TAKE HOME MESSAGE

Scompenso cardiaco

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SOCIETÀ ITALIANA
DI GERONTOLOGIA
E GERIATRIA

Roma, 30 novembre - 3 dicembre 2022
UNIVERSITÀ CATTOLICA DEL SACRO CUORE

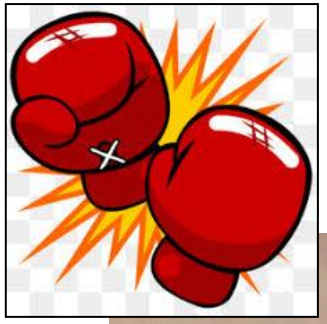
Il finto duello …

Keynote Lecture

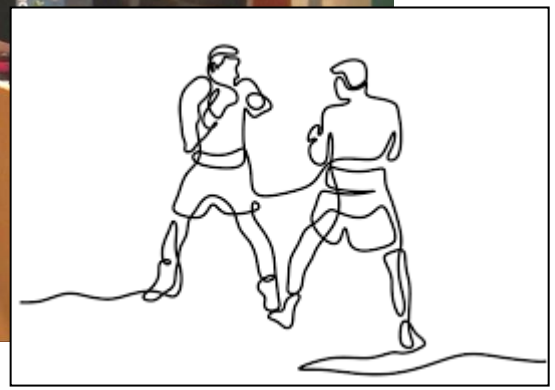
L'APPROCCIO TERAPEUTICO ALL'INSUFFICIENZA CARDIACA NELL'ANZIANO

Il parere del cardiologo – *Samuele Baldasseroni (Firenze)*

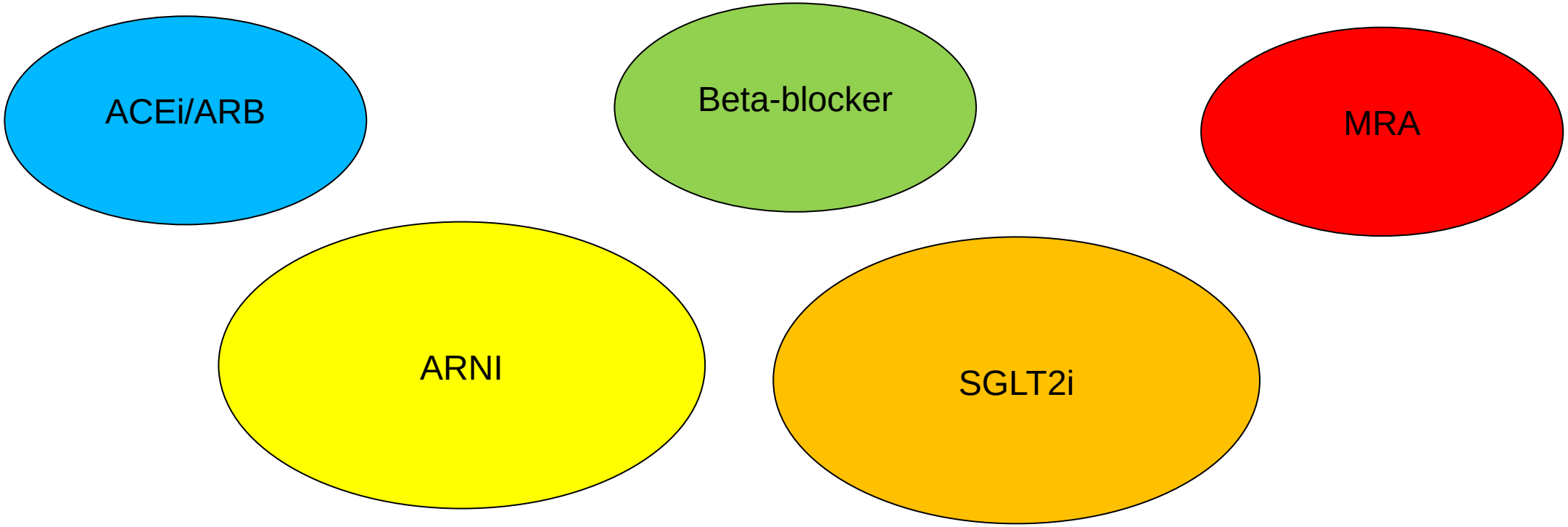
Il parere del geriatra – *Giuseppe Rengo (Napoli)*



… e il vero scontro

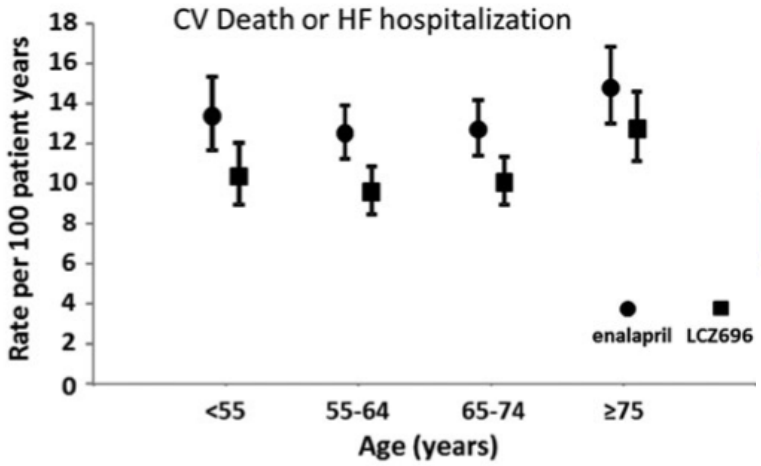


- Utilizzo del diuretico, in acuto vs alla dimissione
- Il ricovero come opportunità per l'ottimizzazione della terapia

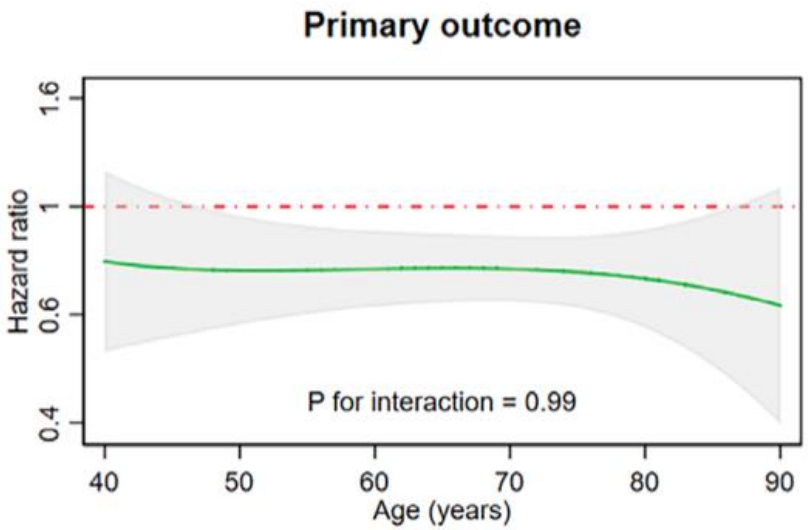


Efficacia e sicurezza di sacubitril-valsartan, dapaglifozin and empaglifozin in relazione all'età

