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IMPACT OF LOW-DOSE SACUBITRIL-VALSARTAN ON HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH HEART FAILURE AND REDUCED EJECTION FRACTION

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Objectives: The present study aimed to observe the beneficial effects of sacubitril-valsartan at a lower dose of 24/26mg BID in a third-world country (Pakistan).

Methodology: This was a randomized, prospective, observational cohort study conducted at a tertiary care hospital in patients diagnosed, managed, and discharged as a case of heart failure with reduced ejection fraction and followed up in the cardiac outpatient department 6 weeks post-discharge. The required information was collected from the patients by means of a designed questionnaire containing minimal personal information, including age and gender. The questionnaire used was an FDA-approved KCCQ indicated for the use of assessing the quality-of-life change before and following the therapy indicated for HF with reduced ejection fraction. The data was analyzed using SPSS version 26.

Results: This study included a total of 77 patients out of which 49 were male (63.6%) and 28 were female (36.4%). The mean age of the patients included was 60.05± 11.80 years. 68.8% of them were hypertensive and 51.9% were diabetic. All patients included were those with reduced Ejection Fraction out of which 29.9% had EF between 20-25%, 49.3 % had it between 30-35% whereas 20.8% of patients had an EF of 40%. In the case of NYHA class before starting Sacubitril/Valsartan approximately 84.4% of patients were in class 3 and 15.6% of them belonged to class 4. The functional class was improved 6 weeks post-treatment in which 79.2% of patients had functional class 2 and 20.8% of them had class 3. The comparison between KCCQ scores of heart failure patients before treatment and after treatment with sacubitril/valsartan at the dosage of 24/26mg BID were statistically significant.

Conclusion: It was thus concluded from the study that even a low dose of sacubitril-valsartan results in improved quality of life as assessed by KCCQ scoring in patients with heart failure with reduced ejection fraction.

Keywords: Low dose, valsartan, heart failure, low ejection fraction, morbidity and mortality, cardiovascular death, drugs

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