

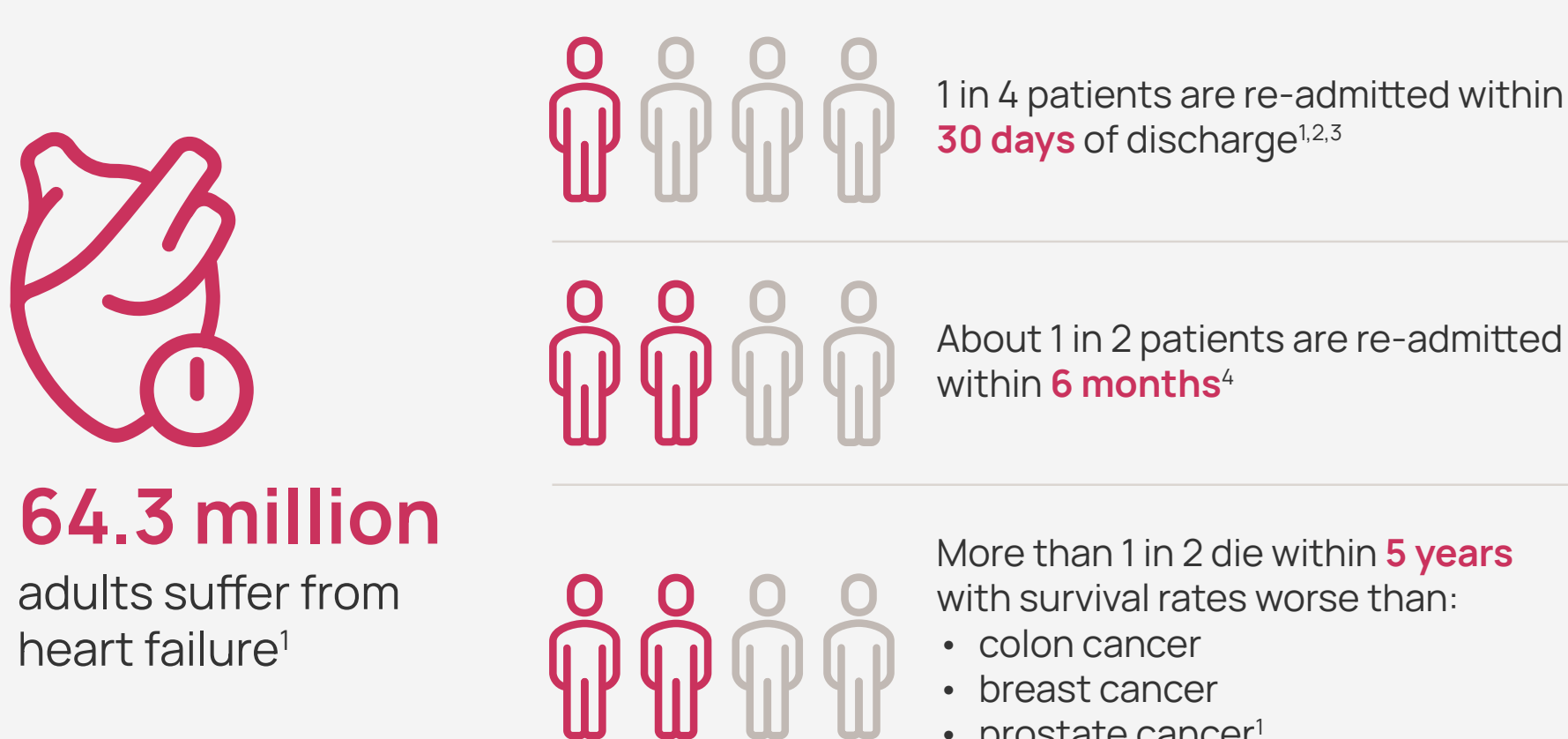
STRONG-HF

CONTEMPORARY POST-DISCHARGE MANAGEMENT IN HEART-FAILURE

PRIMARY OUTCOMES

Heart failure patients currently have high rates of readmission and mortality after discharge¹⁻⁴

The burden of heart failure



What are the challenges of post-discharge management?