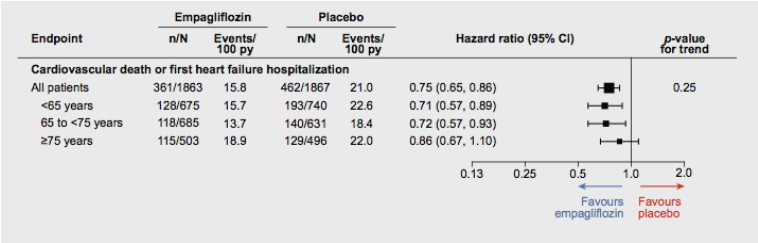
PARADIGM-HF



DAPA-HF



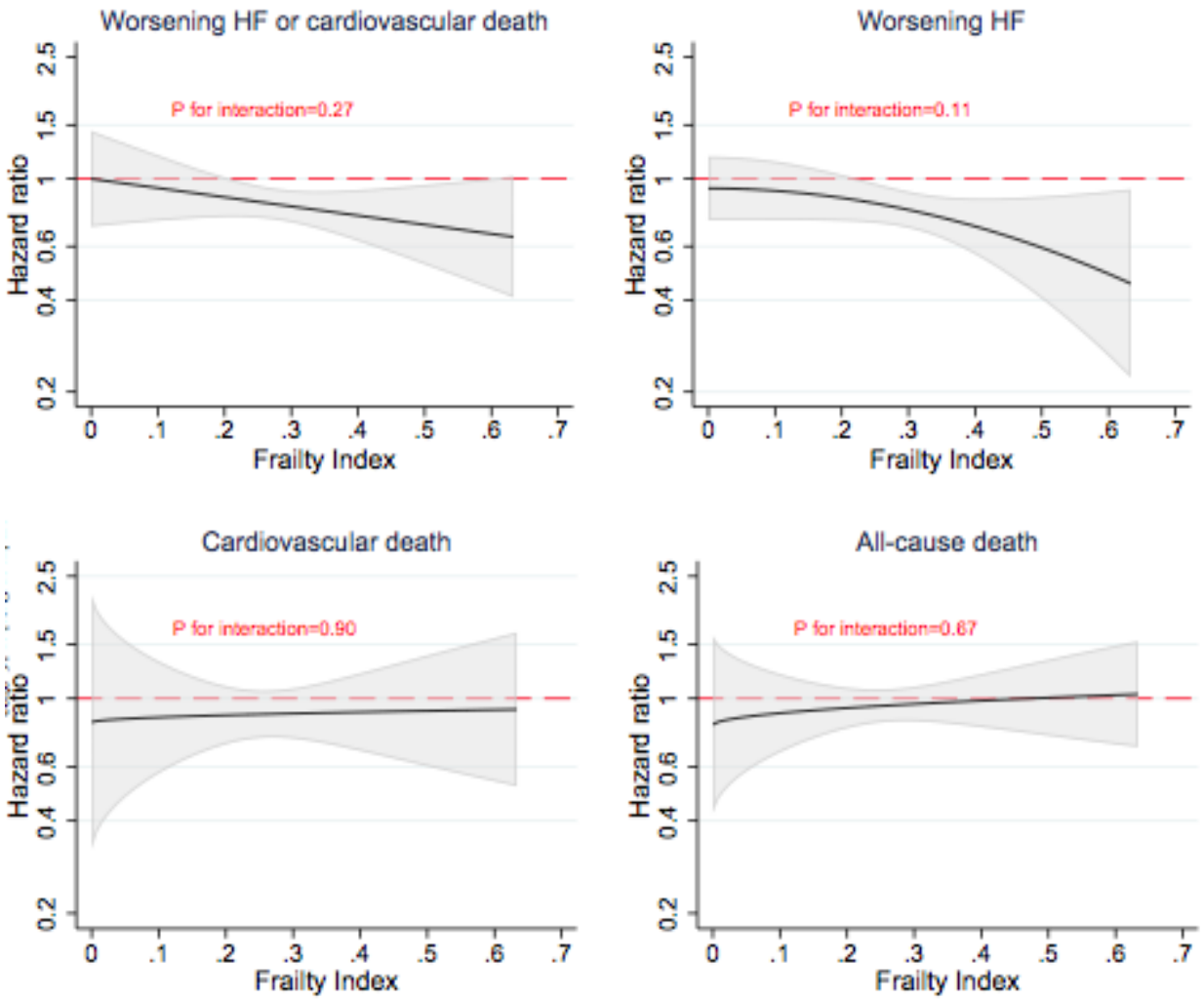
EMPEROR-Reduced



Jhund PS et al. Eur Heart J. 2015

Martinez FA et al. Circulation 2020

Filippatos G et al. Eur J Heart Fail. 2022



Benefit of dapagliflozin consistent across the spectrum of frailty

No suggestion of reduced benefit in more frail subjects.

The improvement in health-related quality of life with dapagliflozin occurred early and was greater in patients with greater frailty.

Butt JH et al. Circulation 2022

To reduce mortality - for all patients			
ACE-I/ARNI	BB	MRA	SGLT2i

McDonagh TA et al. HF ESC guidelines 2021

IRRESPECTIVE OF AGE

- Introduzione precoce della terapia raccomandata
- Ottimizzazione simultanea vs sequenziale della terapia

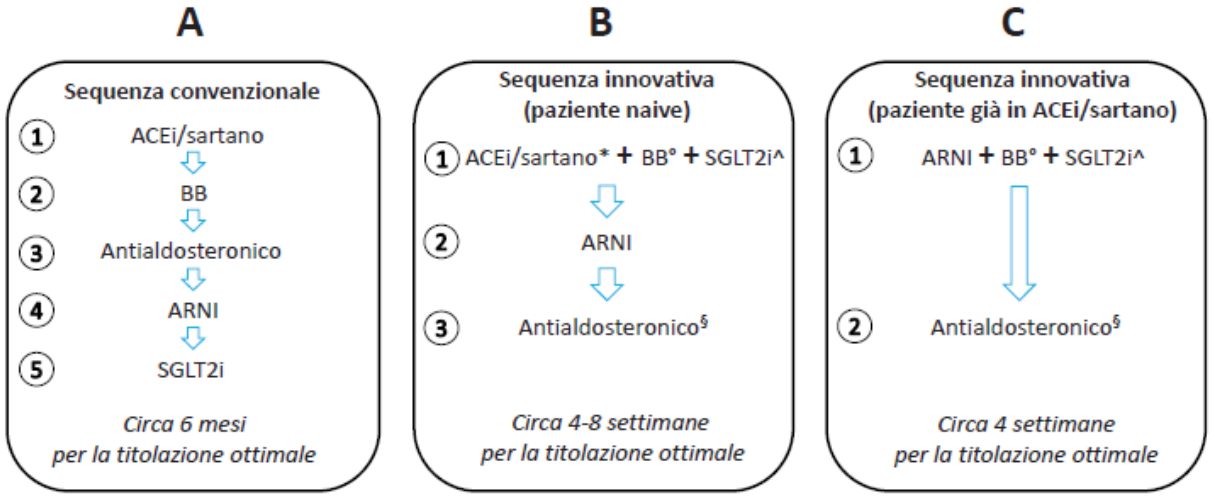
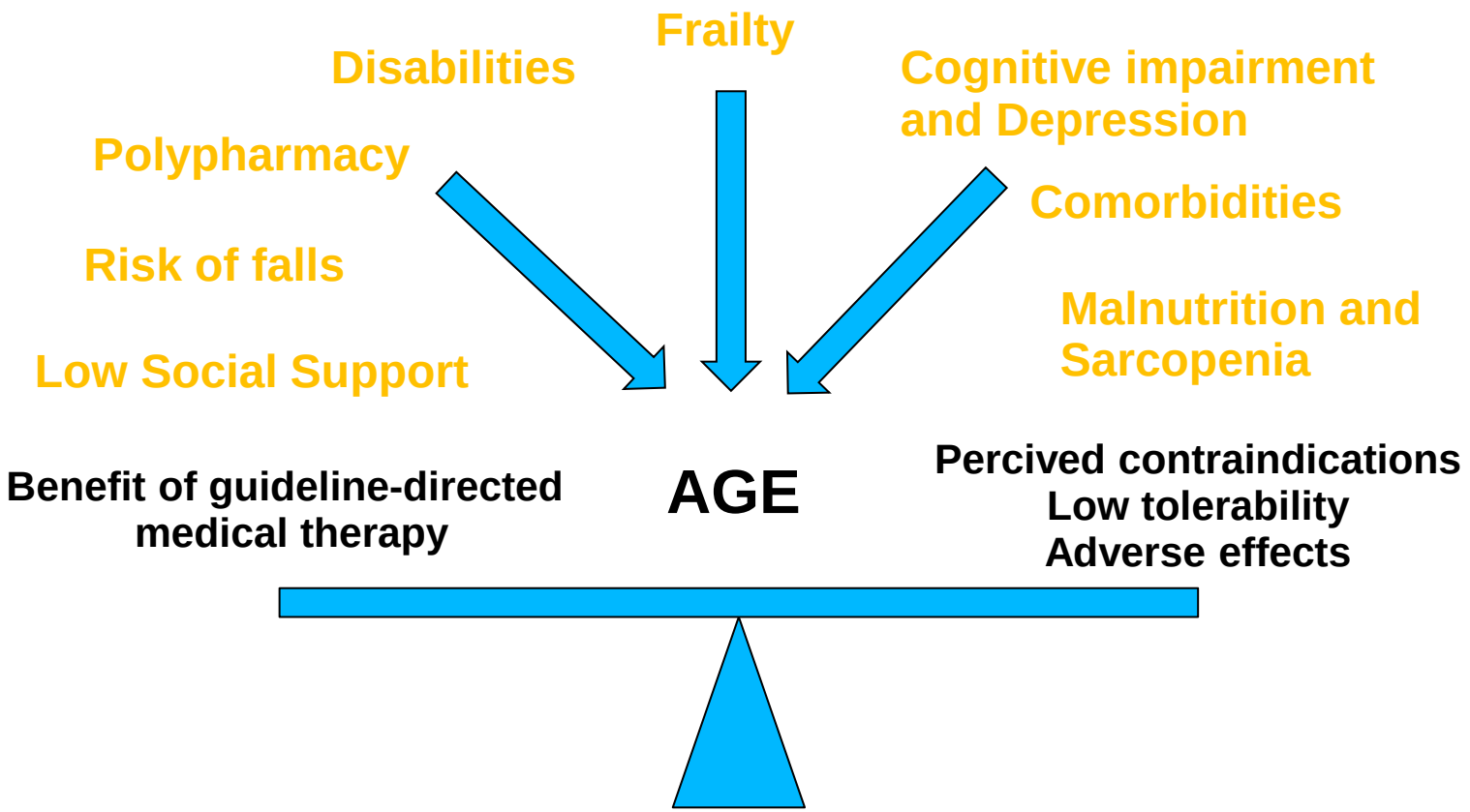


