Who is the mystery patient?

UNDER THE MASK

Ms. Isaac

Patient with heart failure

Sex and age	Female, 73 years old	
T2D	T2D for 20 years	
Relevant history	• Previous acute MI 15 years ago • Angioplasty following MI • Sedentary • Hypertension	
Recent exams	BP	122/78 mmHg
	BMI	28 kg/m^2
	A1C	7.2%
	eGFR	62 mL/min/1.73 m^2
	uACR	1.0 mg/mmol

Medications

Metformin 1000 mg BID
Perindopril 4 mg DIE
Bisoprolol 5 mg DIE
Spironolactone 25 mg DIE
Furosemide 40 mg DIE
Atorvastatin 40 mg DIE
Acetylsalicylic acid 81 mg DIE

Other relevant information

K+ of 4.9 mmol/L
LVEF of 35%
NYHA class II HF

- With obesity
- With CVD and controlled A1C
- Experiencing fatigue and shortness of breath on exertion
- With chronic kidney disease (eGFR < 45)
- **With heart failure**
- With CV risk factors and A1C > target values
- Independent patient aged 80 or older, with multiple comorbidities
- Newly diagnosed with T2D

Questions	Key Learnings
1. What changes would you make to optimize the patient's treatment regimen?	• The four pillars of HFrEF management (ARNi, BB, MRA, and SGLT2i)
2. How would you approach the initiation of an ARNi and an SGLT2i? (i.e., would you start both at the same time, or one of them first?)	• A specific treatment sequence is not indicated in the recommendations; decisions can be made on a case-by-case basis. • Some experts recommend early initiation (within the first four weeks of a HFrEF diagnosis) of all four therapies followed by titration to the maximum tolerated doses.
3. What do you do if the volume status of the patient changes?	• Management of concomitant diuretics when prescribing an SGLT2i
4. Should you be concerned about hypotension following initiation of an SGLT2i in a patient with HFrEF?	• Prioritize organ-protective therapies and adjust loop diuretic dose
5. What if the patient did not have T2D (but had HFrEF) and was taking an ACEi, a BB, and an MRA?	• Benefit of SGLT2 inhibitors regardless of diabetes status (EMPEROR-Reduced and DAPA-HF)

A1C: glycosylated hemoglobin; **BID:** twice daily; **BMI:** body mass index; **BP:** blood pressure; **CV:** cardiovascular; **DIE:** once daily; **eGFR:** estimated glomerular filtration rate; **IC:** heart failure; **K+:** potassium level; **LVEF:** left ventricular ejection fraction; **MI:** myocardial infarction; **NYHA:** New York Heart Association; **T2D:** type 2 diabetes; **uACR:** urine albumin/creatinine ratio.