



**DAPA ACT HF**  
**TIMI 68**

 **Scientific  
Sessions**

# **Blood Pressure and Symptomatic Hypotension with Dapagliflozin vs. Placebo in Patients Hospitalized for Heart Failure**

## **An Analysis of DAPA ACT HF-TIMI 68**

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**#AHA25**



# Background



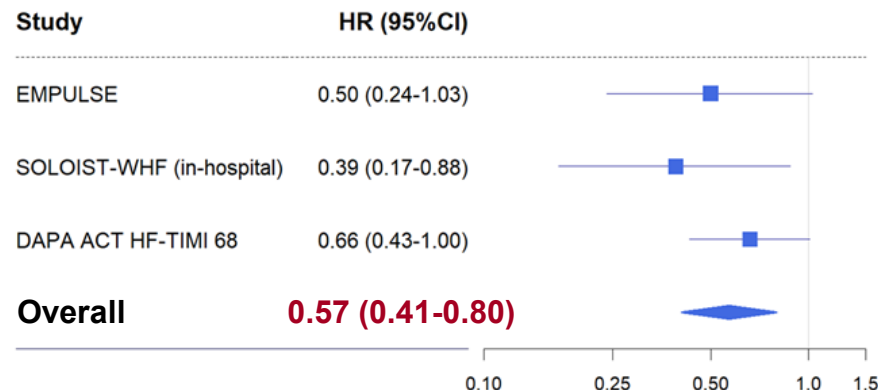
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The totality of randomized trial data support early initiation of SGLT2i in patients hospitalized for HF to reduce the risk of adverse outcomes in the early post-discharge period

## Cardiovascular Death or Worsening HF Event



## All-Cause Mortality



Berg DD, et al. *Circulation* 2025. doi: 10.1161/CIRCULATIONAHA.125.076575



An Academic Research Organization of  
Brigham and Women's Hospital and Harvard Medical School



# Background



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**SGLT2i have a mild BP-lowering effect in ambulatory patients with HF**

**Patients hospitalized for HF may be more prone to symptomatic hypotension and more susceptible to the hemodynamic effects of SGLT2i initiation**

## Objective

**To examine the effect of in-hospital initiation of dapagliflozin on:**

- **Blood pressure and symptomatic hypotension**
- **Efficacy outcomes as a function of baseline BP**

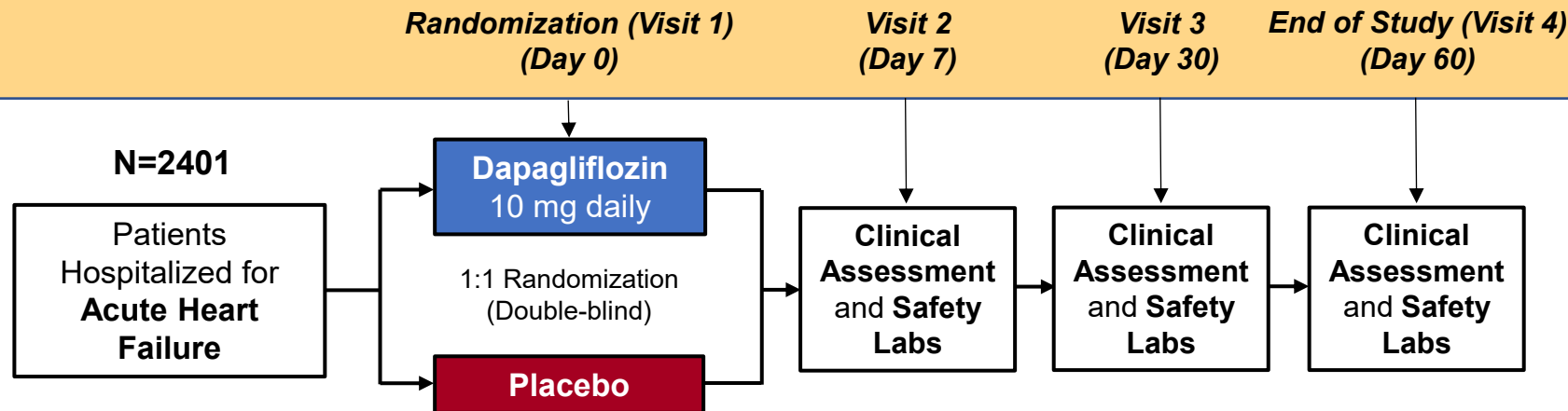




# Trial Design



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*Initial stabilization without symptomatic hypotension or use of IV vasoactives within 24h; no minimum BP threshold*

