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Retrospective Chart Review: SGLT2i Discontinuation Rates in LVAD Patients

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Introduction/Purpose

Heart failure (HF) is a progressive disease and approximately 5% suffer from end stage refractory heart disease. Some heart failure patients require a left ventricular assist device (LVAD) to be implanted that helps to promote adequate blood flow. Often, while HF patients are admitted to the hospital for LVAD implantation, changes are made to their medication regimens. Traditionally known as anti-hyperglycemic drugs, sodium-glucose co-transporter 2 (SGLT2) inhibitors have established themselves as a pivotal therapy for heart failure patients. Current guidelines recommend that drug therapies should be initiated early after LVAD implantation and has been associated with improved outcomes and promotes recovery.

Methods

Cedars-Sinai medical records were utilized to access patient health information, perform chart review, and assess discontinuation rates of medication. Data regarding when the patient population was put on GDMT, as well as when SGLT2 inhibitors were stopped or held due to clinical reasons, was collected. The primary endpoint was the occurrence of discontinuation of SGLT2i at any time during the study period and the secondary endpoint was the reason for stopping the drug. A Chi-square test was utilized to compare observed results with expected results.

Results

There were 9 patients (43%) that had their SGLT2i discontinued and 12 patients (57%) that continued to be on a SGLT2i. The reasons for discontinuation of SGLT2i medications included AKI, UTI, upper GI bleeding, dizziness, hypovolemia, hypotension, and insurance issues. Chi-squared test yielded a p-value of 0.51.

Discussion/Conclusion

The data we found was insignificant regarding why the SGLT2i drugs were discontinued. However, it is evident that there are various drug-tolerability reasons as to why the SGLT2i were discontinued in patients such as: AKI, UTI, upper GI bleeding, dizziness, hypovolemia, and hypotension. Pharmacists can play an important role in optimizing GDMT in HF patients.