

# Renin-Angiotensin System Antagonism in HFpEF **I-PRESERVE**

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## Disclosures:

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**Consulting Fees:** Novartis

**Honorarium:** Annexion

	<b>ADHERE</b> HFpEF N=26,000	<b>OPTIMIZE – HF</b> HFpEF N=21,000	<b>I-PRESERVE</b>
<b>ACEi/ARB</b> <b>Admit</b> <b>Discharge</b>	<b>47%</b> <b>59%</b>	<b>49%</b> <b>61%</b>	<b>Restricted to 25%</b>

	<b>↑ RAS associated with HF progression</b>	<b>Animal Studies</b>
<b>HFpEF</b>	<b>???</b>	<b>POL</b>
<b>HFrfEF</b>	<b>YES</b>	<b>MI</b>

	<b>Obs Study</b>	<b>I-PRESERVE</b> <b>43% HF Hsp &lt; 6 mo</b>
<b>Age (yrs)</b>	<b>75</b>	<b>72</b>
<b>♀ %</b>	<b>60%</b>	<b>60%</b>
<b>MI %</b>	<b>25%</b>	<b>24%</b>
<b>HTN %</b>	<b>&gt; 80%</b>	<b>88%</b>
<b>SBP mmHg</b>	<b>132</b>	<b>136</b>

