

# The Importance of Registries for our Patients

## *La importancia de los registros para nuestros pacientes*

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Thierer and colleagues are to be congratulated on their description of a large and contemporary cohort of ambulatory patients with heart failure managed by Cardiologists in Argentina.(1) A particular strength of this registry was inclusion of patients with heart failure and any left ventricular ejection fraction (EF). Overall, 68% patients had heart failure with reduced EF (HFrEF; EF  $\leq$ 40 %), 16% heart failure with mildly reduced EF (HFmrEF; EF 41%-49%), and 16% heart failure with preserved EF (HFpEF; EF  $\geq$ 50%). The relatively high proportion of patients with HFrEF, and small fraction of patients with HFpEF, may reflect selective referral of these patients to Cardiologists since most other registries suggest that around 50% of patients with HF have a LVEF  $>$ 40% (although the proportion is greater among outpatients compared to inpatients).(2)

What stands out in the findings is the impressively high rate of use of evidence-based pharmacological therapy in patients with HFrEF – a beta-blocker in 93.5%, sacubitril/valsartan in 37.9% and a mineralocorticoid receptor antagonist in 88.8% - figures that are unprecedentedly good, and which stand in stark contrast to recent data reported from the United States of America.(3) Once again, these findings may reflect patient selection bias. Also, all participating physicians were Cardiologists and Cardiologists are known to have the highest rates of prescription of guideline-recommended therapy amongst medical specialities, which may be another reason why treatment was excellent.(2)

Interestingly, use of these drugs was almost as good among patients with HFmrEF as among those with HFrEF, practice that is now consistent with the recent recommendations in the 2021 update of the European Society of Cardiology guidelines on the treatment of heart failure.(2) However, it is also likely that some of the patients categorized as having HFmrEF may have previously had a lower EF, and EF had increased in response the treatment i.e., these patients

had heart failure with “improved EF” (formerly “recovered EF”).

Hopefully, the present survey will be repeated and demonstrate and equally impressive uptake of sodium-glucose cotransporter 2 (SGLT2) inhibitors, the latest evidence-based therapy shown to improve outcomes in HFrEF, HFmrEF and at least some patients with HFpEF.(2, 4) The present registry predated the discovery of the benefits of, and approval, of this class of therapy.

Also of note, 48.3% of patients with HFpEF received treatment with a mineralocorticoid receptor antagonist. This too is a relatively high rate of use, exceeding the 34% rate among equivalent patients in the latest large trial in participants with HFpEF (and HFmrEF) i.e., DELIVER (Dapagliflozin Evaluation to Improve the Lives of Patients With Preserved Ejection Fraction Heart Failure).(5) Nevertheless, that only a third to a half of patients with HFpEF receive this treatment reflects remaining uncertainty about its value, hopefully a question that will be answered by ongoing trials with mineralocorticoid receptor antagonists.(6)

The last crucial findings of the present registry are the clinical outcomes reported among the enrolled patients, with an annualized rate of the composite endpoint of death from cardiovascular causes or hospitalization for worsening heart failure of 12.8%, hospitalization for worsening heart failure of 9.8%, death from cardiovascular causes of 6.6%, and death from any cause of 8.4%. While these rates are as “good” as seen in recent trials, reflecting the excellent therapy mentioned above, they highlight the need to continue develop new treatments and reduce event rates further in heart failure. Only by documenting how our patients are managed and by monitoring trends in outcomes can we ensure that the incredible, evidence-based, treatments we have available are being implemented in practice and that our patients are benefiting accordingly. This is why registries, like the present one, are so important

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