CHAMP-HF

In an outpatient registry study of 3,518 patients with HFrEF,

27%, **33%**, and **67%** of eligible patients were **NOT** prescribed RAAS inhibitors, β-blockers, or MRAs, respectively^{3,*}

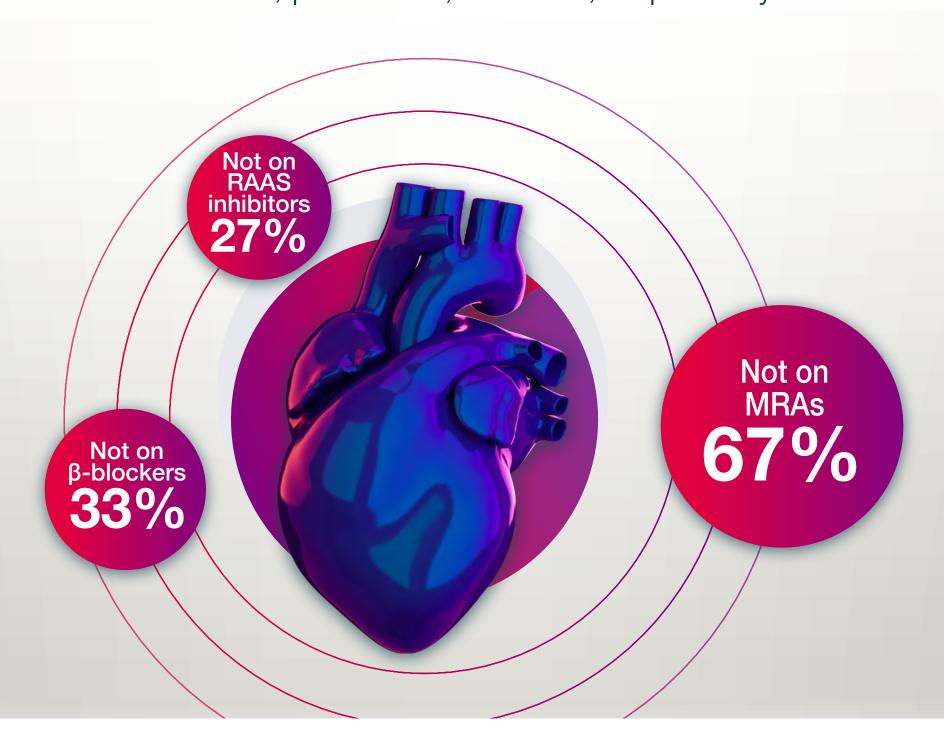
Several contemporary therapies have been shown to reduce risk of hospitalization for HF and mortality in patients with HFrEF; therefore, they are supported by class I recommendations in clinical practice guidelines for HF^{1,2}

Therapies include

β-blockers

MRAs

RAAS inhibitors





Patient-level factors, including older age, lower blood pressure, more severe functional class, renal insufficiency, and recent hospitalization for HF were generally associated with lower medication use or dose^{3,†}

These data demonstrate significant gaps in guideline-directed use and dosing of medications for HFrEF³

As improved clinical outcomes have been demonstrated through use of guideline-directed mono-, dual-, and triple-therapy for HF,⁴ efforts aimed at improving the use and targeting the dosing of outpatient guideline-directed medical therapy are needed³

HF, heart failure; HFrEF, heart failure with reduced ejection fraction; LVEF, left ventricular ejection fraction; MRA, mineralocorticoid receptor antagonist; RAAS, renin-angiotensin-aldosterone system.

1. Yancy CW et al. Circulation. 2013;128(6):e240-e327. 2. Yancy CW et al. Circulation. 2017;136(6):e137-e161. 3. Greene SJ et al. J Am Coll Cardiol. 2018;72(4):351-366. 4. Wirtz HS et al. J Am Heart Assoc. 2020;9(16):e015042.

^{*}Patients were enrolled in the Change the Management of Patients with Heart Failure (CHAMP-HF) registry from 150 US primary care and cardiology practices. Eligible patients had a diagnosis of chronic HF, LVEF ≤40% according to imaging performed within 12 months of enrollment, and were receiving ≥1 oral medication for HF at study enrollment (ie, diuretics, RAAS inhibitors, β-blockers, MRAs, antihypertensives, vasoactive/inotropic agents, or other cardiovascular medications).

†After adjustment for confounding variables.