Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/clinical-practice/cardiology/spirit-hf-does-spironolactone-improve-outcomes-in-hfpef-and-hfmref/57081/

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SPIRIT-HF: Does Spironolactone Improve Outcomes in HFpEF and HFmrEF?

Announcer:
Welcome to DataPulse from ESC Heart Failure 2026 on ReachMD. This activity, titled "SPIRIT-HF: Does Spironolactone Improve Outcomes in HFpEF and HFmrEF? is provided by **Medcon International**.

Dr. Vaduganathan:
Hello from ESC Heart Failure in Barcelona. My name is Muthu Vaduganathan. I'm a cardiologist from Brigham and Women's Hospital and Harvard Medical School, and I'm bringing you data from the recently presented SPIRIT-HF trial.

SPIRIT-HF was highly anticipated and was recently presented as a late-breaking clinical trial at the ACC 2026 Scientific Congress. SPIRIT-HF is the second randomized clinical trial evaluating the steroidal MRA, spironolactone, in the target population of heart failure with preserved ejection fraction and followed the complex-to-interpret TOPCAT trial.

Unfortunately, the SPIRIT-HF trial was stopped due to loss of funding and only enrolled approximately half the anticipated patients or target patients that were required for scientific power. As such, the trial was underpowered and couldn't completely answer the question it set out to.

That said, the top-line results showed that there was no significant difference in the primary endpoint of cardiovascular death and heart failure events. And importantly, as was seen in the TOPCAT trial in the Americas cohort, there was increased rates of hyperkalemia, kidney-related events, and lower blood pressure—hypotension. And in fact, there were numerically higher rates of hospitalization in patients treated with spironolactone.

This trial was also complex to interpret because it was conducted during COVID-19 and it was impacted by high rates of drug discontinuation, including in the spironolactone arm.

So my takeaway is that we should still rely on the scientific evidence that we have grounded with nonsteroidal MRAs such as finerenone. Importantly, FINEARTS-Heart Failure conclusively showed that finerenone reduced cardiovascular events in this same population of HFpEF and now is approved in many countries worldwide and embraced by guidelines.

As such, I don't think we have substantial evidence at the present time that we can treat all MRAs equally and that we should still lean on the scientific evidence where we have clear efficacy and safety established.

And that's a wrap from ESC Heart Failure 2026. Again, my name is Muthu Vaduganathan, and I hope you enjoy the rest of your congress.

Announcer:

Thank you for listening to this DataPulse from ESC Heart Failure 2026 on ReachMD. This activity is provided by **Medcon International**. Thank you for listening.