Figura 2. Schema di sequenza di inizio della terapia nel paziente con scompenso sistolico convenzionale (*A*) ed esempi di sequenze innovative in pazienti naive (*B*) o già in terapia con inibitori dell'enzima di conversione dell'angiotensina (ACEi) o sartano (*C*).
ARNI, inibitori del recettore dell'angiotensina e della neprilisina (sacubitril/valsartan); BB, betabloccante; SGLT2i, inibitore del co-trasportatore sodio-glucosio di tipo 2.
*In caso di compatibilità con il Piano Terapeutico AIFA l'inizio dell'ARNI in pazienti non ipotesi può essere anticipato.
°In pazienti con scompenso cardiaco avanzato l'inizio del BB può seguire la stabilizzazione con inibitori del sistema renina-angiotensina e diuretici.
^In pazienti ospedalizzati l'inizio degli SGLT2i dovrebbe essere posticipato alla fase post-dimissione.
§In pazienti significativamente ipotesi l'inizio dell'antialdosteronico può essere anticipato rispetto ad ARNI.

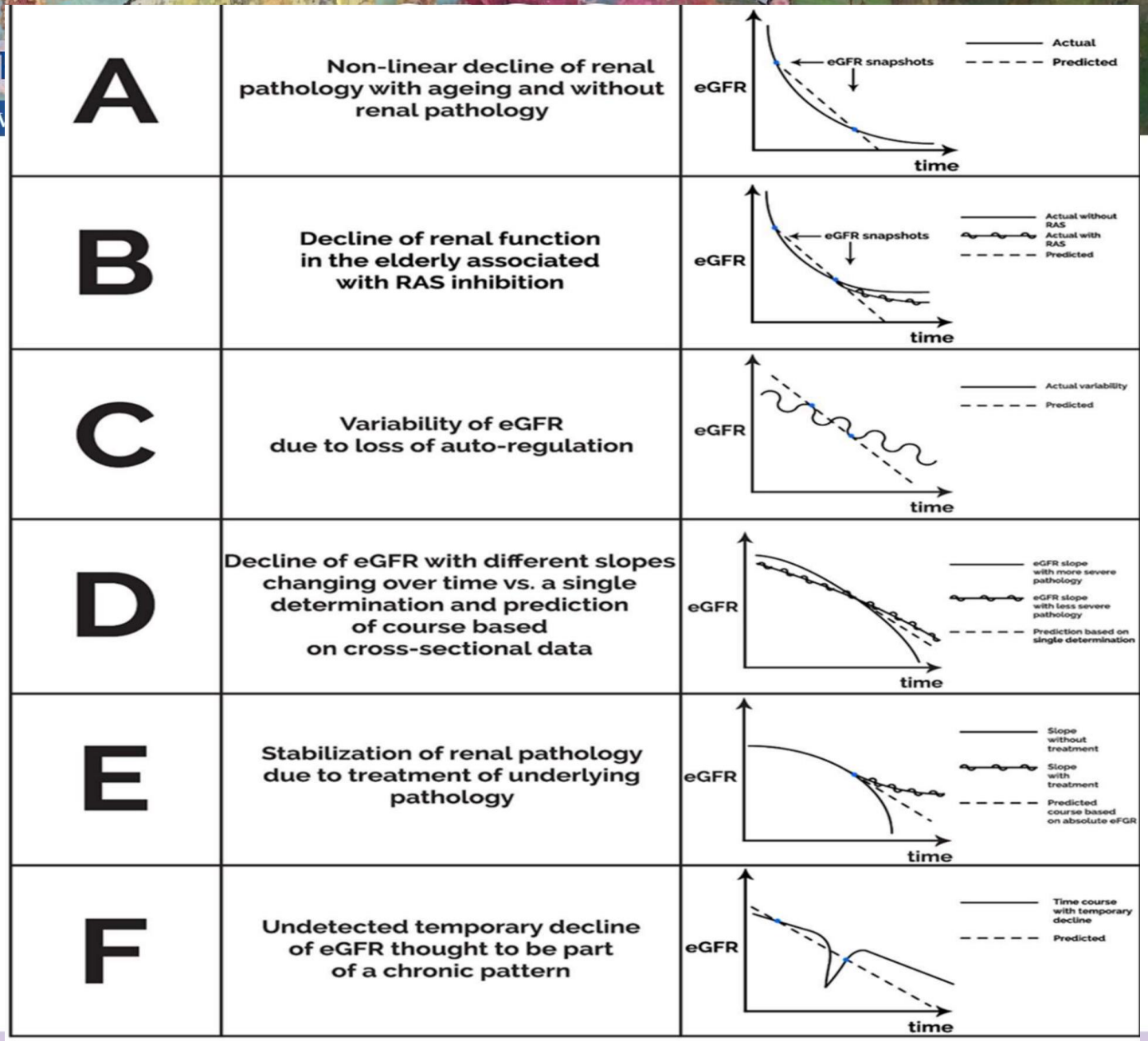
Attenzione agli effetti avversi!



