

Pain and anxiety in heart failure - findings from FINEARTS-HF

M. Yang¹, AD. Henderson¹, AS. Desai², PS. Jhund¹, J. Lay-Flurrie³, P. Viswanathan¹⁰, CSP. Lam⁴, B. Pitt⁵, M. Senni⁶, SJ. Shah⁷, M. Vaduganathan², A. Voors⁸, F. Zannad⁹, SD. Solomon², JJV. McMurray¹

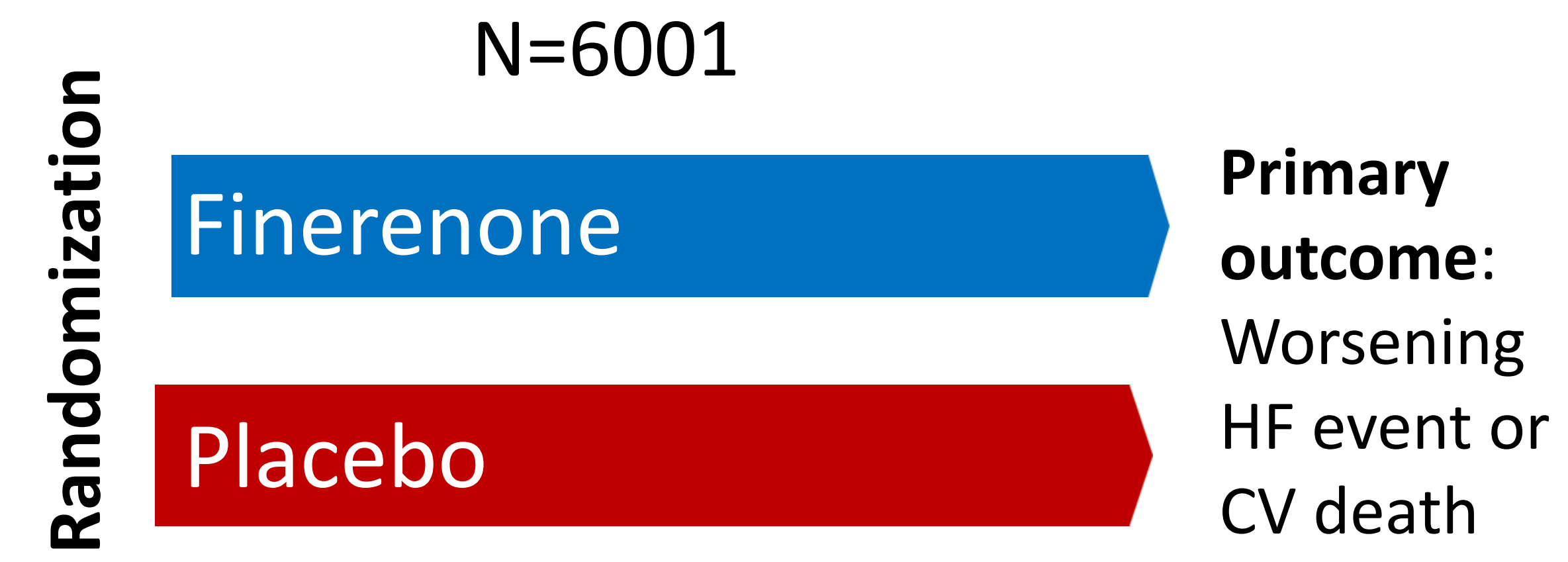
(1) BHF Glasgow Cardiovascular Research Centre, Glasgow, United Kingdom of Great Britain & Northern Ireland (2) Brigham And Women'S Hospital, Harvard Medical School, Boston, United States of America (3) Bayer plc, Research & Development, Pharmaceuticals, Reading, UK (4) National Heart Centre Singapore, Singapore, Singapore (5) University of Michigan, Ann Arbor, United States of America (6) Papa Giovanni XXIII Hospital, Bergamo, Italy (7) Northwestern University, Chicago, United States of America (8) University Medical Center Groningen, Groningen, Netherlands (The) (9) University of Lorraine, Nancy, France (10) Bayer, Research & Development, Pharmaceuticals, Whippany, NJ, USA.

