

Sacubitril-valsartan does not cut risk for death, heart failure after myocardial infarction

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(HealthDay)—For patients with myocardial infarction, sacubitril-valsartan is not associated with a reduced incidence of death from cardiovascular causes or incident heart failure compared with ramipril, according to a study published in the Nov. 11 issue of the *New England Journal of Medicine*.

Marc A. Pfeffer, M.D., Ph.D., from Brigham and Women's Hospital in Boston, and colleagues randomly assigned [patients](#) with [myocardial infarction](#) complicated by a reduced left ventricular ejection fraction, pulmonary congestion, or both to receive sacubitril-valsartan or ramipril in addition to recommended therapy (2,830 and 2,831 patients, respectively).

The researchers found that a primary outcome event ([death](#) from cardiovascular causes or incident [heart](#) failure [outpatient symptomatic heart failure or heart failure leading to hospitalization]) occurred in 11.9 and 13.2 percent of patients in the sacubitril-valsartan and ramipril groups, respectively, during a median of 22 months (hazard ratio [HR], 0.90; 95 percent confidence interval [CI], 0.78 to 1.04; P = 0.17). Death from cardiovascular causes or hospitalization for [heart failure](#) occurred in 10.9 and 11.8 percent of patients in the sacubitril-valsartan and ramipril groups, respectively (HR, 0.91; 95 percent CI, 0.78 to 1.07), while death from cardiovascular causes occurred in 5.9 and 6.7 percent, respectively (HR, 0.87; 95 percent CI, 0.71 to 1.08) and death from any cause occurred in 7.5 and 8.5 percent, respectively (HR, 0.88; 95 percent CI, 0.73 to 1.05).

"There was no significant benefit of sacubitril-valsartan with respect to the primary outcome," the authors write.

Several authors disclosed financial ties to pharmaceutical and health care companies, including Novartis, which manufactures sacubitril-valsartan and funded the study.

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