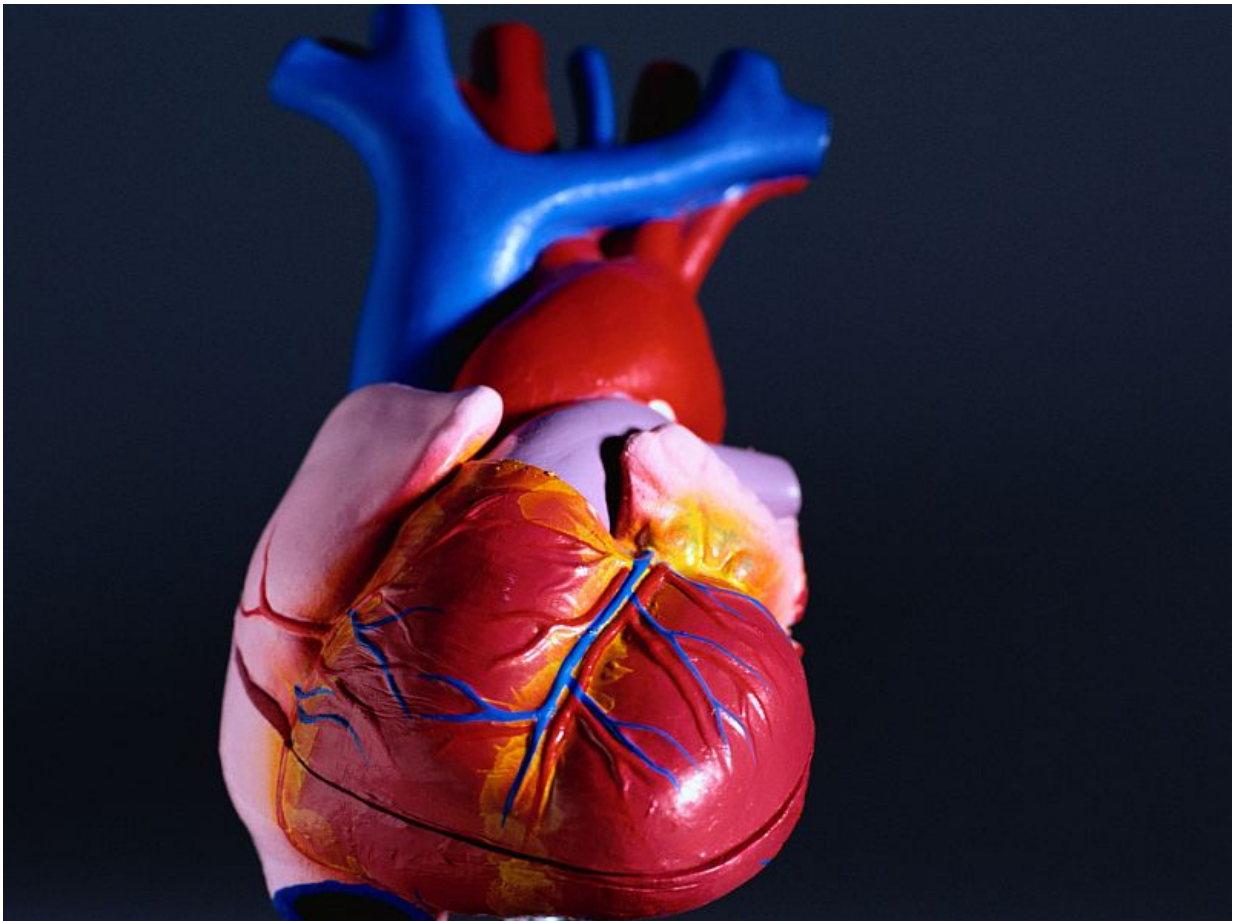


Favorable physiological effect for ularitide in acute heart failure

April 14 2017



(HealthDay)—Ularitide has a favorable physiological effect in patients

with acute heart failure, according to a study published online April 12 in the *New England Journal of Medicine*.

Milton Packer, M.D., from the Baylor University Medical Center in Dallas, and colleagues conducted a double-blind trial involving 2,157 patients with [acute heart failure](#) who were randomized to receive a continuous intravenous infusion of ularitide (15 ng/kg body weight/minute) or matching placebo for 48 hours in addition to standard therapy.

The researchers found that 236 patients in the ularitide [group](#) and 225 in the placebo group died of cardiovascular causes during a median follow-up of 15 months (21.7 versus 21.0 percent; hazard ratio, 1.03; 95 percent confidence interval, 0.85 to 1.25; $P = 0.75$). There was no significant difference between the groups with respect to the hierarchical composite outcome that evaluated the initial 48-hour clinical course. Compared with the [placebo group](#), the ularitide group had greater reductions in [systolic blood pressure](#) and in levels of N-terminal pro-brain natriuretic peptide. In the 55 percent of patients with paired data, there was no difference between the groups in changes in cardiac troponin T levels during the infusion.

"In [patients](#) with acute heart failure, ularitide exerted favorable physiological effects (without affecting cardiac troponin levels), but short-term treatment did not affect a clinical composite end point or reduce long-term cardiovascular mortality," the authors write.

The study was funded by Cardiorientis, which is developing ularitide.

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Citation: Favorable physiological effect for ularitide in acute heart failure (2017, April 14)
retrieved 28 April 2024 from
<https://medicalxpress.com/news/2017-04-favorable-physiological-effect-ularitide-acute.html>

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