Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/clinical-practice/cardiology/poly-hf-trial-a-polypill-strategy-for-heart-failure-with-reduced-ejection-fraction-hfref/48691/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

POLY HF Trial: A Polypill Strategy for Heart Failure With Reduced Ejection Fraction (HFrEF)

Announcer:
Welcome to DataPulse from AHA 2025 Scientific Sessions on ReachMD. This activity, titled “POLY HF Trial: A Polypill Strategy for Heart Failure With Reduced Ejection Fraction” is provided by Medcon International.

Dr. Pandey:
Hello from AHA 2025 Scientific Sessions here in New Orleans. I am Dr. Ambarish Pandey, a cardiologist at UT Southwestern Medical Center in Dallas, and I'm here today to share the key findings from our POLY-HF trial, which was presented at the late-breaking clinical trial session earlier today.

The POLY-HF trial was designed as a randomized controlled trial to evaluate the efficacy of a polypill-based approach for management of patients with heart failure and reduced ejection fraction. In this study, we randomized patients with heart failure and reduced ejection fraction in a 1:1 fashion to receiving a polypill-based management versus usual care.

The polypill included 3 of the 4 guideline-recommended medical therapies for heart failure, namely metoprolol, empagliflozin, and spironolactone. The usual care participants received care for their heart failure as per the clinical practice, with individual medications given separately. The study was designed for a 6-month treatment duration, and the primary outcome of the study was assessment of left ventricular ejection fraction and its change from baseline to follow-up, as measured by cardiac MRI.

As per the study findings, we observed that the polypill arm had a significantly greater improvement in the left ventral ejection fraction, the primary outcome of the study from baseline to follow-up, as compared to the usual care group. The absolute improvement in the left ventral ejection fraction was around 3.4%. We also observed significant improvement in quality of life, with an absolute difference of 8 points in favor of the polypill arm compared to the usual care arm, and we also observed significantly lower burden of heart failure hospitalization or ED visit in the polypill arm compared to the usual care arm, with over 60% lower event rates in the polypill arm.

Finally, we observed greater adherence to the evidence-based therapies in the polypill arm versus the usual care, with up to 50% greater adherence among participants who were in the polypill arm. And we also observed greater utilization of evidence-based therapies at the optimal doses in the polypill arm participants compared to the usual care.

Together, we believe these findings are really important and can shape the way we treat heart failure with reduced ejection fraction currently. There is a high burden of polypharmacy that leads to reduced adherence to evidence-based therapies as well as inertia among providers in terms of up-titrating and initiating these therapies. And we observed that the polypill approach can be an innovative strategy to overcome some of these challenges and improve the way we take care of our patients with heart failure with reduced ejection fraction.

I think polypill is the way to go when it comes to improving uptake of evidence-based therapies, and we have now had evidence from primary prevention literature, from secondary prevention of atherosclerotic cardiovascular disease literature, and now in the heart failure world as well, suggesting that this can be a scalable model for improving cardiovascular care overall.

Thank you. From AHA 2025, I am Dr. Ambarish Pandey, and thank you for watching.

Announcer:
Thank you for listening to this DataPulse from AHA 2025 Scientific Sessions on ReachMD. This activity is provided by Medcon International. Thank you for listening.