

Anakinra is safe but does not reduce complications of acute myocarditis, research suggests

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The largest randomized controlled trial of patients with acute myocarditis has found that anakinra is safe but does not reduce



complications. The late breaking research presented in a Hot Line session today, August 28, at <u>ESC Congress 2023</u>.

Acute myocarditis is an inflammation of the myocardium that can cause permanent damage to the <u>heart muscle</u> and lead to <u>myocardial infarction</u>, stroke, <u>heart failure</u>, arrhythmias and death. The disease can occur in individuals of all ages, but is most frequent in the young.

There are no specific therapies, and patients are generally treated with beta-blockers, ACE inhibitors and sometimes steroids, in accordance with an ESC expert consensus. Anakinra is an interleukin-1 receptor antagonist that works by targeting the interleukin-1 β innate immune pathway. While anakinra is effective in pericarditis, there are only case reports of successfully treated acute myocarditis.

ARAMIS was the largest randomized controlled trial of acute myocarditis and the first to evaluate inhibition of the interleukin- 1β innate immune pathway in these patients. The trial enrolled hospitalized, symptomatic patients with increased cardiac troponin and acute myocarditis diagnosed using <u>cardiac magnetic resonance</u> (CMR) imaging.

Patients were randomly allocated in a 1:1 ratio within 72 hours of hospital admission to a daily subcutaneous dose of anakinra 100 mg or placebo until hospital discharge. Patients in both groups received standard of care treatments, including an ACE inhibitor for at least one month. The primary endpoint was the number of days free of myocarditis complications (heart failure requiring hospitalization, chest pain requiring medication, left ventricular ejection fraction

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