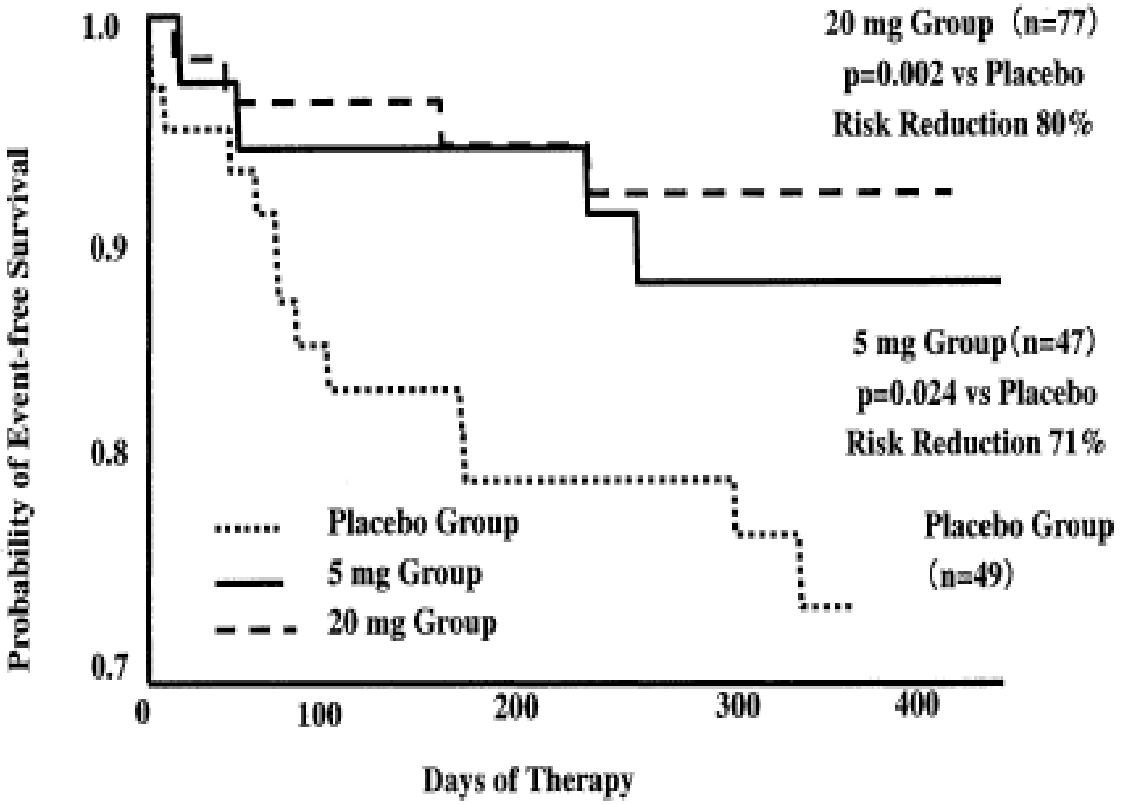
1.La maggioranza dei pazienti sono anziani o molto anziani, spesso con eGFR intorno a 30 ml/min

2. Spesso utilizzano altri farmaci che modificano l autoregolazione renale (es. FANS)

3. Spesso decidiamo l'inizio del farmaco con una sola determinazione del filtrato, pensando che il suo declino sia LINEARE

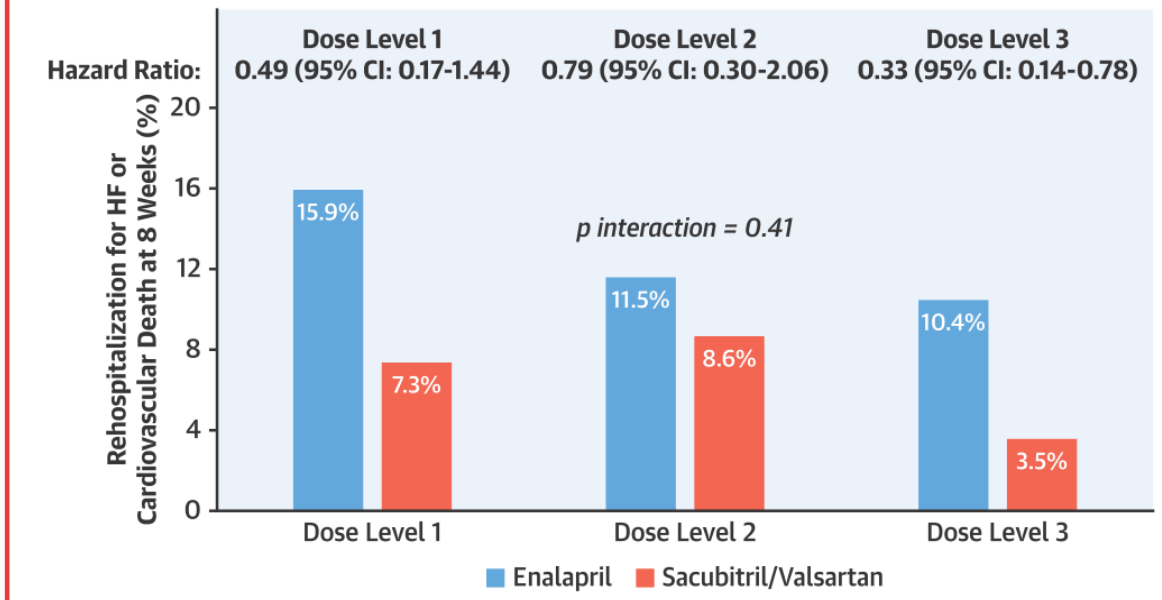


Low-dose carvedilol improves left ventricular function and reduces cardiovascular hospitalization in Japanese patients with chronic heart failure: The Multicenter Carvedilol Heart Failure Dose Assessment (MUCHA) trial



PIONEER-HF

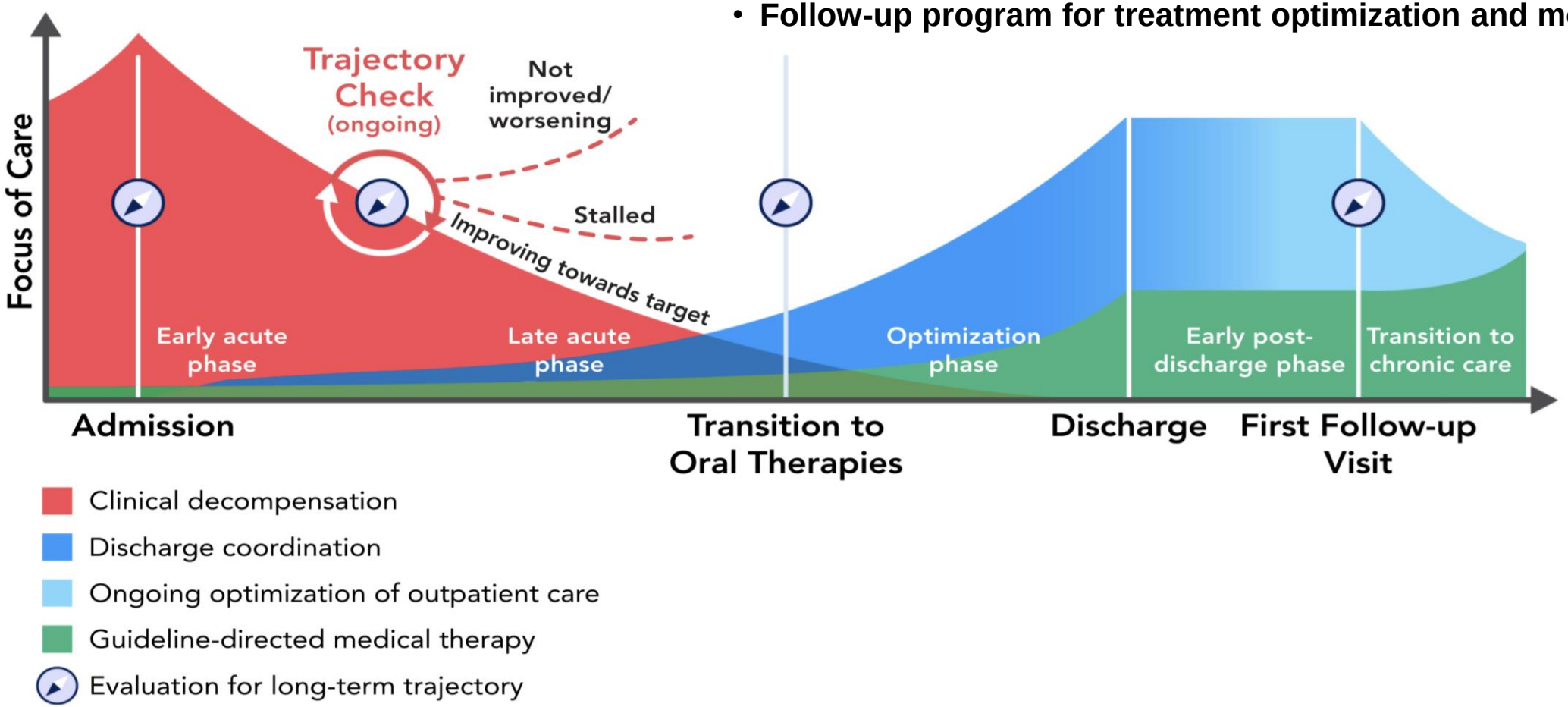
CENTRAL ILLUSTRATION Effect of Sacubitril/Valsartan on Clinical Outcomes by 8 Weeks Post-Randomization According to Dose of the Blinded Study Drug Achieved at Week 4



Berg, D.D. et al. J Am Coll Cardiol HF. 2020;8(10):834-43.

