STRONG-HF: An Overview

Using guideline-directed medical therapy (GDMT) after an admission for acute heart failure significantly improves patient outcomes.

STRONG-HF was a clinical trial* demonstrating that patients could be safely and effectively initiated and up-titrated on GDMT following an admission for acute heart failure (HF). [Link to publication](#)

Frequent NT-proBNP measurements were a critical enabler of this protocol that led to significantly improved outcomes, altering the dire prognosis of these patients in the vulnerable early post-discharge period.

6 Million+ adults have heart failure¹

Only 1% of patients with HF receive optimized GDMT² though it is proven to improve patient outcomes:

- Improves quality of life
- Reduces mortality and hospitalizations

$43.6B cost of care in 2020³

70% attributed to medical costs³

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NT-proBNP = N-terminal prohormone of B-type natriuretic peptide.

*STRONG-HF was an Investigator Initiated Study (IIS) supported by Roche.
STRONG-HF KEY TAKEAWAYS

With rapid initiation and up-titration of GDMT following an admission for acute heart failure (AHF), supported by frequent NT-proBNP measurements, frequent visits, and clinical safety assessments, patients in the high-intensity care (HIC) arm of the STRONG-HF study experienced significantly improved outcomes. Link to publication

Reduced risk of 180-day all-cause death or HF readmission
8% reduction in mortality and heart failure readmissions
Improved quality of life
No increased risk of serious adverse events
NT-proBNP was used in the HIC arm to inform optimal HF therapy that was safe and effective.

HIC VS UC IN THE CONTEXT OF THE STRONG-HF STUDY DESIGN

High-intensity care (HIC):
• Up-titration of treatments to 100% of recommended doses within 2 weeks of discharge
• 4 scheduled outpatient visits over 2 months after discharge, closely monitoring clinical status, lab values, and NT-proBNP concentrations

Usual care (UC):
Followed usual local practice standards

GDFT FOR HF IN THE STRONG-HF TRIAL

Included utilizing and up-titrating to optimal doses for 3 classes of medication for treating patients with HF:
• Renin-angiotensin-aldosterone system (RAAS) inhibitors (ie, ACE inhibitor, ARB, or ARN inhibitor)
• Beta blocker (β blocker)
• Mineralocorticoid receptor antagonists (MRAs)


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