HFpEF 診斷治療指引研討會

時間: 113 年 6 月 30 日(星期日) 09:00-11:40

地點: 高雄漢來大飯店 15 樓會展廳 (高雄市前金區成功一路 266 號)

Time	Topic	Speaker	Moderator
09:00-09:05 (5")	Opening		李貽恒 醫師 成大醫院
09:05-09:30 (25")	**Exploration of Early Signals of C-R-M crisis:** HFpEF in Cardio-Renal-Metabolic Disease	江承鴻 醫師 高雄榮總	李貽恒 醫師 成大醫院
09:30-09:55 (25")	**Diagnostic Strategies for HFpEF in Taiwan:** HFpEF diagnosis from the 2024 TSOC guideline	吳卓錯 醫師 臺大醫院	陳志成 醫師 奇美醫院
09:55-10:15 (20")	Panel Discussion	All	陳志成 醫師 奇美醫院
10:15-10:25 (10")	Healthy Break	All	
10:25-10:50 (25")	**Treatment of HFpEF:** What does the 2024 TSOC guideline say and overview of SGLT2i for your HFpEF patients	黃睦翔 醫師 成大醫院	謝育整 醫師 台中榮總
10:50-11:15 (25")	**From Guideline To Clinical Practice:** Case study: How to treat heart failure patient across LVEF with SGLT2i	吳韋璁 醫師 高醫附設	林宗憲 醫師 高醫附設
11:15-11:35 (20")	Panel Discussion	All	林宗憲 醫師 高醫附設
11:35-11:40 (5")	Closing		林宗憲 醫師 高醫附設

Exploration of Early Signals of C-R-M crisis: HFpEF in Cardio-Renal-Metabolic Disease

高雄榮民總醫院心臟內科　江承鴻醫師

Compared with heart failure with reduced ejection fraction (HFrEF), patients with heart failure with preserved ejection fraction (HFpEF) tend to be older, predominantly female, and are associated with multiple comorbidities, including hypertension, diabetes mellitus (DM), chronic kidney disease (CKD), coronary artery disease (CAD), atrial fibrillation (AF), obesity, obstructive sleep apnea, and metabolically associated fatty liver disease. Compared to the findings from Western countries, the comorbidities of HFpEF in Asia demonstrated a younger age, lower prevalence of CAD, AF, and obesity, but a higher prevalence of DM and CKD. Delivering therapy for underlying comorbidities and treating modifiable HF risk factors are mandatory for HFpEF treatment. The preferred agents for hypertension control in HFpEF include diuretics, angiotensin receptor blocker (ARB), and mineralocorticoid receptor antagonist (MRA) because these agents also have some beneficial effects for HFpEF in addition to blood pressure reduction. Given the recently demonstrated benefits of sodium-glucose cotransporter 2 (SGLT2) inhibitors in improving outcomes in patients with HFpEF, SGLT2 inhibitors should be prescribed as first-line therapy for diabetic patients with HFpEF. Metformin is also recommended as first-line therapy for glycemic control in diabetic patients with HFpEF. Given the substantial weight loss effect of the glucagon-like peptide-1 receptor agonists, these agents should be considered for HFpEF patients with DM and obesity. Patients with HFpEF and CKD should be treated with evidence-based therapies that reduce the progression of CKD. SGLT2 inhibitors have been shown to improve renal outcome in patients with CKD. Clinical trials also demonstrated significant slow-down of eGFR decline in patients treated with ARB or angiotensin receptor-neprilysin inhibitor (ARNI). Beta-blockers and non-dihydropyridine calcium-channel blockers are the usual first-line agents. A recent clinical trial demonstrated that digoxin may improve functional capacity and reduce more NT-proBNP over bisoprolol in AF patients with HF symptoms.

SGLT2 Inhibitors in HFpEF Treatment

成大醫院黃睦翔

The 2024 guidelines by the Taiwan Society of Cardiology recommend sodium-glucose cotransporter 2 (SGLT2) inhibitors, specifically empagliflozin and dapagliflozin, as foundational therapies for Heart Failure with Preserved Ejection Fraction (HFpEF). Early initiation is crucial to optimize patient outcomes with evidence:

1) Empagliflozin: The EMPEROR-Preserved trial showed that empagliflozin reduced the risk of heart failure (HF) hospitalization or cardiovascular (CV) death by 17% in patients with left ventricular ejection fraction (LVEF) ≥ 50%. The trial included 5988 patients with LVEF > 40%, demonstrating a 27% reduction in total HF hospitalizations and a delay in the decline of estimated glomerular filtration rate (eGFR).
2) Dapagliflozin: The DELIVER trial, involving 6263 patients with HF and LVEF > 40%, revealed an 18% reduction in the primary composite endpoint of CV death or worsening HF. Benefits were consistent across various subgroups, including those with LVEF ≥ 60% and < 60%. The primary endpoint reduction was achieved within 13 to 18 days in both trials.

Therefore, both of empagliflozin and dapagliflozin are recommended as first-line therapy for HFpEF patients, particularly those with diabetes. SGLT2 inhibitors should be prescribed early, either at diagnosis or before discharge following HF hospitalization, to reduce HF events and CV death.Moreover, for selected patients, a combination of SGLT2 inhibitors with ARNI (angiotensin receptor-neprilysin inhibitor) and/or MRAs (mineralocorticoid receptor antagonists) is considered to further reduce CV death and HF hospitalizations.

In summary, SGLT2 inhibitors play a pivotal role in HFpEF management, significantly reducing HF hospitalizations and CV mortality.

題目: From Guideline To Clinical Practice: Case study: How to treat heart failure patient across LVEF with SGLT2i

講師:
吳韋璁醫師 高雄醫學大學附設醫院心臟內科

摘要:
在台灣，隨著人口老齡化和高血壓、糖尿病、慢性腎病等慢性疾病的高發病 率，心臟衰竭 HFpEF 將很快成為一個重大健康負擔。體認到 HFpEF 的上升趨勢，台灣心臟學會制定了 2024 年 HFpEF 診斷和治療指南，旨在幫助台灣的醫護人員早期診斷並提供適當的管理。根據 SGLT2 抑制劑臨床試驗的結果，這是首次有藥物療法可以改善 HFpEF 的臨床預後。本次主題將藉由臨床案例個案討論目前對於 HFpEF 的治療趨勢。

Curriculum Vitae

江承鴻 醫師
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主要學歷

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2022/09 起　中華民國心臟學會心臟衰竭委員會委員
2023/02 起　樹人醫護管理專科學校部定助理教授
2023/03 起　中華民國心律學會醫療政策與媒體公關委員會、臨床試驗與治療準則委員會及財務委員會委員
2024/01 起　台灣介入性心臟血管醫學會財務委員會及編輯暨數位委員會委員
2024/02 起　台灣心肌梗塞學會理事、教育委員會及編輯委員會委員

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2018/12 至 2019/11　德國漢堡聖喬治醫院進修
2015/03 至 2017/03　中華心律學會副秘書長
2014/04 至 2015/02　台北榮總心臟內科進修
2009/09 至 2011/11　高雄榮民總醫院屏東分院主治醫師
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- **Education:**

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- **Clinical Training:**

2008-2009	Internship, National Cheng Kung University Hospital.
2010-2013	Resident in Internal Medicine, Department of Internal Medicine, National Cheng Kung University Hospital.
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2015- Present	Attending physician Division of Cardiology, Department of Internal Medicine, National Cheng Kung University Hospital, Tainan, Taiwan.

- **Specialties:**

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現任職稱

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