Kaplan-Meier estimates of the clinical composite of cardiovascular death or rehospitalization for heart failure are shown. Treatment with sacubitril/valsartan, compared with enalapril, significantly reduced the risk of cardiovascular death or rehospitalization for heart failure in patients who achieved the target dose of study drug and in those who did not. CI = confidence interval; HF = heart failure.

- HF therapies
- Therapies for CV e non-CV comorbidities
- Follow-up program for treatment optimization and monitoring



JACC 2019

Recommendations for pre-discharge and early post-discharge follow-up of patients hospitalized for acute HF

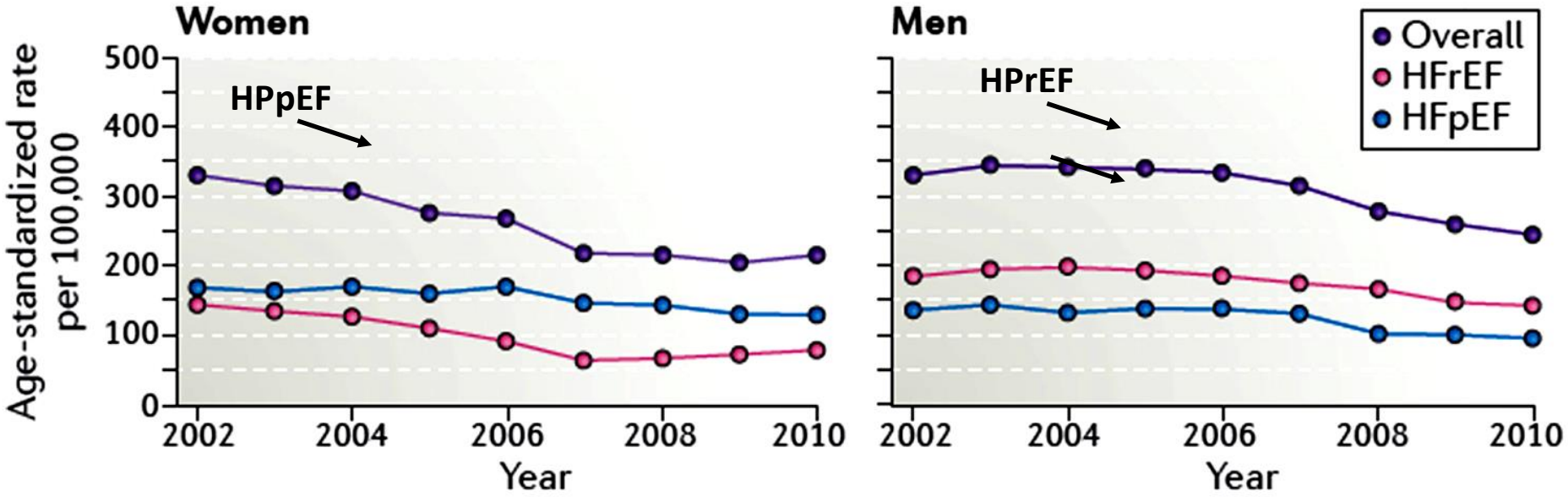
Recommendations	Class[a]	Level[b]
It is recommended that patients hospitalized for HF be carefully evaluated to exclude persistent signs of congestion before discharge and to optimize oral treatment.[427,472]	I	C
It is recommended that evidence-based oral medical treatment be administered before discharge.[103,513]	I	C
An early follow-up visit is recommended at 1–2 weeks after discharge to assess signs of congestion, drug tolerance and start and/or uptitrate evidence-based therapy.[517,518]	I	C

McDonagh TA et al. HF ESC guidelines 2021

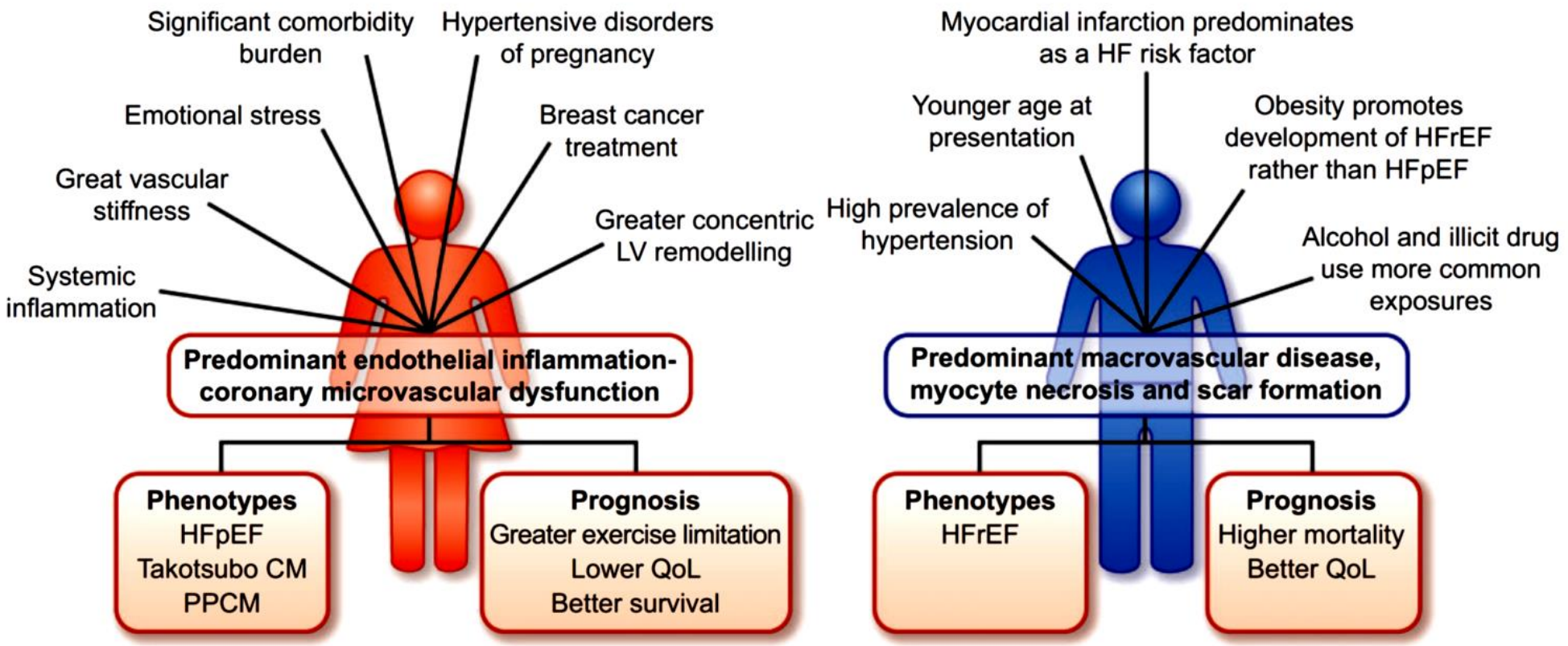
Re-evaluation of the patient for the prescription of medications

