mg once daily	Initiate if eGFR ≥ 20 mL/min/1.73 m ² ; discontinue if eGFR < 20 mL/min/1.73 m ²
Ertugliflozin	Not approved for HF		Approved for diabetic kidney disease; initiate if eGFR ≥ 30 mL/min/1.73 m ²
Sotagliflozin	HFrEF and HFpEF	200 mg once daily; may increase to 400 mg daily	Initiate if eGFR ≥ 25 mL/min/1.73 m ² ; discontinue if eGFR < 25 mL/min/1.73 m ²

eGFR, estimated glomerular filtration rate.

1. Monitor and adjust

- Monitor volume status and adjust diuretics if necessary
- Educate patients on potential adverse effects and how to manage them
- Ensure adherence through follow-up and shared decision-making



Talking Points for HCP–Patient Conversations

“SGLT2 inhibitors can help protect your heart and kidneys, even if you don’t have diabetes.”

“These medications lower your risk of hospitalization and improve your symptoms and health status over time.”

“We will monitor you closely and adjust treatment as needed to keep you feeling your best.”

“Let’s discuss any concerns you have so we can make the best decision together.”



Take-home Messages

- SGLT2 inhibitors are a core component of HF treatment and should be started early to optimize outcomes
 - SGLT2 inhibitors significantly reduce adverse clinical events and improve symptom burden across the spectrum of LVEF
- Proactive conversations between HCPs and patients can overcome barriers to initiation and adherence
 - Let’s make every effort to ensure patients receive these life-changing therapies



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