

# Article Summaries

## **Heart Failure with Preserved Ejection Fraction Studies (HFpEF)**

*Novant Health's Dr. Gordon Reeves has 2 recent publications in the NEJM and JACC.*

### **Physical Rehabilitation for Older Patients Hospitalized for Heart Failure (NEJM):**

This was a pivotal phase 2 randomized trial evaluating an innovative physical rehabilitation intervention in 349 older patients aged 60-99 years hospitalized for acute heart failure. The study was conducted at 7 sites including Wake Forest, Thomas Jefferson, and Duke. Patients were enrolled at the time of hospitalization with acute decompensated HF (ADHF) regardless of ejection fraction. The transitional, tailored, structured, progressive, multidomain physical rehab intervention began early after hospital admission and was continued for 3 months after hospital discharge. The intervention was designed to address the specific pattern of physical function impairments in this population - which include severe deficits in strength, balance, and mobility in addition to deficits in endurance. Prior studies of rehab in HF have focused primarily on endurance training for chronic stable patients with HFrEF, whose functional deficits are not nearly as widespread nor as severe as those recovering from hospitalization for ADHF.

After 3 months, compared to attention control, those in the intervention arm demonstrated large, statistically significant, and clinically meaningful improvements in physical function across all domains (strength, balance, mobility and endurance). There were also significant gains in quality of life, frailty, and depression. All-cause rehospitalization at 6 months was not significantly different in this phase 2 trial.

### **Rehabilitation Intervention in Older Patients With Acute Heart Failure With Preserved Versus Reduced Ejection Fraction (JACC):**

A key pre-specified follow up study published this month in JACC-Heart Failure compared outcomes for HFpEF vs HFrEF. While both groups improved with regards to physical function and QoL, benefits consistently trended greater in HFpEF. Clinical events were even more divergent, with strong trends for reduction in rehospitalization and death in HFpEF and no such signal observed in HFrEF patients.