	ARNI or ACEi/ARB	Beta-blocker	MRA	SGLT2i
SBP	≥100 mmHg	≥90 mmHg	≥85 mmHg	≥95 mmHg
eGFR	≥30 ml/min/1.73m^2		≥30 ml/min/1.73m^2	≥20 ml/min/1.73m^2
K^+	≤5.2 mmol/L		≤5 mmol/L	

Un occhio alle differenze di genere



Gerber, Y. et al. , JAMA Intern. Med. 2015



HFpRF **HFrRF**

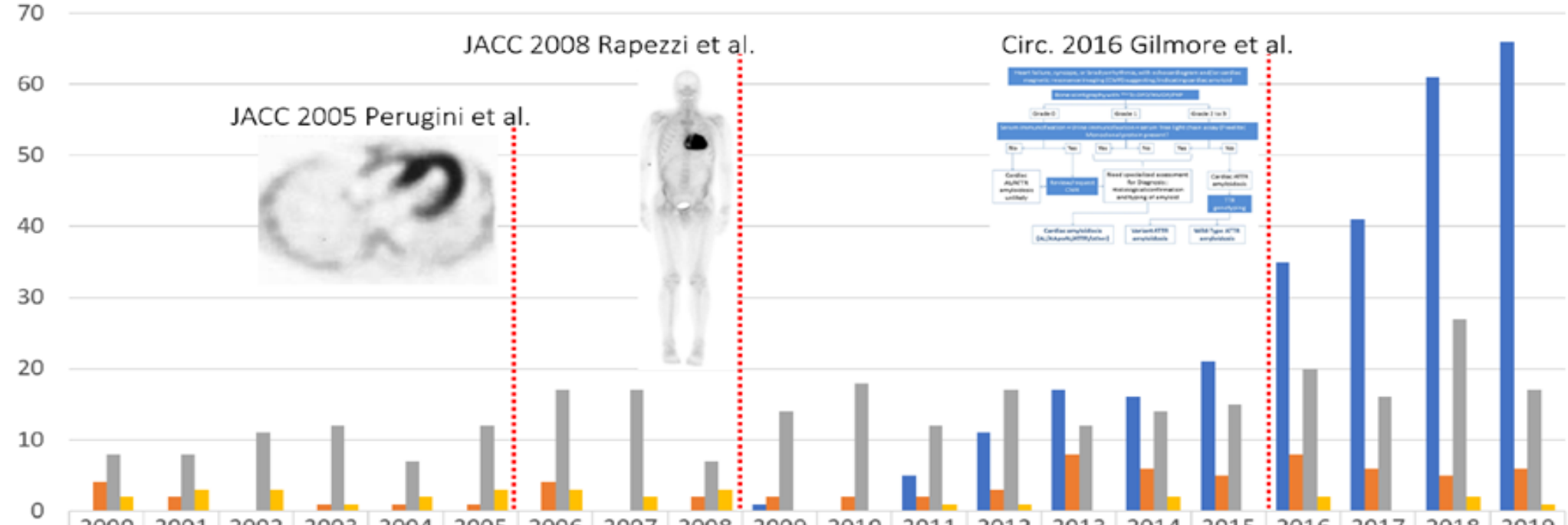
CM=cardiomiopathy
PPCM=peripartum cardiomyopathy

Lam CSP et al., Eur Heart J 2019

	Pharmacokinetic differences	Pharmacodynamic differences
ACE-inhibitors	YES	- Estrogen mediated RAS inhibition; - Greater sensitivity to lower doses; - Increased incidence of cough.
Angiotensin II Receptor blockers (ARB)	NO	NO
Mineralocorticoid receptor antagonist (MRA)	NO	NO
Angiotensin II receptor neprilysin inhibitors (ARNI)	NO	NO
β-blockers	YES	- Different expression of beta-1 receptor;
		- Greater sensitivity to lower doses.
Inhibitors of type 2 renal sodium-glucose co-transporter (SLGT1)	NO	NO

Iacoviello M et al., Current Heart Failure Reports 2022

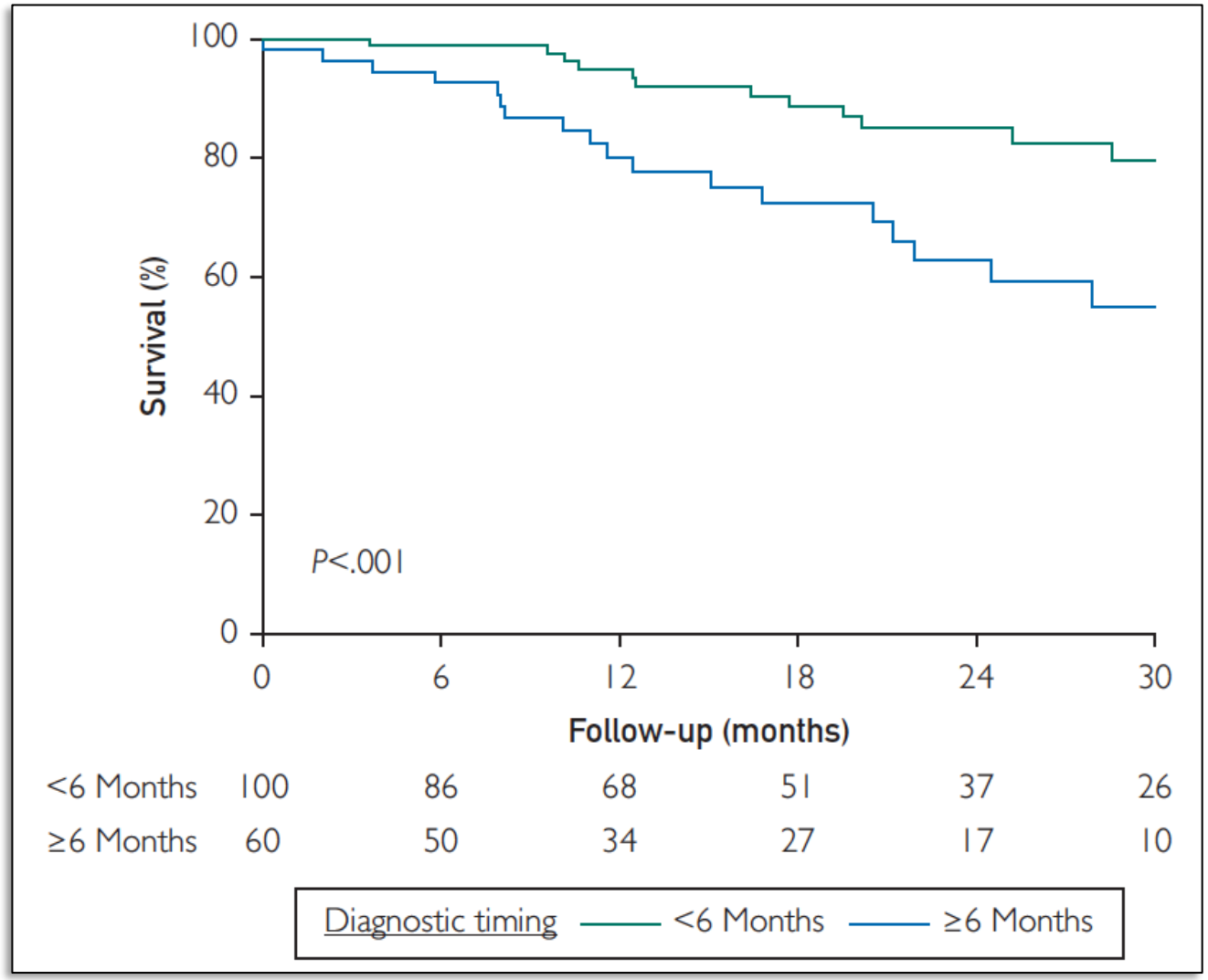
Focus amiloidosi



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
wt	0	0	0	0	0	0	0	0	0	1	0	5	11	17	16	21	35	41	61	66
v	4	2	0	1	1	1	4	0	2	2	2	2	3	8	6	5	8	6	5	6
AL	8	8	11	12	7	12	17	17	7	14	18	12	17	12	14	15	20	16	27	17
AA	2	3	3	1	2	3	3	2	3	0	0	1	1	0	2	0	2	0	2	1