PURPOSE

- Usually, assessment of health status in heart failure is focused on typical symptoms such as dyspnea and fatigue. However, patients may suffer other physical and psychological consequences of heart failure and associated comorbidities, which can be evaluated using generic health-related quality-of-life instruments such as the EuroQol 5-Dimension questionnaire (EQ-5D-5L).
- We used the EQ-5D-5L to obtain a broader assessment of health status in patients with heart failure with mildly reduced or preserved ejection fraction (HFmrEF/HFpEF) enrolled in the FINEARTS-HF (FINerenone trial to investigate Efficacy and sAfeTy superior to placebo in paTients with Heart Failure) trial (Clinical Trial Registration: NCT04435626 and EudraCT 2020-000306-29)

METHODS

- Trial and population**
- FINEARTS-HF trial: A multicenter, randomized, double-blind, parallel-group, placebo-controlled study to evaluate the efficacy and safety of finerenone on morbidity and mortality in participants with heart failure (NYHA II-IV) and left ventricular ejection fraction $\geq 40\%$ (LVEF $\geq 40\%$)



EQ-5D-5L questionnaire

The 5 dimensions

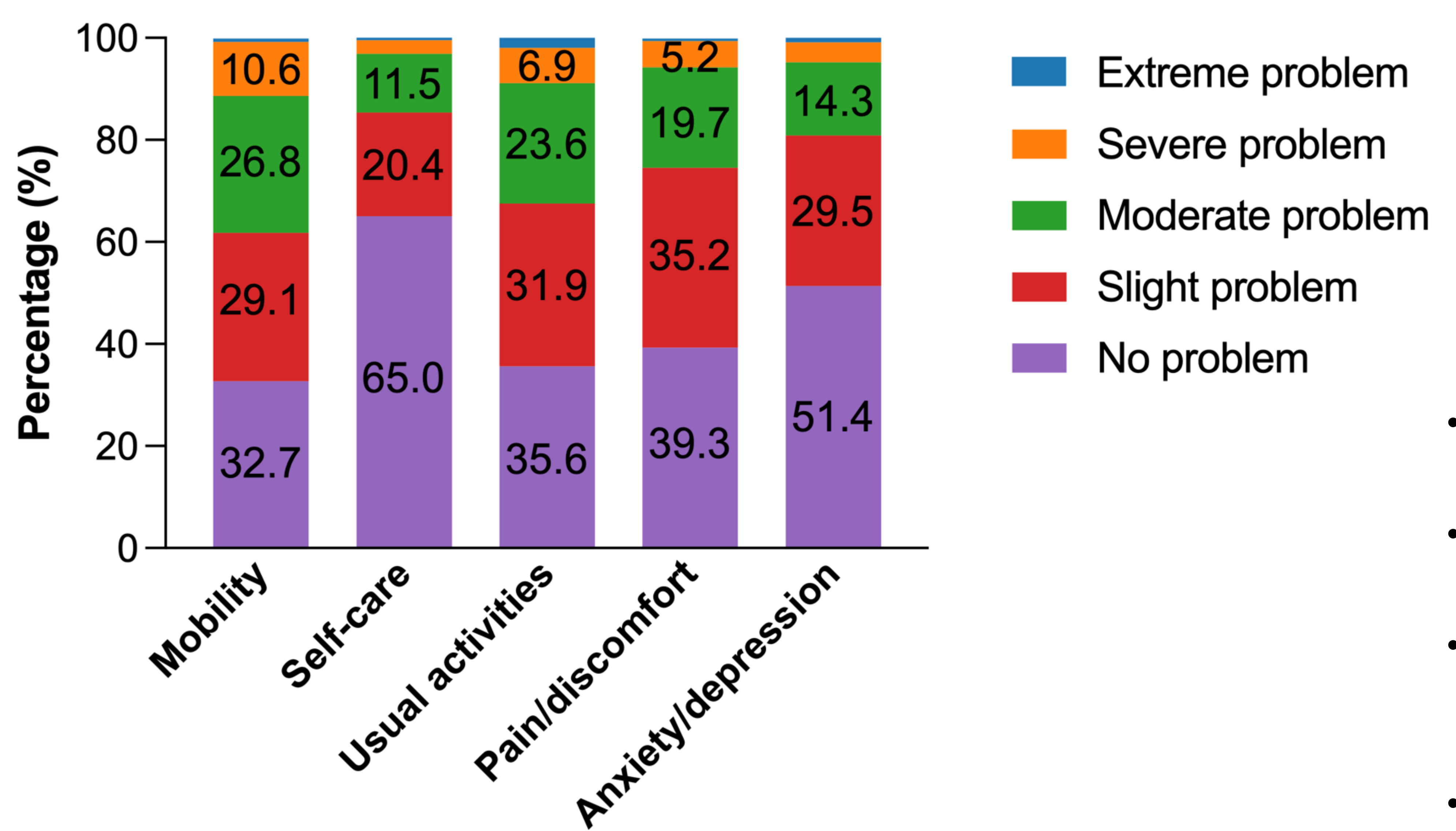
- Mobility ("walking around")
- Self-care ("washing or dressing self")
- Usual activities ("e.g., work, study, housework, family or leisure activities")
- Pain/discomfort ("pain or discomfort")
- Anxiety/depression ("anxious or depressed")

