



AMERICAN
COLLEGE of
CARDIOLOGY®

DICTATE-AHF

Early Initiation of Dapagliflozin Benefits Patients with Acute Heart Failure

**Multicenter, Prospective, Randomized,
Open-Labelled Trial Funded By AstraZeneca**

OBJECTIVE: To evaluate the efficacy and safety of early inpatient initiation of combination Dapagliflozin and IV loop diuretics in hospitalized patients admitted with acute decompensated heart failure (ADHF).

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PATIENTS

INCLUSION CRITERIA:

- Recently admitted patients (within 24 hours) with ADHF who are receiving IV loop diuretics
- eGFR \geq 25 mL/min/1.73m²
- With or without Type 2 diabetes



SYRINGE + PILLS

VS.



SYRINGE

PRIMARY ENDPOINT

THE PRIMARY OUTCOME OF DIURETIC EFFICIENCY (CUMULATIVE WEIGHT CHANGE/CUMULATIVE IV AND ORAL LOOP DIURETIC) FAVORED DAPAGLIFLOZIN (OR 0.65, 95% CI 0.41-1.01, P=0.06).

SECONDARY ENDPOINTS

EARLY DAPAGALIFLOZIN SIGNIFICANTLY IMPROVED NATURIESIS (P=0.025); TIME TO COMPLETING IV DIURETIC THERAPY (P=0.006); AND TIME TO HOSPITAL DISCHARGE (P=0.007). DAPAGLIFLOZIN WAS SAFE ACROSS ALL DIABETIC AND CARDIORENAL IN-HOSPITAL OUTCOMES.

CONCLUSION

Early initiation of dapagliflozin to facilitate decongestion and GDMT optimization is safe and improves diuretic efficiency in patients with ADHF.