Majority of heart failure patients are not closely monitored or treated with optimal doses of GDMT⁵⁻¹¹ after acute heart failure admission.



ACEis, ARBs, MRAs and beta-blockers showed to improve survival rates.¹²

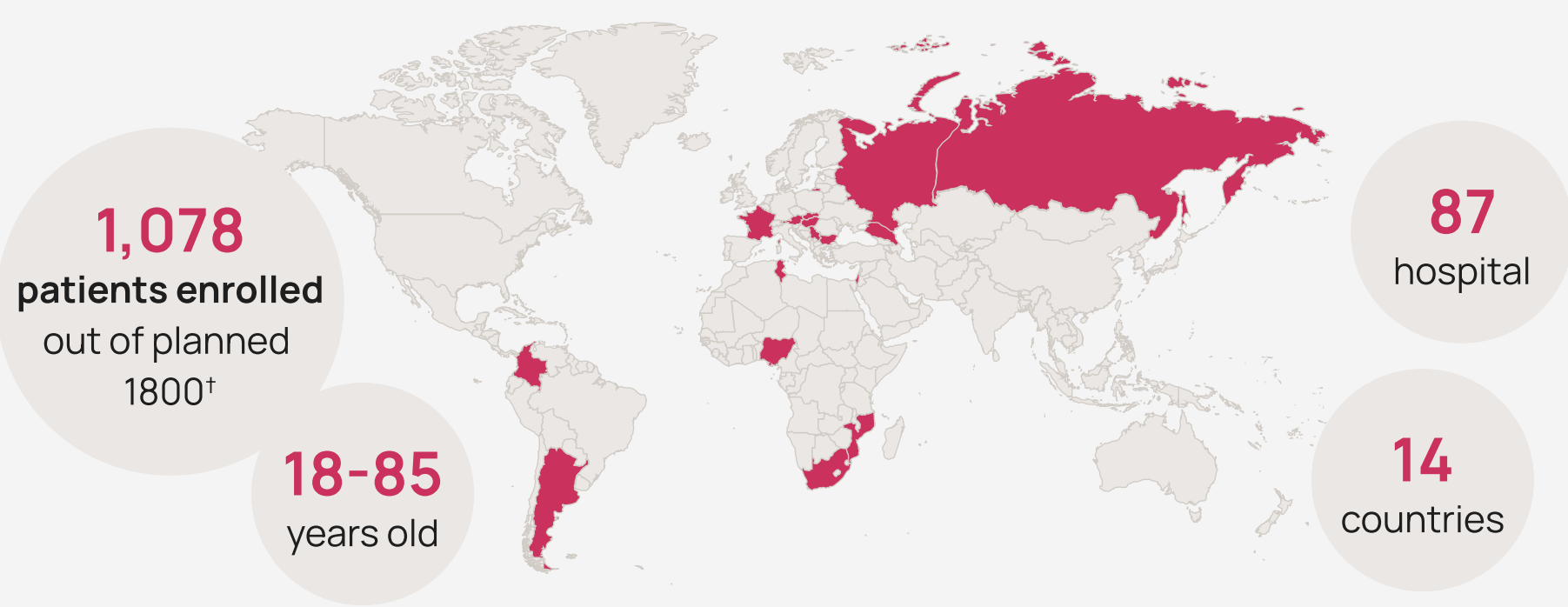


Factors influencing limited adherence to GDMT (Guideline Directed Medical Therapy)¹³

