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Aldosterone Antagonists and Heart Failure

Potholes remain in the road toward adoption of evidence-based guideline recommendations.

Practice guidelines recommend use of aldosterone antagonists (e.g., spironolactone) in patients with systolic heart failure who have moderate-to-severe symptoms despite therapy with ACE inhibitors and beta-blockers. However, some evidence indicates that aldosterone antagonists are underused in eligible patients and, alarmingly, are sometimes used in patients at high risk for hyperkalemia ([JW Cardiol Sep 9 2005](#)). In the present study, investigators assessed trends in the prescription of aldosterone antagonists from 2005 through 2007 at 241 hospitals participating in the American Heart Association Get With The Guidelines Heart Failure registry.

Of 43,625 patients hospitalized with heart failure, 12,565 had LV systolic dysfunction and did not have hyperkalemia or clinically significant renal failure and thus were deemed eligible for aldosterone antagonist therapy. Of these, 32% were prescribed an aldosterone antagonist at discharge (28% at baseline and 34% at study's end). Of 8610 patients who were prescribed an aldosterone antagonist at discharge (including those who did not meet guideline-recommended criteria for such therapy), prescriptions were clearly inappropriate in 3% and potentially inappropriate in 7%. Rates of inappropriate use did not change significantly over time.

Comment: These findings suggest that the use of aldosterone antagonists for heart failure may be suboptimal, even in centers that participate in a voluntary quality-improvement program. Clinicians might hesitate to initiate these agents after acute heart failure exacerbation for many reasons, including concerns about polypharmacy or safety that are not adequately documented in the patient record. Further study of treatment initiation after hospitalization is warranted. On the other hand, although only a small percentage of aldosterone antagonist prescriptions were considered inappropriate, the current use patterns in this study may still put too many patients at risk for adverse outcomes. Efforts to improve the use of aldosterone antagonists should include measures to ensure that the drugs are prescribed safely.

— [Frederick A. Masoudi, MD, MSPH](#)

Dr. Masoudi is the lead author of the study cited in the first paragraph (summarized in *Journal Watch Cardiology* on September 9, 2005).

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