SGLT2 Inhibitors, Rapid Titration, IV Iron Get a Boost in New European HF Guideline

— Other recommendations also released for endocarditis, cardiomyopathies, ACS, and more

AMSTERDAM -- SGLT2 inhibitor therapy and other innovations in heart failure (HF) treatment were among the highlights of the updated European guidelines presented here at the [European Society of Cardiology Congress](https://www.medpagetoday.com/meetingcoverage/esc) and published in the *European Heart Journal*.

In the [new focused update](https://academic.oup.com/eurheartj/advance-article/doi/10.1093/eurheartj/ehad195/7246292) of the 2021 guidelines for HF diagnosis and treatment, SGLT2 inhibitors such as dapagliflozin (Farxiga) and empagliflozin (Jardiance) are now strongly endorsed for patients with mid-range ejection fraction (HFmrEF) and preserved ejection fraction (HFpEF) to reduce the risk of HF hospitalization or cardiovascular death.

These class IA recommendations, based on the [EMPEROR-Preserved](https://www.medpagetoday.com/meetingcoverage/esc/94244) and [DELIVER](https://www.medpagetoday.com/meetingcoverage/esc/100433%22%20%5Co%20%22Opens%20in%20a%20new%20tab%20or%20window%22%20%5Ct%20%22_blank)trials, have not made it into the U.S. HF guidelines yet. [Last refreshed in 2022](https://www.jacc.org/doi/10.1016/j.jacc.2021.12.012), the guideline from the American College of Cardiology (ACC), American Heart Association, and Heart Failure Society of America still gives SGLT2 inhibitors a weaker class IIa recommendation for HFmrEF and HFpEF. "I'm sure it's just a matter of leapfrog right now. They will be elevated in the [American] guidelines," predicted Edward Fry, MD, of Ascension St. Vincent Heart Center in Indianapolis and immediate past president of the ACC. It may not be as soon as the next few months, but the clinical guidance is coming.

The European HF guideline update also stresses the importance of prompt initiation and titration of oral medical therapy for hospitalized HF patients. An intensive strategy involving rapid up-titration of medication before discharge and during frequent and careful follow-up visits in the first 6 weeks is strongly recommended to reduce the risk of HF rehospitalization or death (class IB recommendation), based on the [STRONG-HF trial](https://www.medpagetoday.com/meetingcoverage/aha/101628).

Additionally, following the [IRONMAN study](https://www.medpagetoday.com/meetingcoverage/aha/101621), intravenous iron supplementation is now recommended in iron-deficient patients with reduced ejection fraction (HFrEF) or HFmrEF to improve symptoms and quality of life (class IA) and should be considered to reduce the risk of HF hospitalization (class IIa-A). Meanwhile, the U.S. guideline still gives IV iron replacement a milder class IIa recommendation as a reasonable option to improve functional status and quality of life alone.

New prevention measures are also addressed in the European guideline, with SGLT2 inhibitors recommended to reduce the risk of HF hospitalization or cardiovascular death in people with chronic kidney disease and type 2 diabetes (class IA), and the selective, non-steroidal, mineralocorticoid receptor antagonist finerenone (Kerendia) endorsed to lower the risk of HF hospitalization alone in this population (class IA).

ESC released new recommendations in other standalone guidelines, too.

For individuals at high and intermediate risk for [infective endocarditis](https://academic.oup.com/eurheartj/advance-article/doi/10.1093/eurheartj/ehad193/7243107), general prevention measures should include twice-daily tooth cleaning, professional dental cleaning at least twice yearly for high-risk patients and yearly for others, strict cutaneous hygiene including optimized treatment of chronic skin conditions, and discouragement from piercing and tattooing (class IC). Moreover, antibiotic prophylaxis was upgraded from class IIa-C for patients with previous infective endocarditis and any prosthetic valve to IB and IC, respectively.

Specific recommendations were also finally given for all cardiomyopathy subtypes in a [new cardiomyopathy guideline](https://academic.oup.com/eurheartj/advance-article/doi/10.1093/eurheartj/ehad194/7246608). For example, while regular low- to moderate-intensity exercise is recommended in all able individuals with cardiomyopathy (class IC), high-intensity exercise and competitive sports may be considered in some people with hypertrophic cardiomyopathy but remain barred for some with dilated cardiomyopathy.

Then there are new recommendations for [acute coronary syndrome](https://academic.oup.com/eurheartj/advance-article/doi/10.1093/eurheartj/ehad191/7243210), which include a new section on management for patients with cancer, who tend to be at high risk of bleeding.

Finally, SGLT2 inhibitors are featured again in the guideline for [managing cardiovascular disease in people with diabetes](https://academic.oup.com/eurheartj/advance-article/doi/10.1093/eurheartj/ehad192/7238227). Along with GLP-1 receptor agonists, they are endorsed for all people with diabetes and cardiovascular disease, independent of glucose control and concomitant glucose medication, and in addition to standard-of-care antiplatelet, antihypertensive, and lipid-lowering therapies.

"Just as the presence of type 2 diabetes informs the prescription of other cardioprotective therapies such as statins regardless of glycemic considerations, the same should now apply to prescribing SGLT2 inhibitors and/or GLP-1 receptor agonists," said Massimo Federici, MD, of the University of Rome Tor Vergata in Italy and task force chairperson for the guidelines, in an ESC press release.