IMPACT OF NESIRITIDE ON TREATMENT OF ACUTE DECOMPENSATED HEART FAILURE (ADHF): EVIDENCE FROM A U.S. HOSPITAL DATABASE

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ISPOR 12th Annual International Meeting
May 19–23, 2007 • Arlington, Virginia
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OBJECTIVES

- Compare impact of nesiritide (a recombinant natriuretic peptide approved for intravenous treatment of ADHF) administration within first day versus after first day on in-hospital outcomes using an inpatient claims database of 400+ US hospitals and 600,000+ discharges (PREMIER).
- Propensity score analysis is not a replacement for randomization.
- To be eligible for this analysis, patients must have met the following criteria:
  - Days in ICU
  - Total cost of hospitalization

DEFINITIONS

- Early use: Use of nesiritide within 1st day of hospital admission
- Late use: Use of nesiritide after 1st day of hospital admission

METHODS

- Propensity score analysis is not a replacement for randomization.
- The Perspective Comparative Database includes more than 500 acute care facilities and approximately 80 million patient records.
- The Heart Failure Society of America (HFSA) guidelines recommend that intravenous (IV) vasodilators (natriuretic, nitrate, or nitroprusside) may be considered as adjuvant therapy in patients hospitalized for ADHF to rapidly alleviate symptoms of congestion and/or may be considered in patients with advanced HF who have persistent severe HF despite aggressive treatment with diuretics and standard therapies. Furthermore, the HFSA guidelines recommend that when adjuvant therapy for ADHF treatment in the absence of low cardiac output syndrome, vasodilators should be considered instead of IV inotropes.

RESULTS

- NESIRITIDE EARLY VS. NESIRITIDE LATE
  - NESIRITIDE EARLY - NESIRITIDE LATE

REFERENCES