**PEP: Time to CV death or Worsening HF**

**Key Pre-specified Safety Outcome**  
Symptomatic Hypotension leading to hospitalization or study drug discontinuation

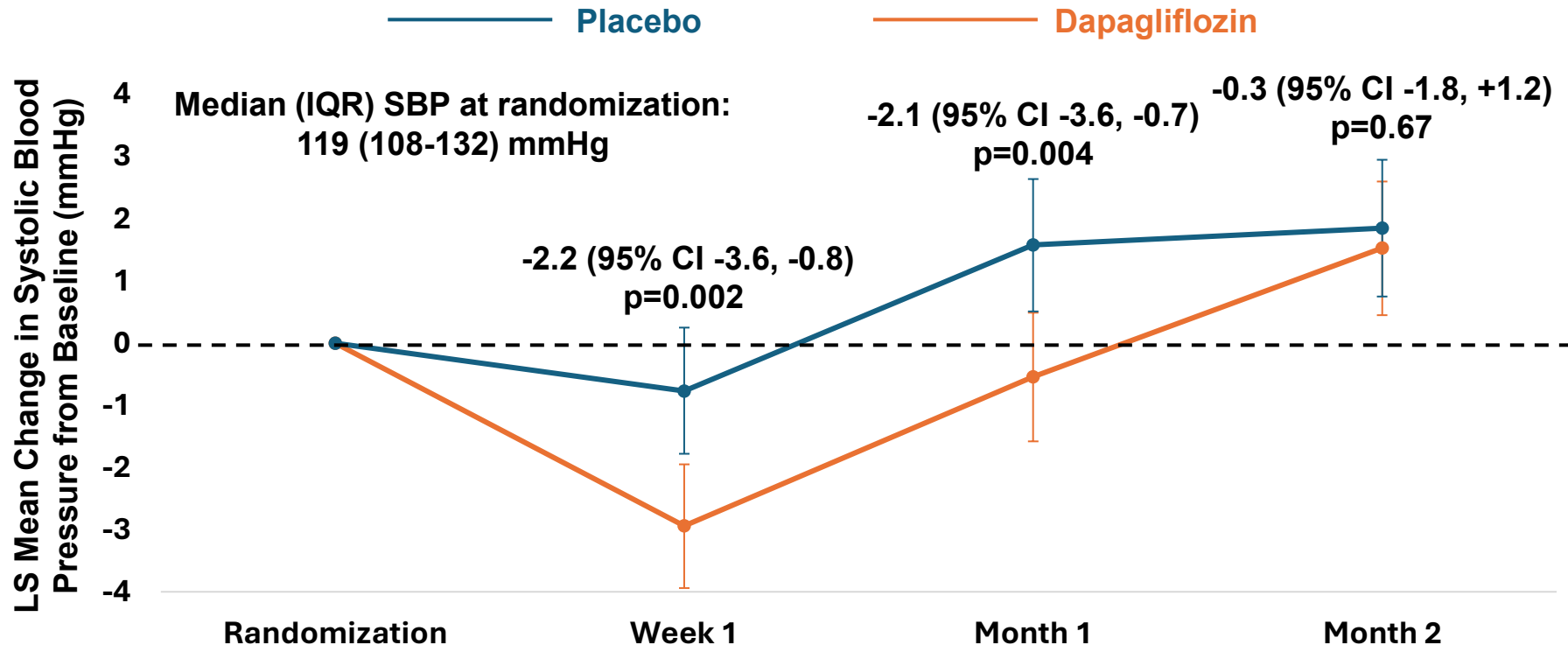




# Effect of Dapagliflozin on Systolic BP



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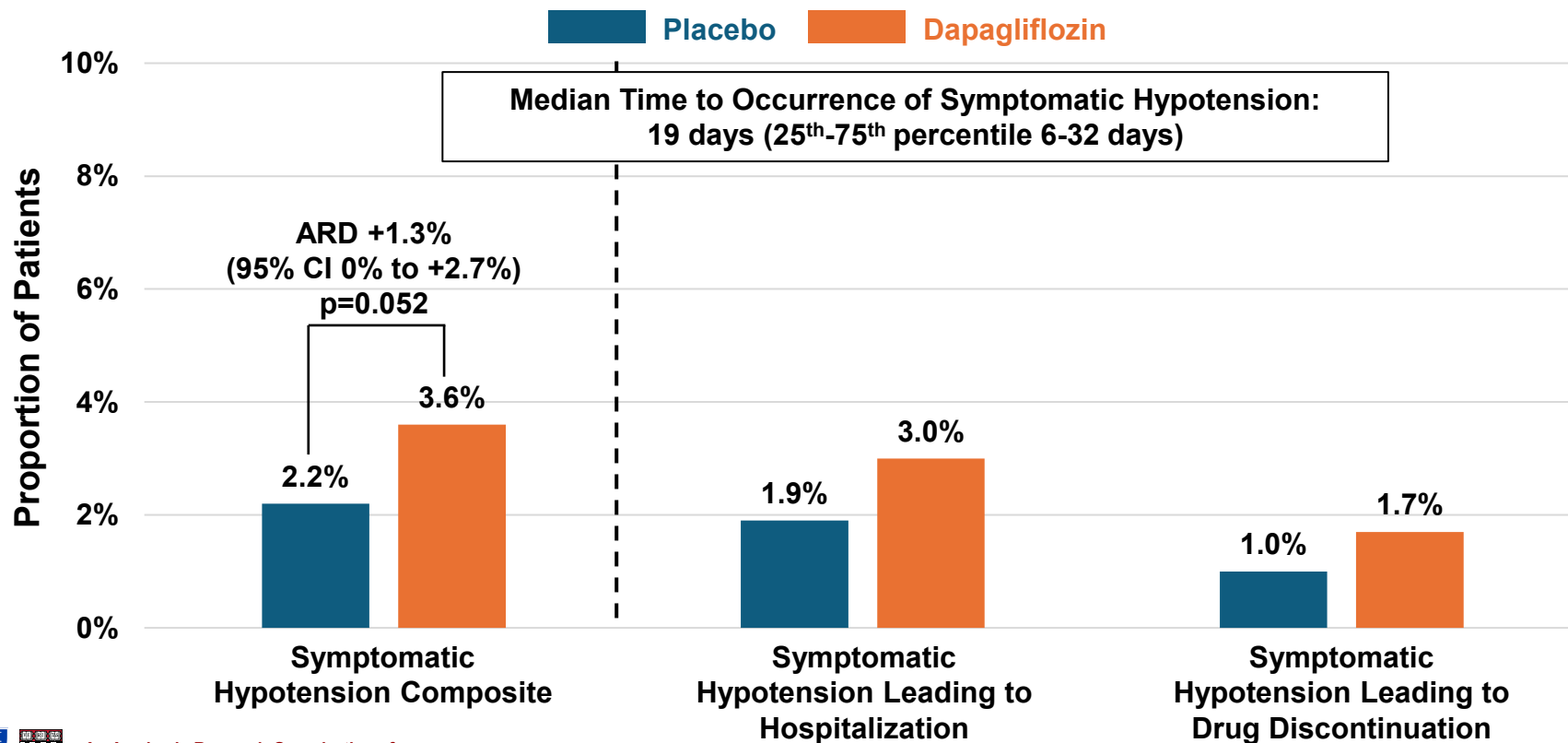




