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COMPARATIVE EFFICACY AND SAFETY OF
REFRACTORY DIURETIC REGIMENS IN ACUTE
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There continues to be a lack of data on efficacy and potentially more importantly the safety associated with the various strategies used to overcome refractory diuresis in patients with acute decompensated heart failure. Diuretics in themselves can cause a slight increase in creatinine and decline renal function implicating the importance of evaluating the safety associated with diuresis in this patient population. A retrospective cohort study will be used to evaluate patients who initially receive intravenous bolus furosemide therapy upon admission to the hospital and were escalated to one of the following “more aggressive” refractory diuretic regimens: 1) continuous infusion furosemide, 2) combination of furosemide plus another diuretic agent (i.e. metolazone), 3) switched to a more potent loop diuretic such as bumetanide, or 4) combination of any previous three regimens. Efficacy and safety of each of these refractory diuretic regimens will be compared. The potential interaction of concomitant intravenous vasoactive therapy (nitroglycerin, nitroprusside, nesiritide, and inotropes) to the refractory diuretic regimens will also be assessed as a pre specified subgroup analysis. The co primary endpoint of the study is the comparison between treatment arms of the mean hourly urine output over 24 hours after initiation of the refractory

diuretic regimen. Results and conclusions will be presented upon completion of data collection and analysis.