

Dapagliflozin cuts cardiovascular events in patients with heart failure, T2D

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For patients with heart failure and type 2 diabetes (T2D), dapagliflozin does not reduce urinary albumin-to-creatinine ratio (UACR) but does reduce some cardiovascular events, according to a study published online



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Fumiki Yoshihara, from the National Cerebral and Cardiovascular Center in Osaka, Japan, and colleagues conducted a multicenter, randomized trial that enrolled patients at 18 medical facilities in Japan to examine the effects of dapagliflozin on UACR in patients with heart failure and T2D. Eligible participants were randomly assigned to a dapagliflozin or control group in a 1:1 ratio (146 and 148 patients, respectively).

At the end of the observation period, 107 patients (87.7 percent) were taking 5 mg dapagliflozin daily. The researchers observed no significant difference in the primary outcome of changes in UACR from baseline after a two-year observation between the dapagliflozin and control groups. Among the secondary end points, the dapagliflozin group had a larger mean decrease in left ventricular end-diastolic dimensions as one of the echocardiographic parameters. Compared with the control group, the dapagliflozin group had the composite end point less often, defined as cardiovascular death or hospitalization for cardiovascular events, hospitalization for heart failure events, hospitalization for all causes, and an additional change in prescriptions for heart failure in a two-year observation.

"The results obtained on the primary end point revealed no significant difference in renal dysfunction judged by UACR between the dapagliflozin and control groups, which is in contrast to previous findings from three randomized controlled trials," the authors write.

Several authors disclosed ties to biopharmaceutical companies, including AstraZeneca and Ono Pharmaceuticals, which partially funded the study.

More information: Fumiki Yoshihara et al, DAPagliflozin for the attenuation of albuminuria in Patients with hEaRt failure and type 2



diabetes (DAPPER study): a multicentre, randomised, open-label, parallel-group, standard treatment-controlled trial, *eClinicalMedicine* (2023). DOI: 10.1016/j.eclinm.2023.102334

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