# Symptomatic Hypotension



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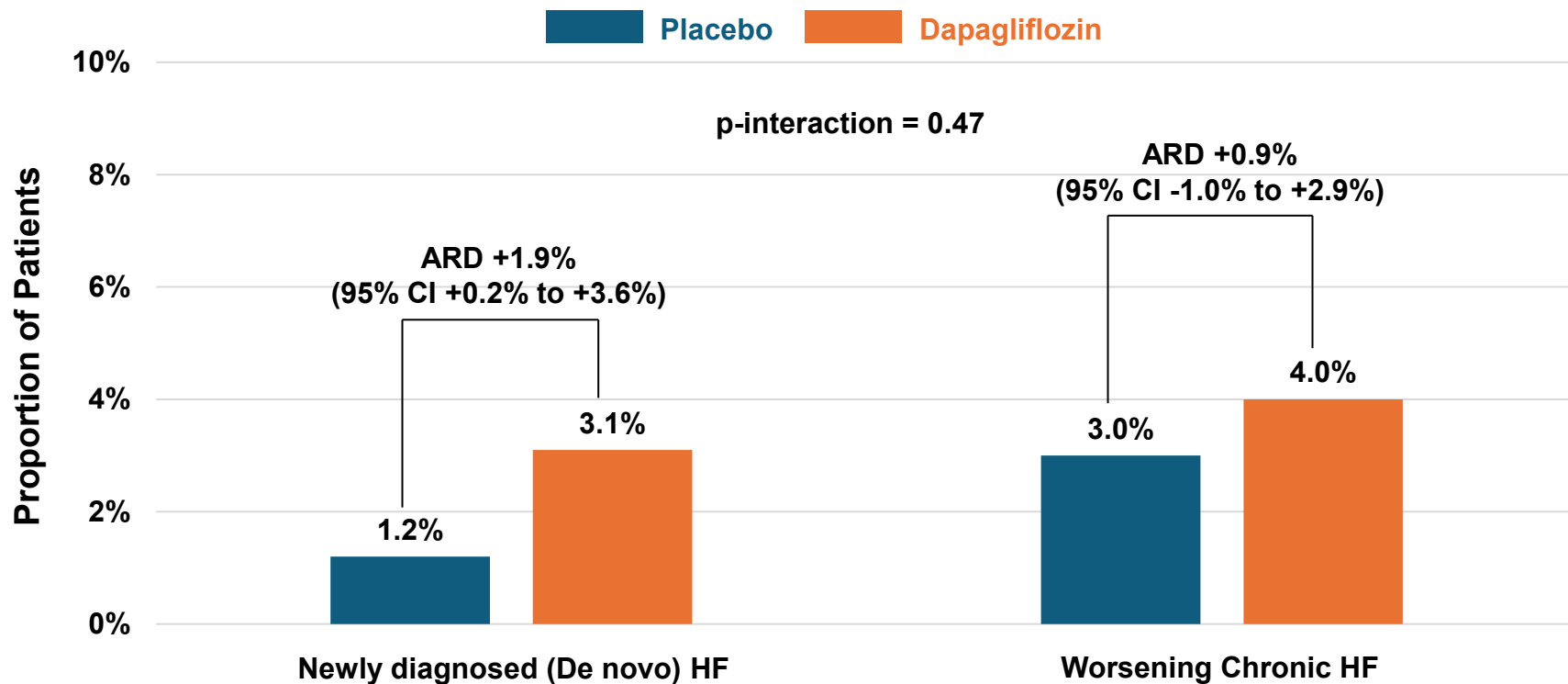