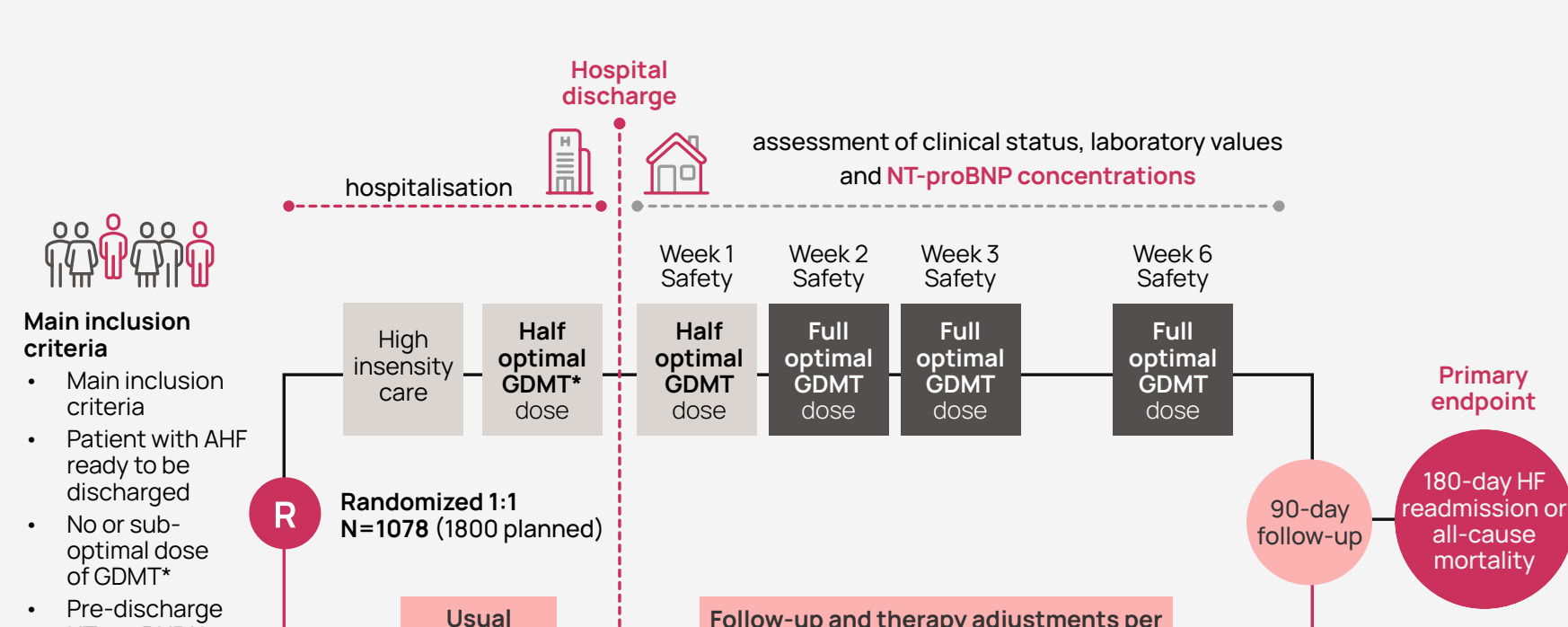


STRONG-HF primary outcomes show significant reduction of all cause death or acute heart failure readmissions

Study Design



*Monitoring board of the study recommended to terminate the study early as it was considered unethical to continue with usual care.



*ACEi/ARB, ARNi, BB, or MRA; **NT-proBNP criteria for persistent congestion ACEi, angiotensin-converting enzyme inhibitors; AHF, acute heart failure; ARB, angiotensin receptor blockers; BB, beta blockers; GDMT, guideline-directed medical therapy; HF, heart failure; MRA, mineralocorticoid receptor antagonists; NT-proBNP, N-terminal pro b-type natriuretic peptide

Measuring NT-proBNP biomarker levels is an integral part of the treatment strategy in STRONG-HF.

Results

The high intensity care group: **34% relative** and **8.1% absolute risk reduction (ARR)** in the combination of death or heart failure readmission.¹⁴



STRONG-HF study results demonstrated clear benefits for acute heart failure patients by adapting the strategy of care.

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