

Media Statement: Leading US cardiology societies strongly recommend Entresto® as a new standard of care treatment in an earlier-than-expected joint update of clinical practice guidelines for heart failure

May 21, 2016

Three leading US cardiology societies have jointly issued a clinical practice guideline update that has redefined standard of care treatment for heart failure and given Entresto® a strong Class I Level of Evidence B-R recommendation for the management of heart failure with reduced ejection fraction (HFrEF).¹ The earlier-than-expected update was released simultaneously with new European guidance.^{1,2}

Entresto is now a guideline-recommended standard therapy for chronic HFrEF patients to reduce morbidity and mortality, as an alternative to angiotensin converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARB), together with a beta blocker and an aldosterone antagonist.¹ To further reduce morbidity and mortality, the guideline specifically advises doctors to switch chronic HFrEF patients with mild to moderate symptoms who are otherwise tolerating an ACE or ARB to Entresto.¹ Class I is the strongest type of recommendation recognizing the benefits of a treatment, and level B-R is the highest possible quality of clinical evidence for a treatment with only a single randomized clinical trial.¹

Jointly issued by the American College of Cardiology (ACC), the American Heart Association (AHA) and the Heart Failure Society of America (HFSA), the new guideline underscores the potential of Entresto to significantly reduce risk of death due to cardiovascular causes or heart failure hospitalization, and the critical need to reduce the impact of this devastating disease on patients and our healthcare system.¹ This is excellent news for physicians and patients with HFrEF. Heart failure is a debilitating condition that affects nearly 6 million people in the US, about half of whom have the reduced ejection fraction form.^{3,4}

Heart failure patients may suffer poor quality of life and are at increased risk of hospitalization and death.^{3,5,6,7} Not only do heart failure patients suffer from symptoms that may impact their daily lives, about half of patients diagnosed with heart failure die within 5 years.^{3,8,9} Symptoms of HF can include shortness of breath, swollen limbs due to build-up of fluid, and fatigue.¹⁰

References

1. McBride PE, Peterson PN, Stevenson LW, Westlake C. 2016 ACC/AHA/HFSA focused update on new pharmacological therapy for heart failure: an update of the 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America. J Am Coll Cardiol. 2016;

doi:10.1016/j.jacc.2016.05.011.

2. Ponikowski P, Voors AA, Anker SD, et al. 2016 ESC guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC). Developed with the special contribution of the Heart Failure Association (HFA) of the ESC. Eur Heart J 2016; doi: 10.1093/eurheartj/ehw128.

3. Mozaffarian D, Benjamin EJ, Go AS, et al. Heart Disease and Stroke Statistics—2016 Update: A report from the American Heart Association. Circulation. 2015;133:e38-e360. doi: 10.1161/CIR.0000000000000350.

4. Owan TE, Hodge DO, Herges RM, et al. Trends in prevalence and outcome of heart failure with preserved ejection fraction. N Engl J Med. 2006;355:251–9.

5. Wier LM, Pfuntner A, Maeda J, et al. HCUP facts and figures: statistics on hospital-based care in the United States, 2009. Rockville, MD: Agency for Healthcare Research and Quality, 2011.

6. Fauci A, Longo D. Disorders of the Heart. Harrison's Principles of Internal Medicine. 17th ed. New York, NY; McGraw-Hill Book Co; 2008;4:1442-55.

7. Hobbs F, Kenkre J, Roalfe A, Davis R, Hare R, Davies, M. Impact of heart failure and left ventricular systolic dysfunction on quality of life. Eur Heart J. 2002;23:1867–1876. doi:10.1053/euhj.2002.3255.

8. Levy D, Kenchaiah S, Larson MG, et al. Long term trends in the incidence and survival with heart failure. N Engl J Med. 2002;347(18):1397-1422.

9. Roger VL, Weston SA, Redfield MM, et al. Trends in heart failure incidence and survival community-based population. JAMA. 2004;292:344-350

10. American Heart Association. Warning Signs of Heart Failure.

http://www.heart.org/HEARTORG/Conditions/HeartFailure/WarningSignsforHeartFailure/Warning-Signs-of-Heart-Failure_UCM_002045_Article.jsp#.VzuPvfkrlIU. Accessed on April 13, 2016.

Novartis Media Relations

Eric Althoff

Novartis Global Media Relations

+1 212 830 2408 (direct)

+ 41 79 593 4202 (mobile)

eric.althoff@novartis.com

Michael Billings

Novartis Pharmaceuticals Corporation

+1 862 778 8656 (direct)

+1 201 400 1854 (mobile)

michael.billings@novartis.com

e-mail: us.mediarelations@novartis.com

Source URL: <https://qa1.novartis.us/news/media-releases/media-statement-leading-us-cardiology-societies-strongly-recommend-entresto-new-standard-care-treatment-earlier-expected-joint-update-clinical-practice-guidelines-heart-failure>

List of links present in page

1. <https://qa1.novartis.us/news/media-releases/media-statement-leading-us-cardiology-societies-strongly-recommend-entresto-new-standard-care-treatment-earlier-expected-joint-update-clinical-practice-guidelines-heart-failure>
2. <https://content.onlinejacc.org/article.aspx?articleid=2524644>
3. <http://eurheartj.oxfordjournals.org/content/early/2016/05/19/eurheartj.ehw128>
4. http://www.heart.org/HEARTORG/Conditions/HeartFailure/WarningSignsforHeartFailure/Warning-Signs-of-Heart-Failure_UCM_002045_Article.jsp#.VzuPvfkrlIU
5. <mailto:eric.althoff@novartis.com>
6. <mailto:us.mediarelations@novartis.com>
7. <mailto:michael.billings@novartis.com>