The 5 levels

- No problem
- Slight problem
- Moderate problem
- Severe problem
- Extreme problem

RESULTS

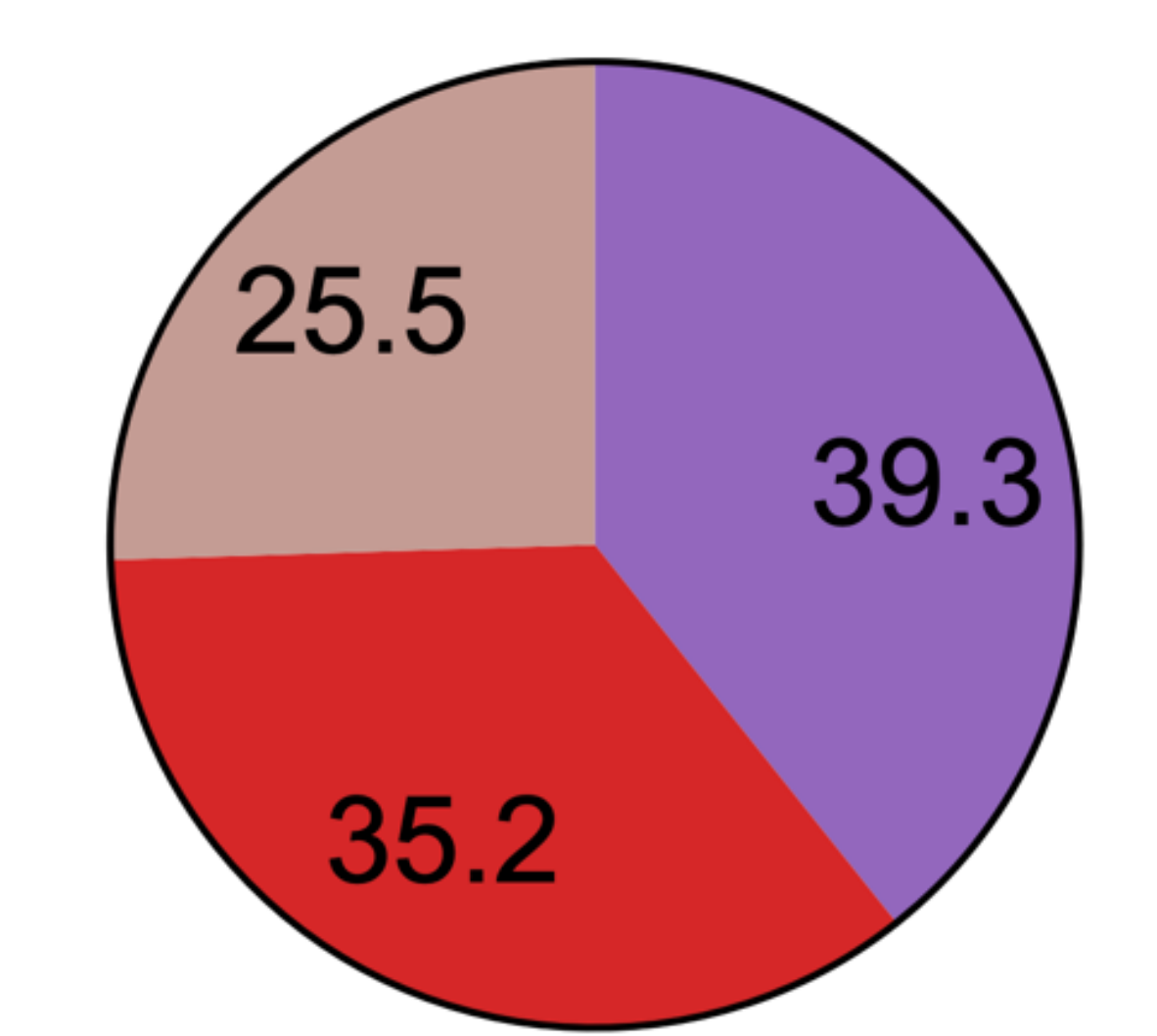
Figure 1: Distribution of answers to each EQ-5D-5L question at baseline