# Symptomatic Hypotension by HF Chronicity



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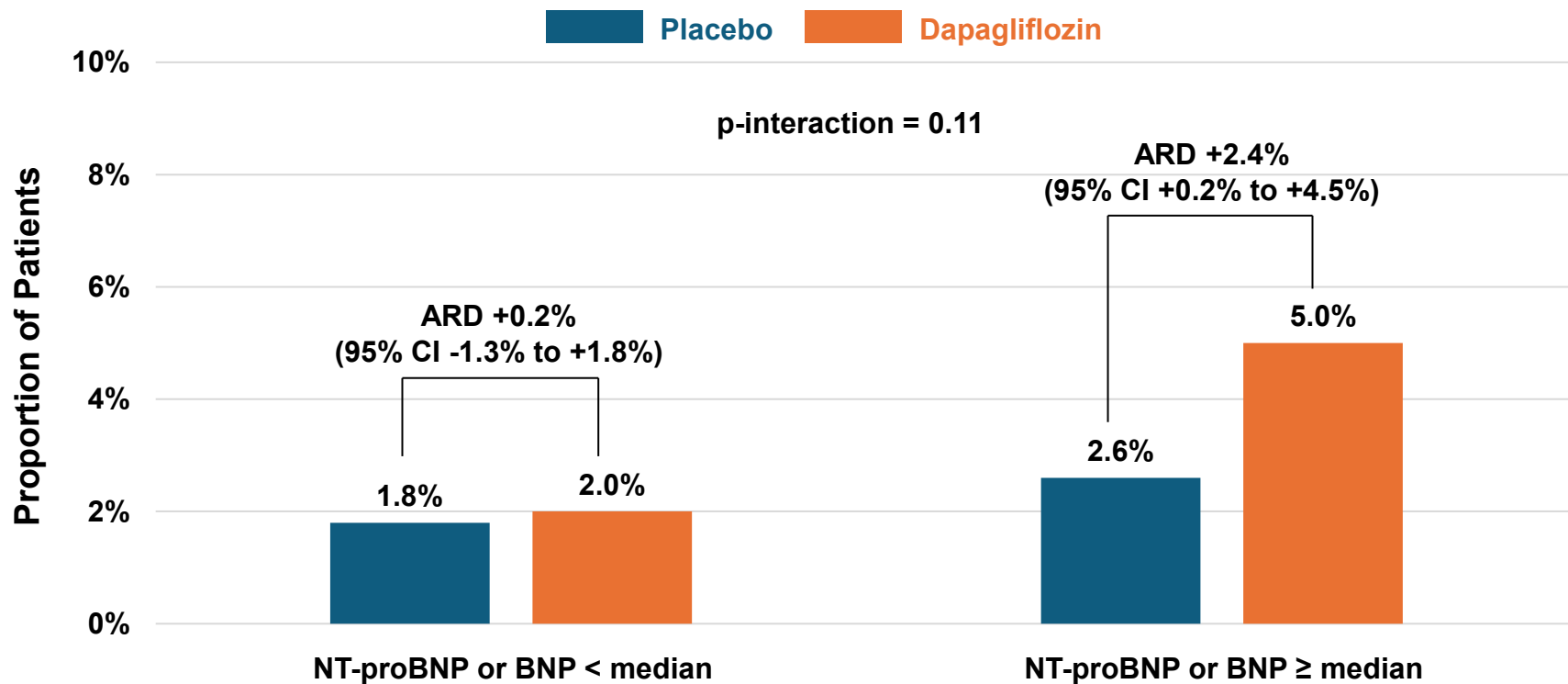




# Symptomatic Hypotension by Natriuretic Peptides



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# Symptomatic Hypotension and PEP across SBP



