

Biomarkers help identify CHF patients needing med titration

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(HealthDay)—Using biomarkers to identify heart failure patients for up-

titration of medications may improve mortality and hospitalization rates, according to a study published in the Jan. 30 issue of the *Journal of the American College of Cardiology*.

Wouter Ouwerkerk, Ph.D., from the University of Amsterdam, and colleagues compared clinical outcomes of 2,516 [patients](#) with worsening [heart failure](#) participating in the BIOSTAT-CHF (BIOlogy Study to Tailored Treatment in Chronic Heart Failure) based upon three theoretical treatment scenarios: [scenario](#) A, in which all patients are up-titrated to >50 percent of recommended doses; scenario B, in which patients are up-titrated according to a biomarker-based treatment selection; and scenario C, in which no patient is up-titrated to >50 percent of recommended doses.

The researchers found that for 1,802 patients with available biomarker data, estimated death or [hospitalization rates](#) were 16, 16, and 26 percent, respectively, in the angiotensin-converting enzyme (ACE) inhibitor/angiotensin receptor blocker (ARB) up-titration scenarios A, B, and C. In the three scenarios, rates with beta-blocker and mineralocorticoid receptor antagonist (MRA) up-titration were 23, 19, and 24 percent and 12, 11, and 24 percent, respectively. At 24 months, an estimated 9.8, 1.3, and 12.3 events per 100 treated patients could be prevented by ACE inhibitor/ARB, beta-blocker, and MRA therapy, respectively, if up-titration was successful in all patients. Events prevented were similar if up-titration treatment decision was based on a biomarker-based treatment selection model.

"Up-titrating patients with heart failure based on biomarker values might have resulted in fewer deaths or hospitalizations compared with a hypothetical scenario in which all patients were successfully up-titrated," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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