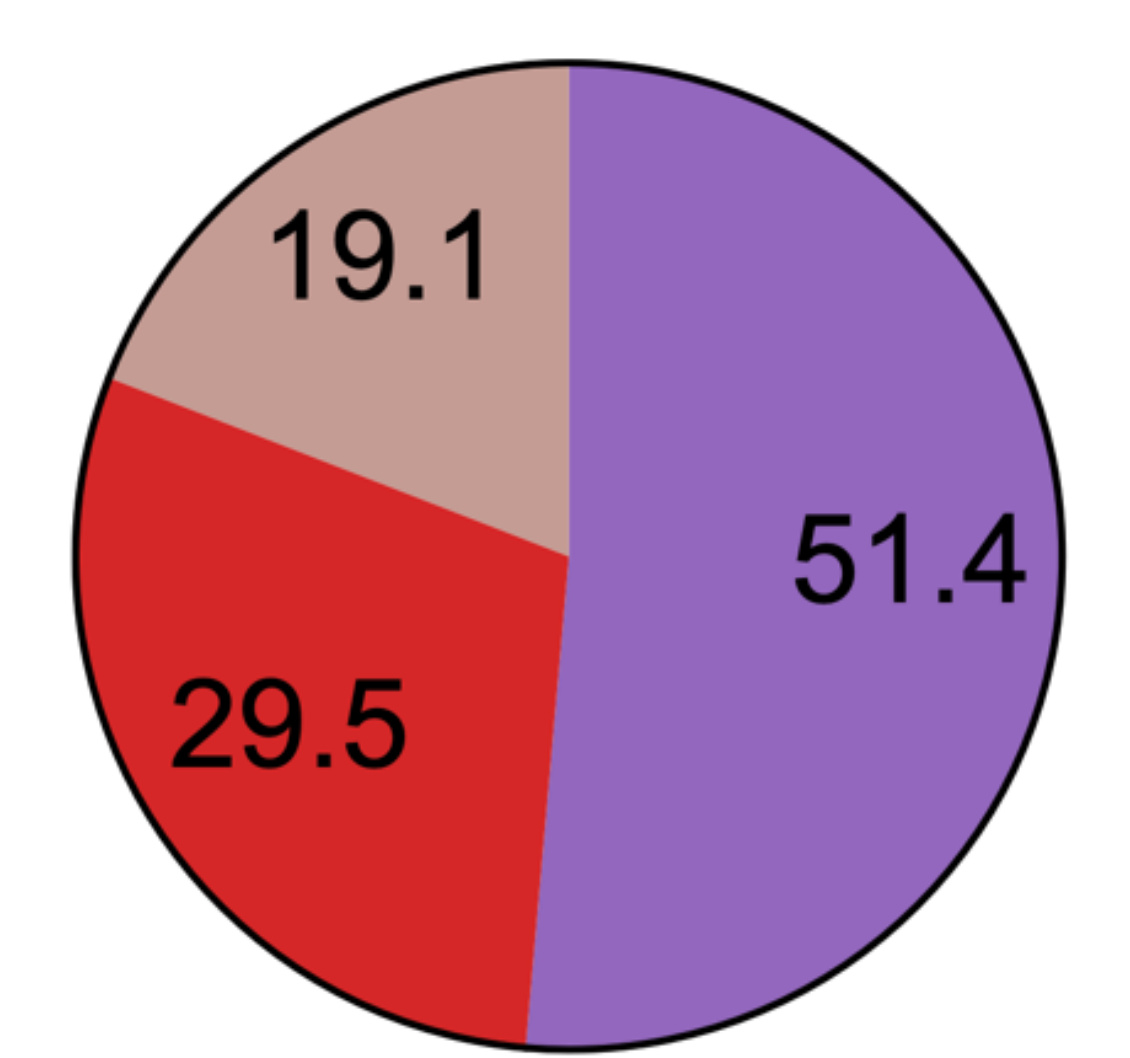
Among 6,001 participants in FINEARTS-HF, 5978 (99.6%) completed all EQ-5D-5L questions (Figure 1). A minority of patients reported no problems with mobility (32.7%) and carrying out usual activities (35.6%), and a similar proportion reported moderate or greater problems in these domains (38% and 33%, respectively).

Figure 2: Distribution of answers to pain/discomfort and anxiety/depression

Pain/discomfort



Anxiety/depression



■ No problem
■ Slight problem
■ \geq moderate problem

■ No problem
■ Slight problem
■ \geq moderate problem

Only 39% of patients were free of pain/discomfort and only around half free of anxiety or depression (and 26% and 19%, respectively, had moderate or greater problems in these dimensions)

CONCLUSIONS

- As expected, most patients with HFmrEF/HFpEF experience some difficulty related to mobility, undertaking usual activities (and some even with self-care).
- More surprisingly, many patients report pain or discomfort, the basis of which is unclear and requires further investigation.
- Approximately half of patients experienced some anxiety or depression, and this was at least moderately severe in one in five participants; the management of this dimension may be an important unmet need in heart failure.
- Generic health-related quality-of-life instruments may provide additional and complementary information to that obtained from disease-specific instruments such as KCCQ.

DISCLOSURE: The FINEARTS-HF trial is funded by Bayer Pharma AG