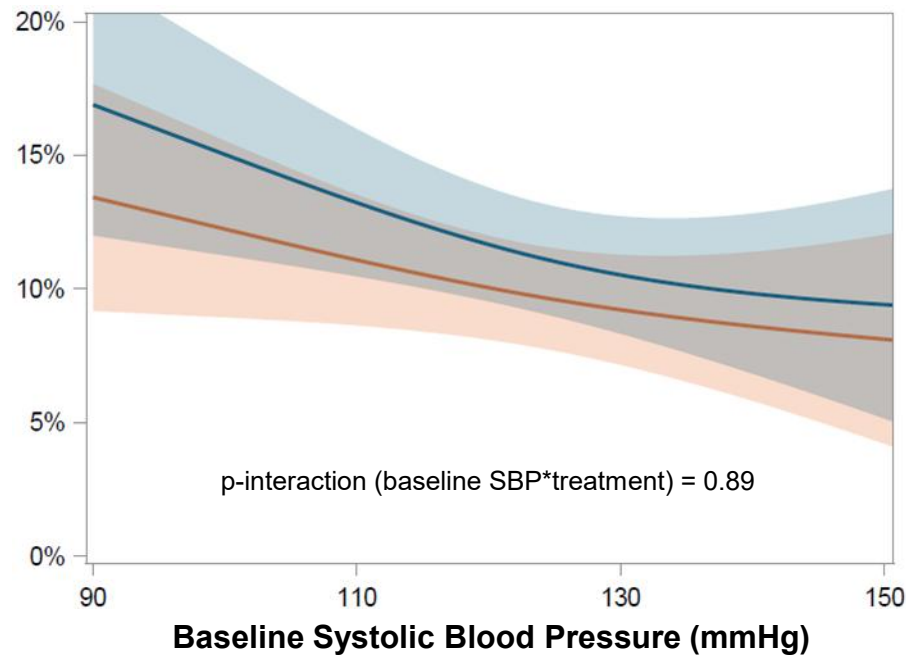
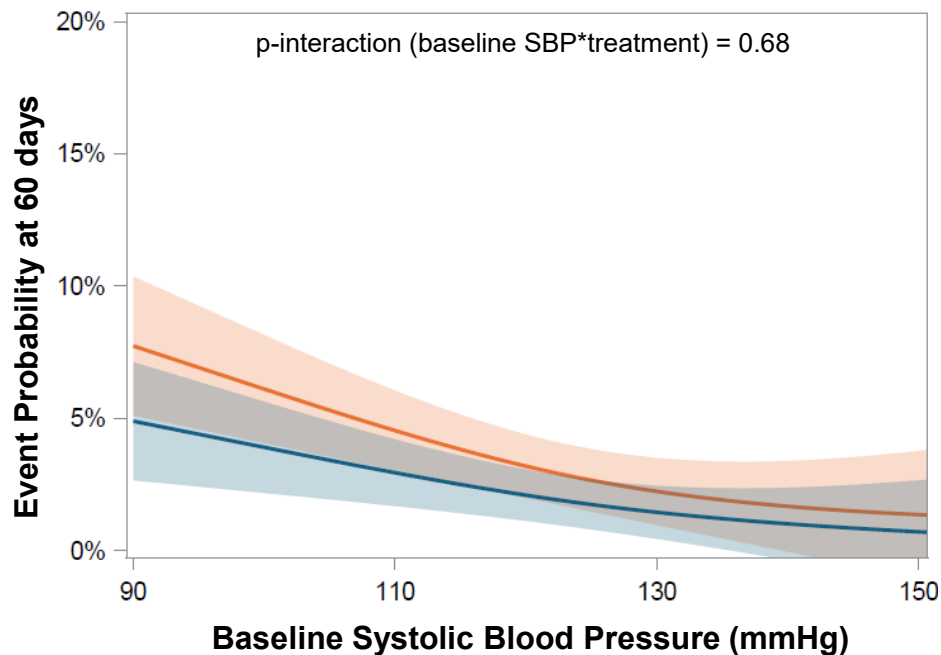
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Placebo