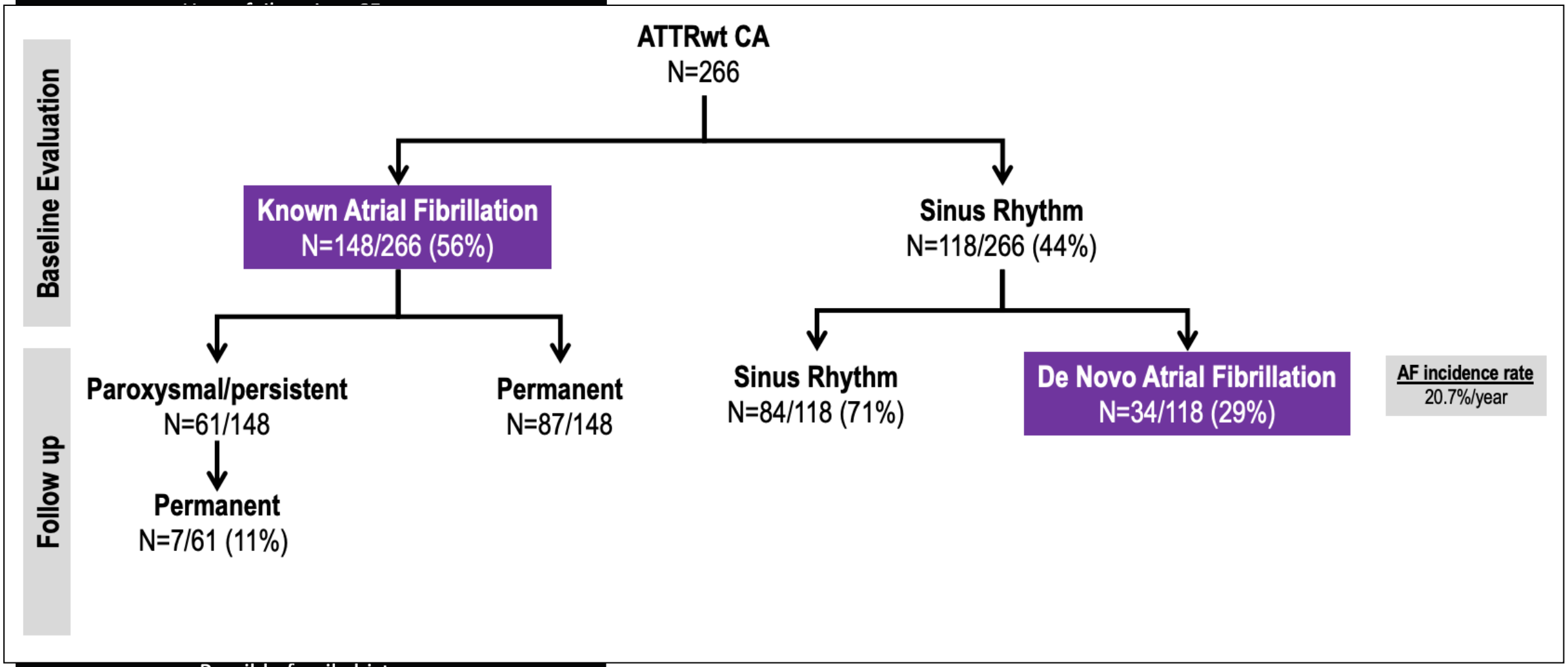
17 Visite in 3 anni prima della diagnosi di amiloidosi !!!!

… ma il tempo è prezioso …



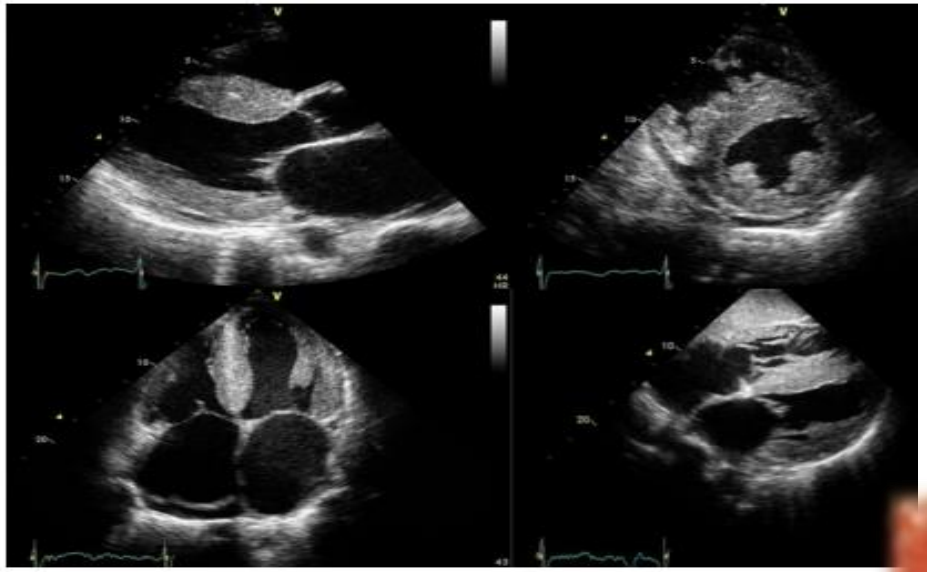
Rischio decesso ↑+5% per ogni mese perso

