

SURVEY SAYS: OPTIONS FOR CONGESTIVE HEART FAILURE

Recent data indicate dramatic increases in incidence and prevalence of congestive heart failure, especially in Western societies. The Randomized Aldactone Evaluation Study (RALES) and the more recent Eplerenone Post-acute myocardial infarction Heart failure Efficacy and Survival Study (EPHESUS) revealed interesting results on treatment options.

RALES

RALES evaluated the aldosterone blocker, spironolactone, and showed a clear reduction in mortality in advanced class 3 and 4 heart failure.

Spironolactone is now widely used in addition to digoxin, diuretics, and angiotensin-converting enzyme (ACE) inhibitors.

Severe heart failure patients were randomized to spironolactone, 27 mg daily, or placebo.

- Mortality was 46% with placebo vs. 35% with Spironolactone.
- Hospitalization for worsening heart failure was 35% lower with spironolactone.
- Symptoms of heart failure were significantly improved with spironolactone.

EPHESUS

EPHESUS tested eplerenone, a new selective aldosterone blocker. The study enrolled patients with left ventricular ejection fraction < 40% and clinically documented heart failure.

Within three to 14 days of marker infarction, patients were randomized to either best available medical care (ACE inhibitor and blocker) and eplerenone, or placebo.

Initial eplerenone dose was 25 mg, titrated to 50 mg. Eplerenone at a mean dose of 43 mg was associated with:

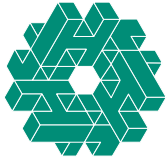
- 15% decrease in total mortality;
- 17% decrease in cardiovascular mortality, and
- 21% decrease in sudden cardiac death.

A 16-month followup showed 478 deaths in the eplerenone arm and 554 deaths in the placebo arm.

About the author...

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Side-effects


Hyperkalemia developed in 5.5% in the eplerenone group vs. 3.9% in the placebo group. To minimize the risk of hyperkalemia, patients with a baseline serum potassium concentration > 5.0 mmol/L, a baseline serum creatinine concentration > 2.5 mg/dL, or both, should be monitored carefully or excluded from this treatment option.

Physician's perspective

Spironolactone and eplerenone are now used more liberally. Unfortunately, there are no head-to-head comparison trials for them. Hyperkalemia can occur with each drug and appropriate blood monitoring is needed.

Less gynecomastia arises with eplerenone, however, the drug is far more expensive.

Consider using aldosterone blockers in all patients with heart failure and signi-

ficant left ventricle dysfunction, prmettre mon linge au lavageoived potassium and renal function are satisfactory. 

References available—contact *Perspectives in Cardiology* at **cardio@sta.ca**

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