Dapagliflozin

## Symptomatic Hypotension

## CV Death or Worsening HF





# CV death or HHF and All-Cause Death across SBP



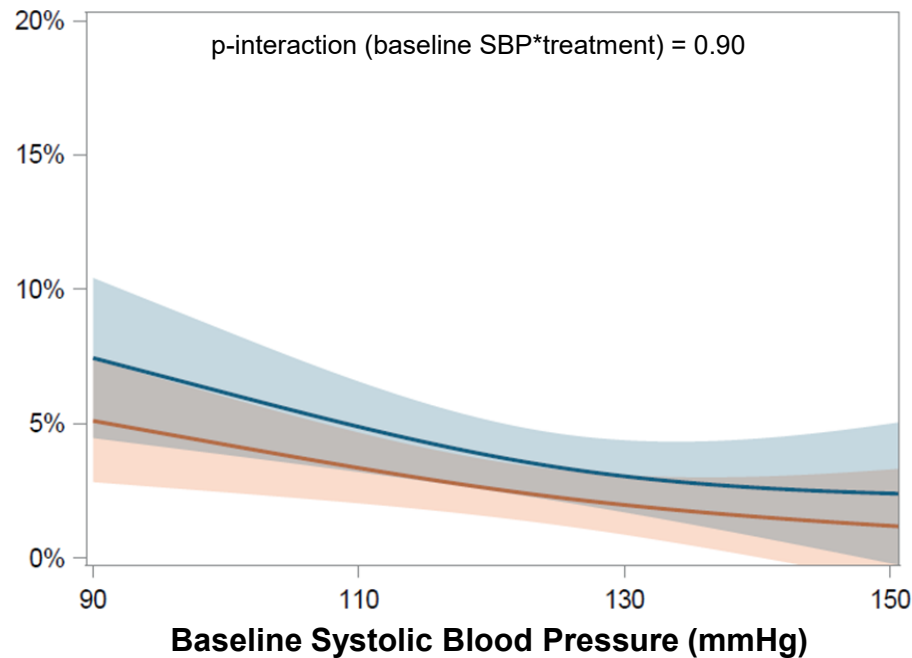
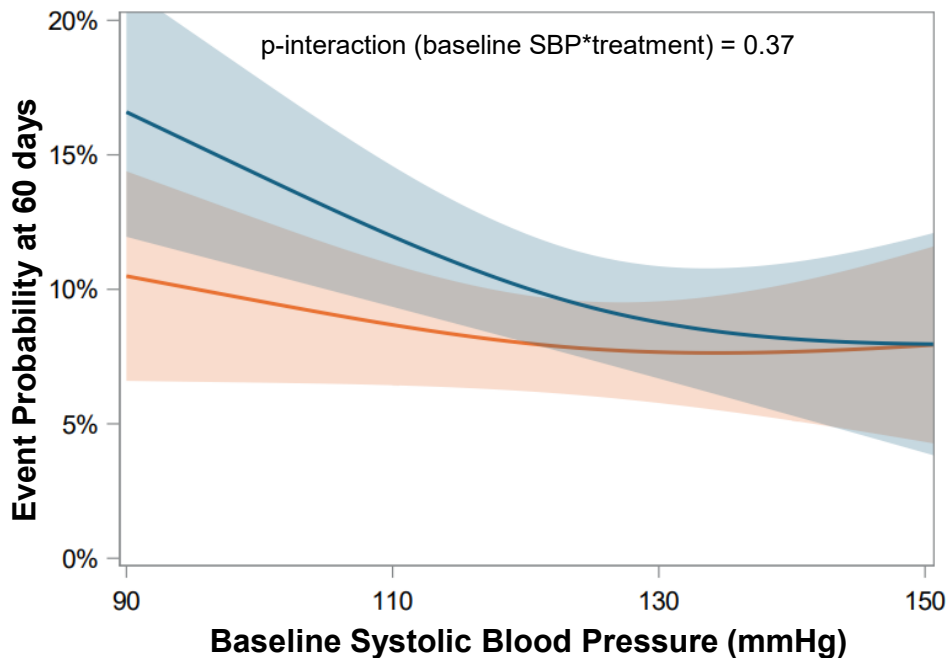
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Placebo

Dapagliflozin

## CV Death or HF Hospitalization

## All-Cause Death



# Summary

- In-hospital initiation of dapagliflozin led to early modest reduction in SBP (~2 mmHg), but resolved by 2 months
- Rate of symptomatic hypotension ~1% higher with dapagliflozin vs placebo and occurred primarily in 1<sup>st</sup> month
- Patients with lower baseline BP:
  - At higher risk of symptomatic hypotension in general
  - Non-significant trend towards greater absolute risk ↑ in HoTN with dapa
  - But also trend towards greater potential absolute risk ↓ in CVD/WHF with dapa
- Risk-benefit tradeoff favors in-hospital initiation of SGLT2i in hospitalized HF patients with low baseline BP following initial clinical stabilization
  - Care should be taken to minimize other potential drivers of symptomatic HoTN