



# HF Evaluation and Management in patients with T2D

## HF in patients with T2D



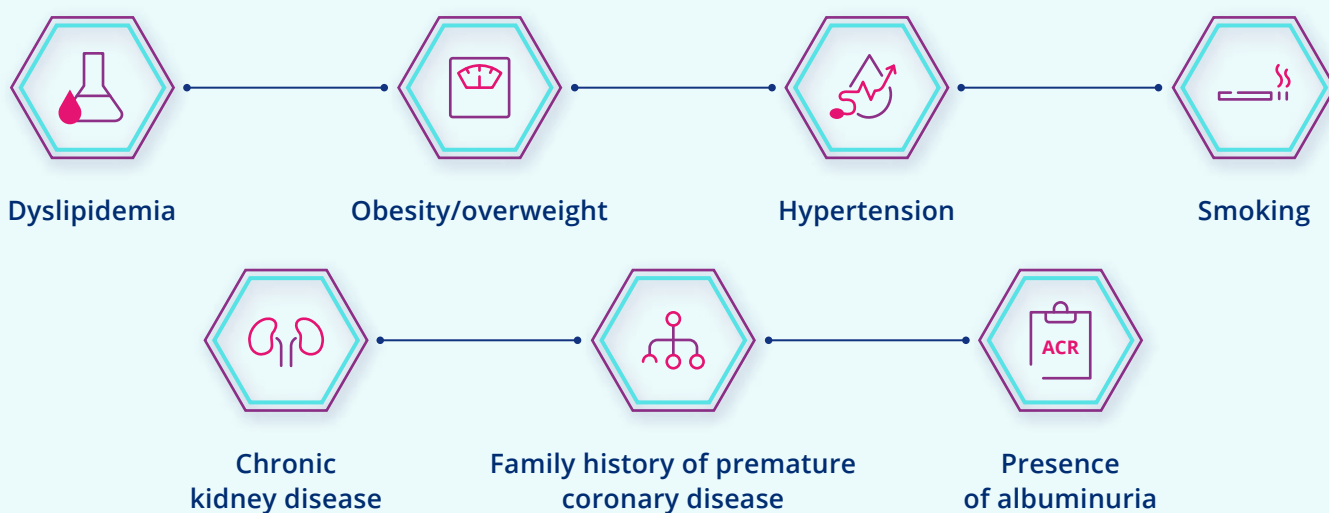
People with **T2D** have a 2-fold greater risk of **HF** versus those without **T2D**<sup>1</sup>



Up to 3 in 10 people with **T2D** have **HF**<sup>2</sup>

## Monitor patients with T2D to reduce HF risk<sup>3</sup>

Assess CV risk factors at least annually for prevention and management of ASCVD and HF



## Management of patients with T2D and HF<sup>3</sup>



## Select appropriate glucose-lowering therapies for patients with T2D and HF<sup>3-5</sup>

### M METFORMIN

- **First-line** therapy for T2D, including those with HF
- Reduces mortality and CV morbidity in patients with diabetes, with or without HF<sup>6</sup>
- **Continue** for glucose-lowering as long as it is **tolerated and not contraindicated**
  - Avoid in unstable/hospitalized with HF
  - Avoid if eGFR <30 mL/min/1.73 m<sup>2</sup>

### S SGLT2 INHIBITORS

- Consider **independently of baseline or target A1c** to reduce risk of HFrEF
- Prefer agent with **evidence of reducing HF risk**
  - Canagliflozin, dapagliflozin, empagliflozin, and ertugliflozin reduce risk of HFrEF<sup>7,8</sup>
  - Canagliflozin and empagliflozin reduce risk of MACE; empagliflozin reduces risk of CV death<sup>3</sup>
- Consider **SGLT2 inhibitor with proven benefit** in patients with T2D and established HFrEF to reduce risk of **worsening HF and CV death**<sup>9,10</sup>; may be a class effect<sup>4</sup>
- Avoid if eGFR <45 mL/min/1.73 m<sup>2</sup> (<30 for canagliflozin and ertugliflozin)

### G GLP-1 RAs

- Add GLP-1 RA with proven CVD benefit
  - **IF SGLT2 inhibitor not tolerated or contraindicated**, or if eGFR less than adequate
  - **IN ADDITION** to SGLT2 inhibitor **if A1c above target**
- No significant effect on HF risk<sup>11,12</sup>
- Liraglutide, semaglutide, and dulaglutide reduce risk of MACE, particularly in patients with CVD<sup>11,12</sup>
- Reduce all-cause mortality<sup>11,12</sup>

### OTHER AGENTS

- Consider **if A1c above target**
  - DPP-4 inhibitor (*not saxagliptin*) in the setting of HF (if not on GLP-1 RA)
  - Basal insulin
  - Sulfonylurea

• **AVOID** thiazolidinediones

#### ABBREVIATIONS

A1c, glycated hemoglobin; ACEI, angiotensin-converting enzyme inhibitor; ADA, American Diabetes Association; ARB, angiotensin receptor blocker; ASCVD, atherosclerotic cardiovascular disease; BP, blood pressure; CV, cardiovascular; CVD, cardiovascular disease; DPP-4, dipeptidyl peptidase-4; eGFR, estimated glomerular filtration rate; GLP-1 RA, glucagon-like peptide-1 receptor agonist; HF, heart failure; HFrEF, heart failure with reduced ejection fraction; HFrEF, heart failure with reduced ejection fraction; MACE, major adverse cardiovascular event; SGLT2, sodium-glucose co-transporter 2; T2D, type 2 diabetes

#### REFERENCES

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