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Emerging Evidence in HF Care

Announcer:
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Dr. Jhund:
Hello, I'm Pardeep Jhund. I'm professor of cardiology and epidemiology from the University of Glasgow, and I'm pleased to be joined today by my good friend and colleague, Professor John McMurray, professor of cardiology from the University of Glasgow, also.

So, John, we've talked a lot about the use of finerenone in patients with type 2 diabetes and chronic kidney disease. Do you have any information about using finerenone in patients without type 2 diabetes?

Dr. McMurray:
Well, we do because recently the FINEARTS-HF trial was completed. That was our large 6,000-patient trial, patients with heart failure and mildly reduced or preserved ejection fraction, and around 60% of those patients did not have type 2 diabetes. And of course, the important finding was that finerenone was similarly beneficial in patients with diabetes and without diabetes. Obviously, patients who had type 2 diabetes were at much higher risk than the patients without type 2 diabetes, but the relative risk reduction in the primary composite endpoint was very similar across both of those groups. And indeed, if we split patients into 3 categories – normal glycemia, prediabetes, and diabetes – we saw an entirely consistent benefit, and that was also true if we looked across the spectrum of hemoglobin A1c, using that as a continuous measure. So in those individuals, finerenone reduced the primary composite outcome of cardiovascular death and total worsening heart failure events, and the overall risk reduction was 16%.

Dr. Jhund:
Okay, well, that's great data for those patients. You mentioned a really interesting group there just briefly, prediabetes as well as the patients without type 2 diabetes. Have we any evidence or any data on what happens to them in terms of tipping over into diabetes, because we know a lot of our patients with heart failure will unfortunately develop diabetes as time goes on. So did we learn anything from FINEARTS about that?

Dr. McMurray:
I think that's one of the most interesting aspects of all of this, because you're absolutely right. Although maybe not widely appreciated, heart failure is one of the most diabetogenic states there is. We're not entirely sure why that is, but patients with heart failure have about a 3% per year instance of newly diagnosed diabetes.

So in FINEARTS-HF, we were pleasantly surprised to find that finerenone reduced the risk of new-onset diabetes significantly by about a quarter. It was a very robust finding. No matter what way we defined new diabetes, there was this around 25% relative risk reduction. Now, the reason I said pleasantly surprised was because one of the older MRAs, one of the steroidal MRAs, spironolactone, has been repeatedly associated with an increase in hemoglobin A1c, and we didn't know whether or not finerenone would have that, perhaps,

undesirable effect. But it was, obviously, the contrary to that. So I think this is a very important additional benefit of finerenone for patients with heart failure because not only, as we've discussed, is diabetes very common in patients with heart failure, but it's associated with a much worse prognosis, and patients with heart failure who got type 2 diabetes also have a much greater impairment of quality of life. So if you've got heart failure, you would really prefer not to develop type 2 diabetes.

Dr. Jhund:
Well, that's great data. So we have data on patients with type 2 diabetes, patients without type 2 diabetes, and even preventing them from developing type 2 diabetes. That's fantastic news and a real step forward in the management of these patients.

So thank you very much for joining us.

Announcer:
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