

IV diuretics deemed safe in outpatient heart failure care

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(HealthDay)—Intravenous (IV) diuretics appear to be safe and effective for outpatient volume management in heart failure, according to a study published online Dec. 2 in *JACC: Heart Failure*.

Leo F. Buckley, Pharm.D., from the Brigham and Women's Hospital in Boston, and colleagues examined the effectiveness of IV diuretic treatment for volume management in 60 [patients](#) with [chronic heart failure](#) and clinical evidence of worsening congestion. Patients received a bolus and three-hour infusion of IV furosemide at an outpatient clinic. A standardized conversion algorithm was used to derive diuretic dosing from the maintenance oral loop diuretic dose.

The researchers found that the median daily loop diuretic dose was 240 mg oral furosemide or equivalent. For the entire cohort, the median

urine output was 1.1 liters and 24-hour weight loss was 1.1 kg. For patients with varying maintenance diuretic doses and in patients with reduced or preserved [ejection fraction](#), outcomes were similar. In 8.9 and 3.5 percent of patients, respectively, transient worsening of renal failure and hypokalemia occurred. Hospitalization was reported as imminent for 52.8 percent of patients although the observed rate of all-cause hospitalization at 30 days was 31.7 percent, with no deaths.

"Short courses of IV diuretics for volume management in patients with [heart failure](#) were safe and associated with significant urine output and weight loss across a wide range of maintenance diuretic doses and ejection fraction," the authors write.

One author disclosed financial ties to the biopharmaceutical industry.

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