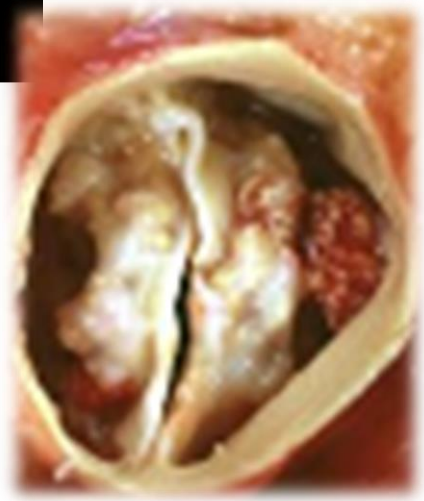
Fumagalli C. et al. 2021

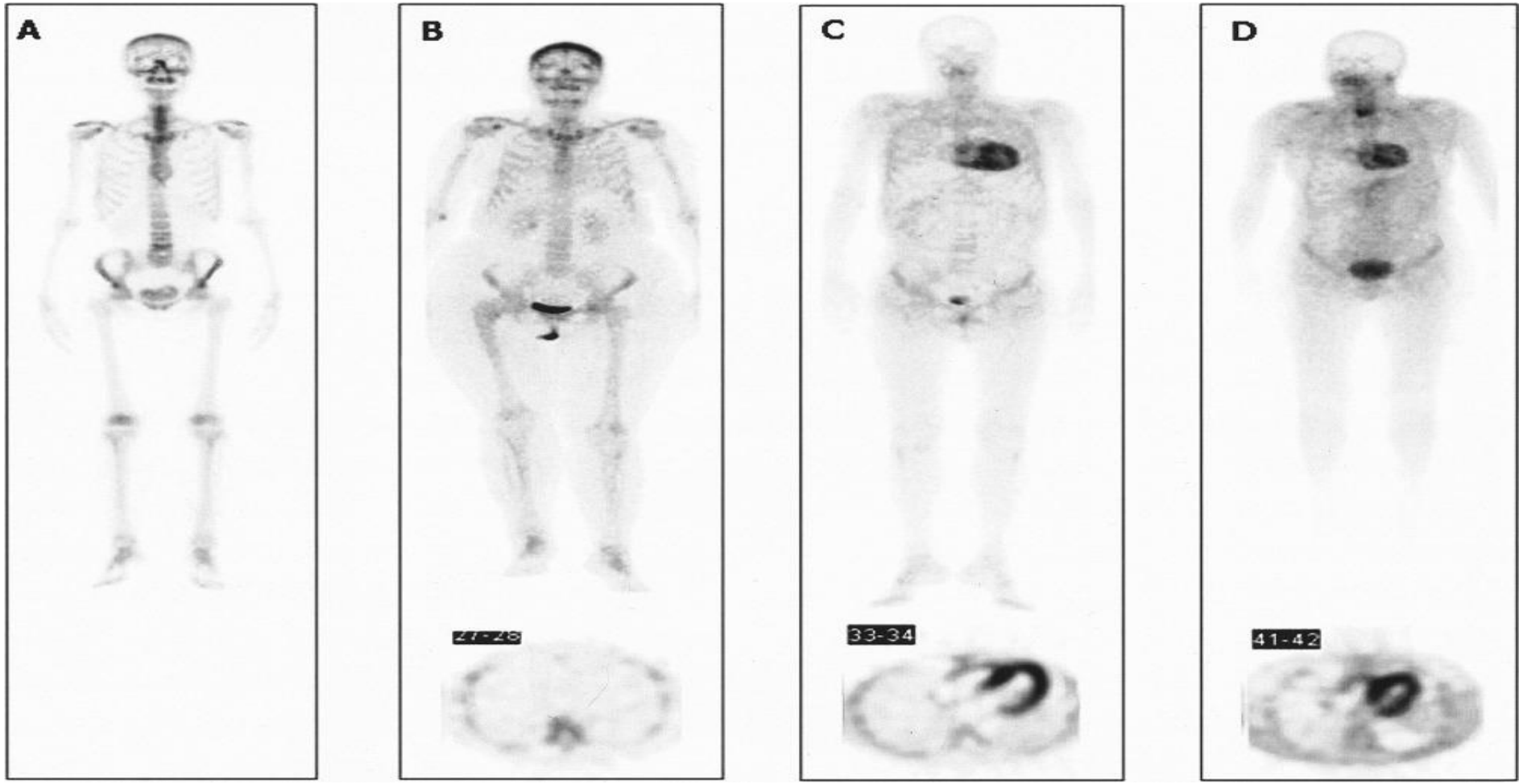


Possible family history

Heart failure in ≥ 65 years
Aortic stenosis in ≥ 65 years
Hypotension or normotensive if previously hypertensive
Sensory involvement, autonomic dysfunction
Peripheral polyneuropathy
Proteinuria
Skin bruising
Bilateral carpal tunnel syndrome
Ruptured biceps tendon
Subendocardial/transmural LGE or increased ECV
Reduced longitudinal strain with apical sparing
Decreased QRS voltage to mass ratio
Pseudo Q waves on ECG
AV conduction disease
Possible family history



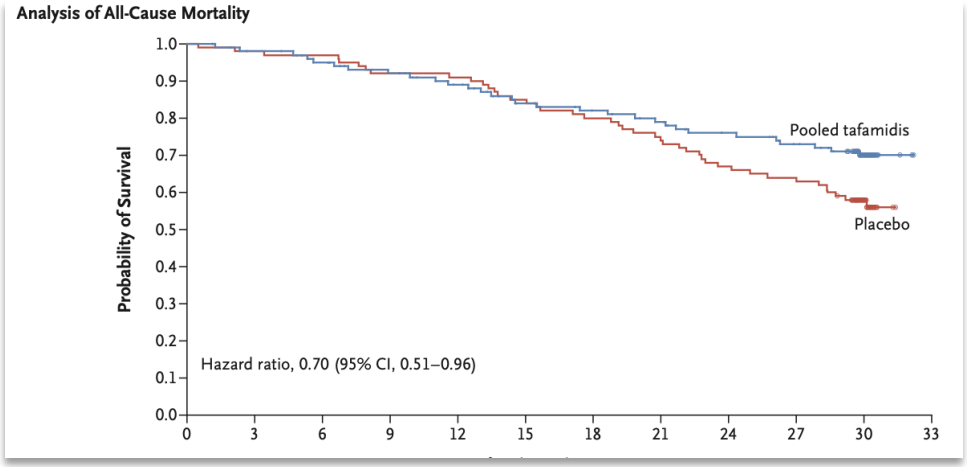


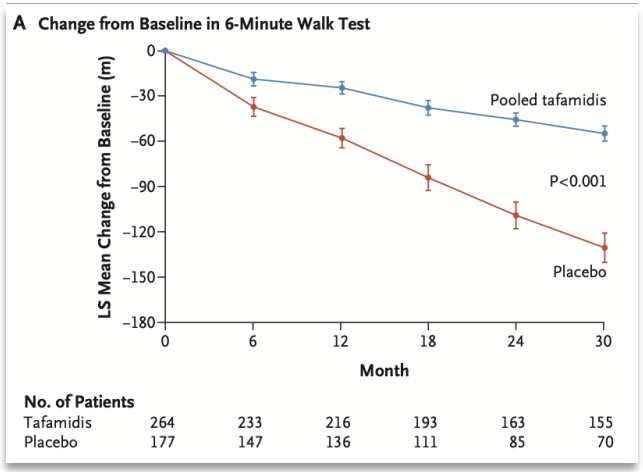


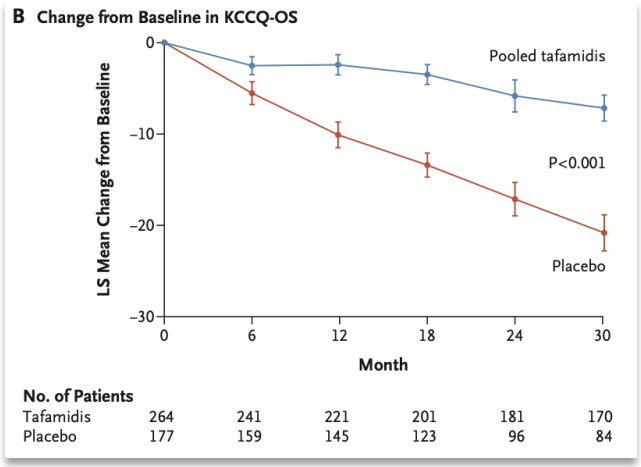
DPD
HMDP
PYP

Perugini E. et al. Heart. 2012 Oct;98(19):1442-8.

Tafamidis Treatment for Patients with Transthyretin Amyloid Cardiomyopathy







Survival

6MWT

Quality of life (KCCQ)

The NEW ENGLAND JOURNAL of MEDICINE

SEGNI E SINTOMI CARDIOLOGICI (cardiopalmo, dispnea, sincope, edemi declivi)

SEGNI E SINTOMI NEUROLOGICI (parestesie, tunnel carpale, rottura tendine bicipite, stenosi canale lombare, ipotensione ortostatica)

SEGNI E SINTOMI SISTEMICI (astenia, malessere, perdita di peso, scarsa tolleranza allo sforzo

↓

Sospetto coinvolgimento cardiologico (ECG, ecocardiogramma, RM Cardiaca)

↓

Scintigrafia miocardica con tracciante per osso + screening componente monoclonale

1

Età
Classe NYHA
Test del Cammino

2

1

Fragilità
Disabilità

2

Terapia?

Fit, completa autonomia

RACCOMANDATA
Indipendentemente dall'età

Fenotipo fragile o pre-fragile, CFS <5
Autonomia preservata (B-ADL <2)
Impairment cognitivo (MMSE >18/30)

DA CONSIDERARE

Severo deterioramento cognitivo (MMSE <18) e/o
perdita di autonomia (B-ADL >2)
e/o ridotta spettanza di vita (CFS >6)
Nessuna evidenza di beneficio clinico

SCORAGGIATA

La terapia anticoagulante nell'anziano con FA

- Efficacia dimostrata nel paziente anziano
- Necessità di stretto monitoraggio del paziente
- Ruolo centrale della valutazione multidimensionale **e del geriatra**

IL GERIATRA


Roma, 30 novembre - 3 dicembre 2022
UNIVERSITÀ CATTOLICA DEL SACRO CUORE

1992 – 2022

Crescere con la SIGG

Waiting for …. Firenze 2023!