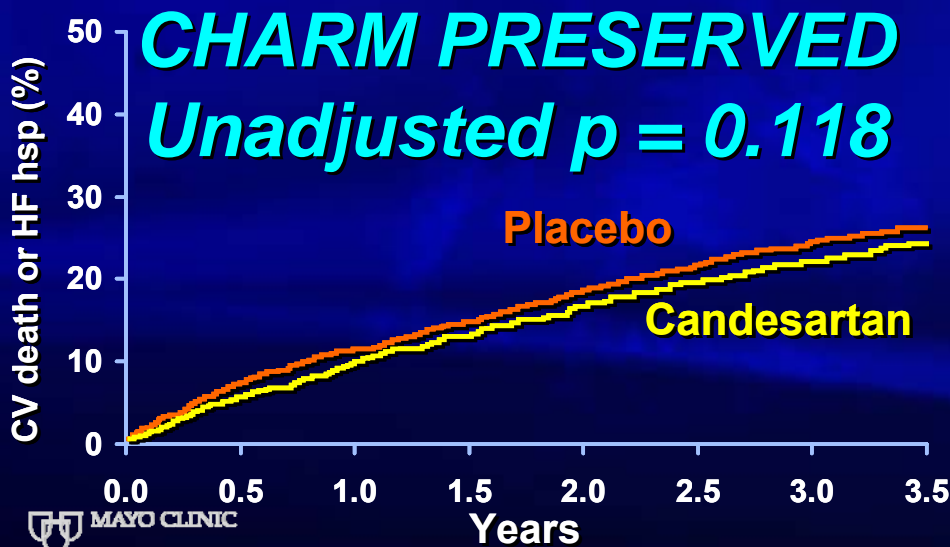
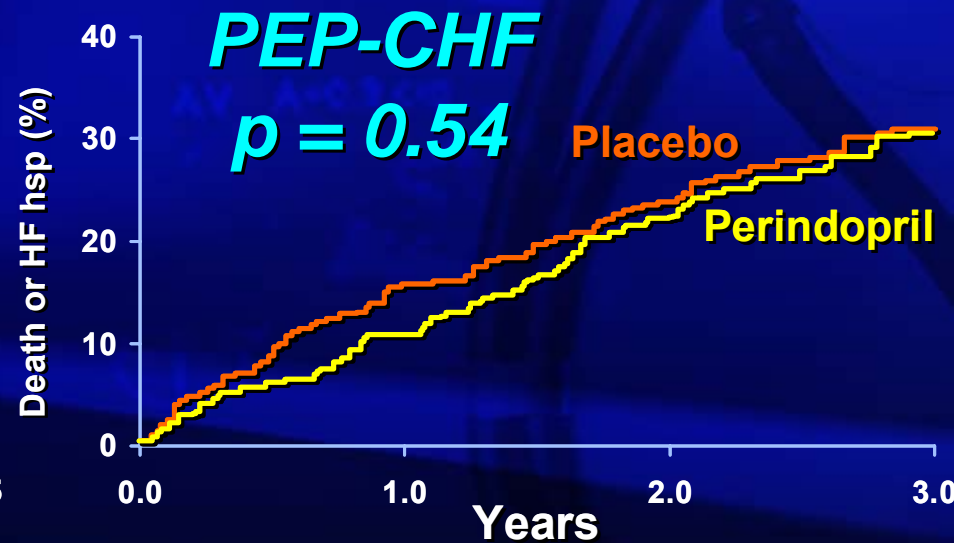
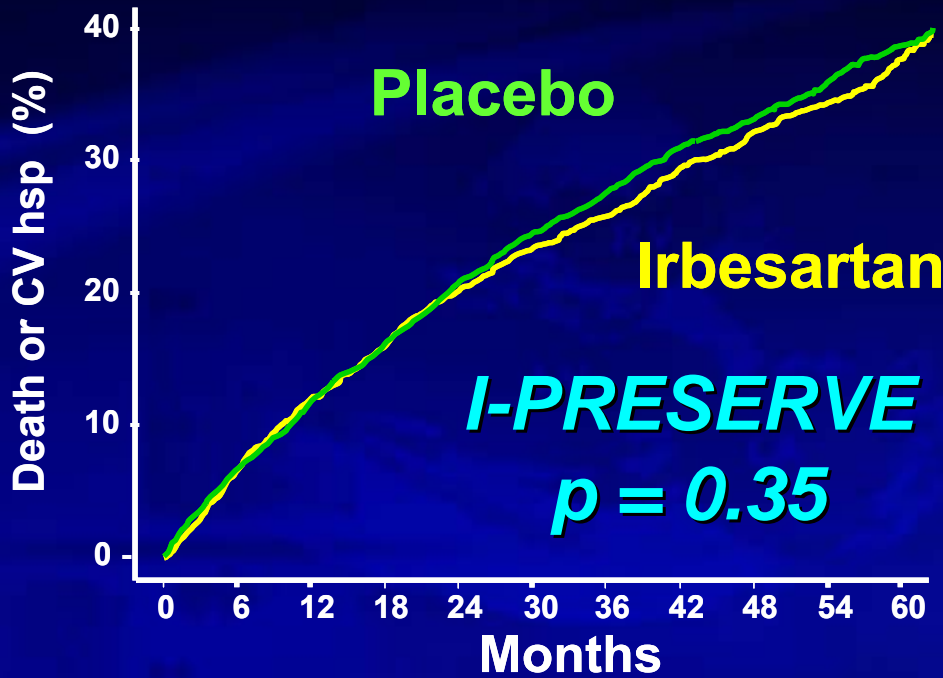
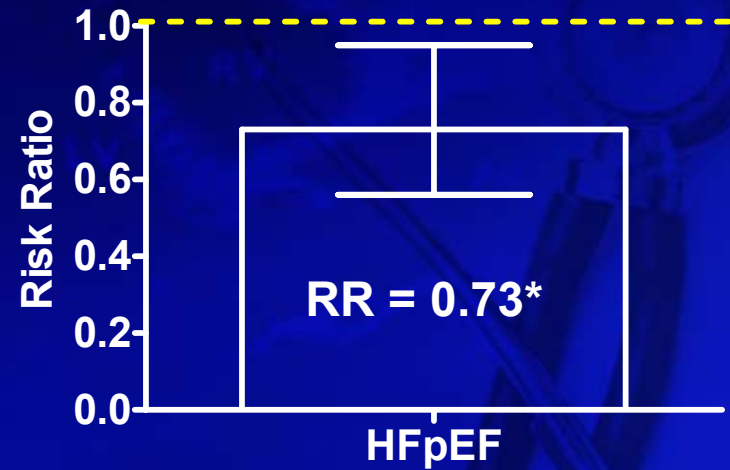
	<b>Obs Study</b>	<b>I-PRESERVE</b> 43% HF Hsp < 6 mo
<b>Age (yrs)</b>	<b>75</b>	<b>72</b>
<b>♀ %</b>	<b>60%</b>	<b>60%</b>
<b>MI %</b>	<b>25%</b>	<b>24%</b>
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<b>SBP mmHg</b>	<b>132</b>	<b>136</b>
<b>NYHA III-IV</b>	<b>45-90%</b>	<b>79%</b>
<b>Hemoglobin</b>	<b>11.9</b>	<b>14</b>
<b>Creatinine</b>	<b>1.3-1.8</b>	<b>1.0</b>
<b>Conc Remodel or LVH†</b>	<b>50%</b>	<b>38%</b>
<b>Moderate-Severe DD†</b>	<b>71%</b>	<b>7%</b>

† Echo Substudy, AHA<sub>06</sub>

	Obs Study	Obs Study	CHARM HFpEF	PEP-CHF	I-PRESERVE
Age (yrs)	75		67	75	72
♀ %	60		40	56	60
MI %	25		44	27	24
HTN %	> 80		64	79	88
SBP mmHg	132		136	140	136
Follow up	1 yr	5 yr	3 yr	2 yr	4.5 yr
All-cause mortality*	≈ 20%	55%	16%	12.4%	21%
HF Admit*	≈ 20%		18%	17%	16.3%

# ALLHAT<sub>AHA</sub> 2006

Prevention of HFpEF in Hypertensives  
Chlorthalidone vs Lisinopril



LV Diastolic Dysfunction

LVH, Collagen

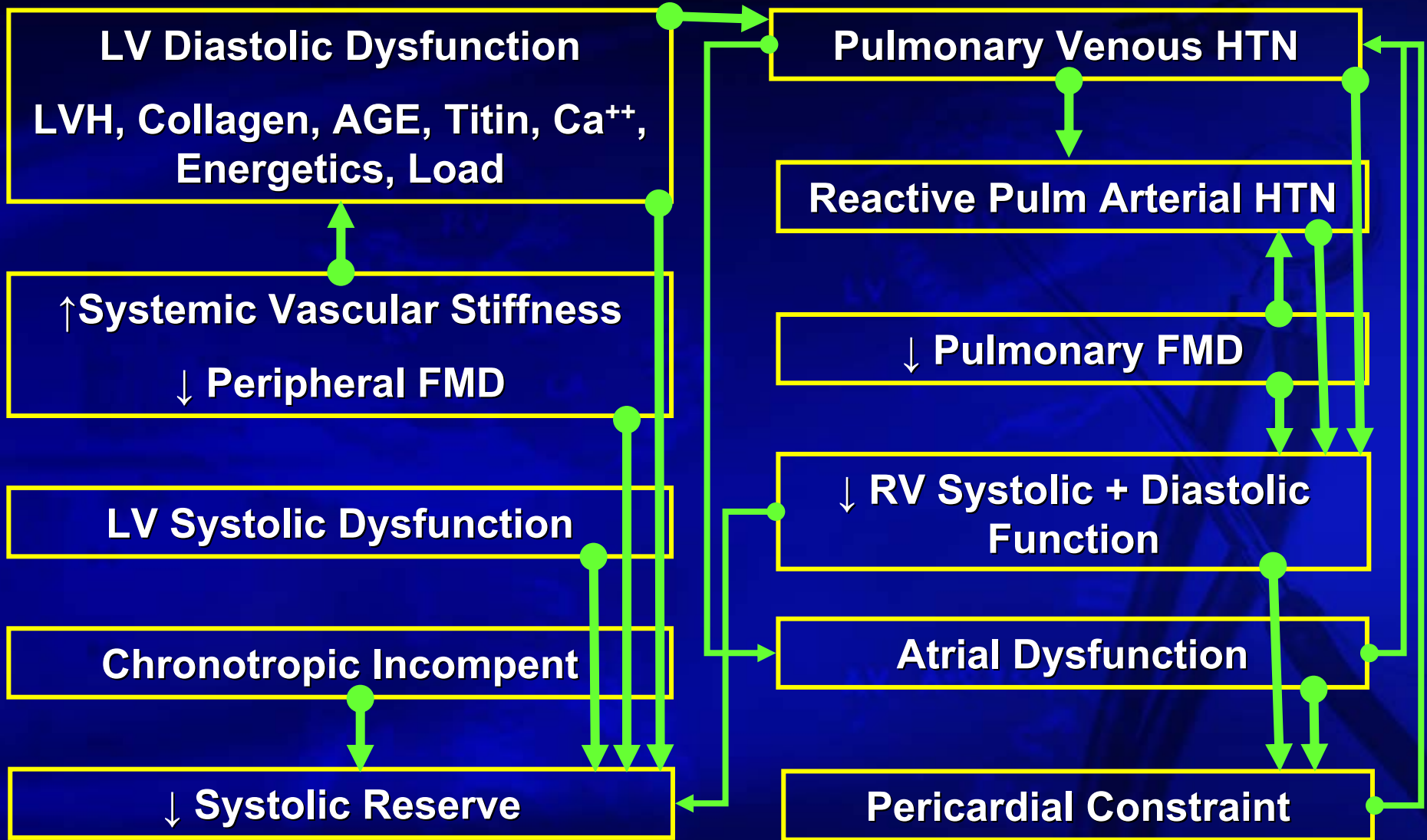
Pulmonary Venous HTN

“In order for this field to move forward, a better understanding of the (**clinical heterogeneity and**) mechanisms underlying this syndrome and the potential targets for treatment is required.”

Exercise Intolerance



Resting Symptoms



**Exercise Intolerance** → **Resting Symptoms**



**Thank You!**