

IJzerdeficiëntie in hartfalen

Detectie en screening

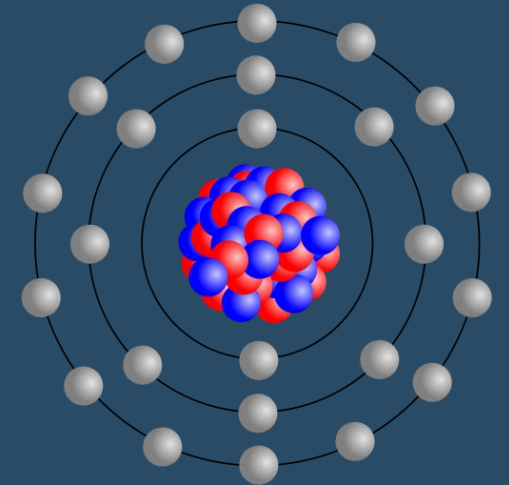
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Detectie en screening



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Conflicts of Interest

- Speaker fees from Vifor Pharma
- Research Grants from ZonMW, PLN patient foundation, AstraZeneca, Ionis Pharmaceuticals

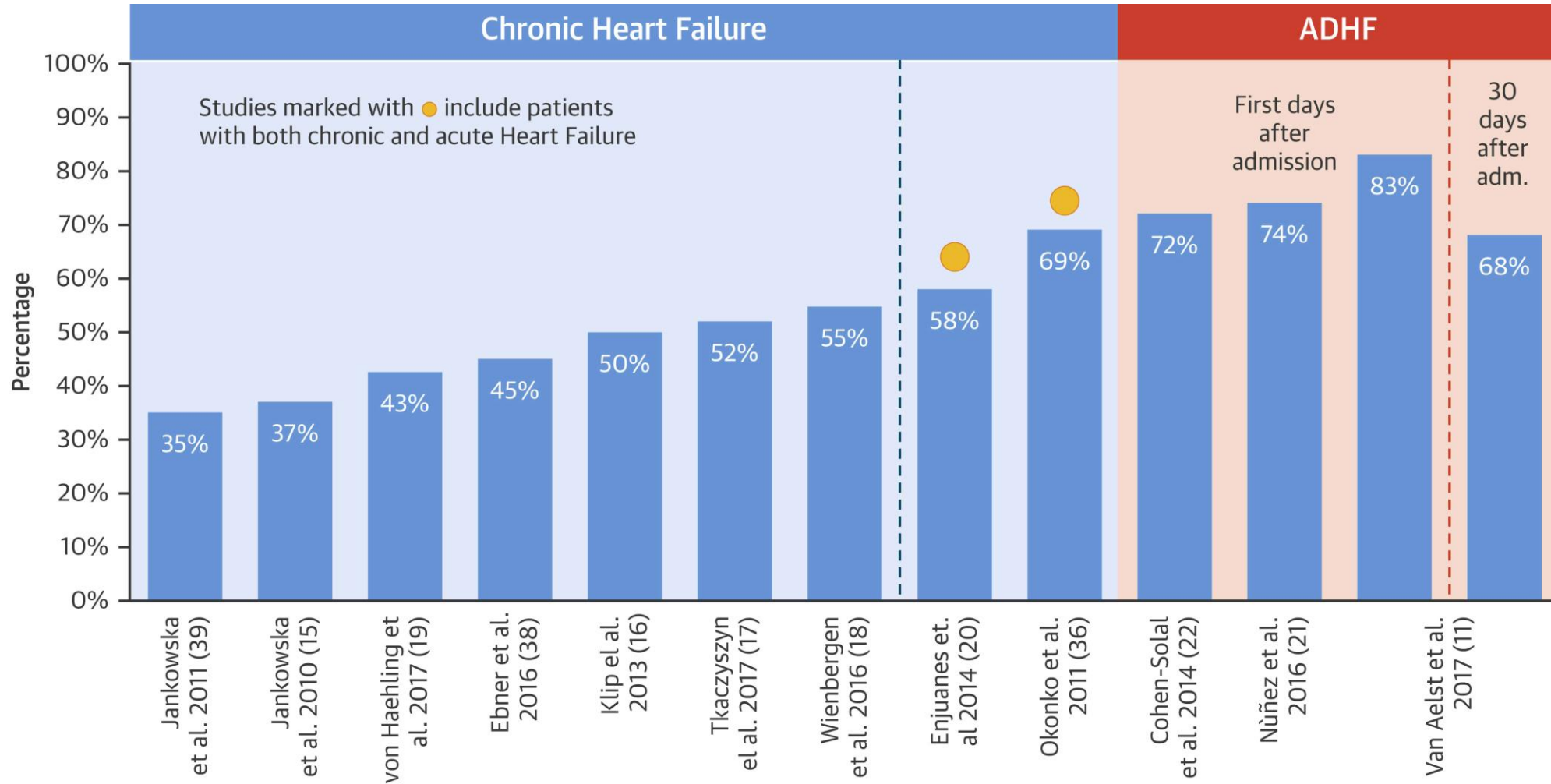
Inhoud

Detectie en screening

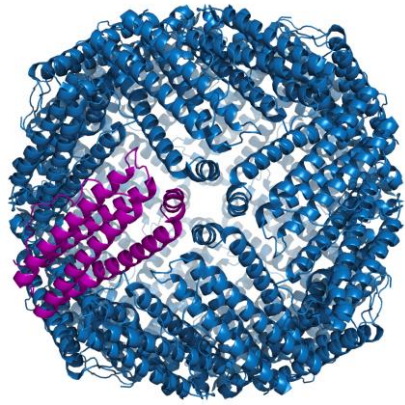
1. Waarom?
2. Wie screenen?
3. Hoe?
4. Wanneer?
5. Wie screent?



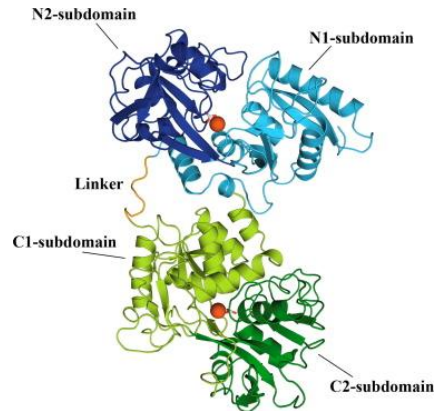
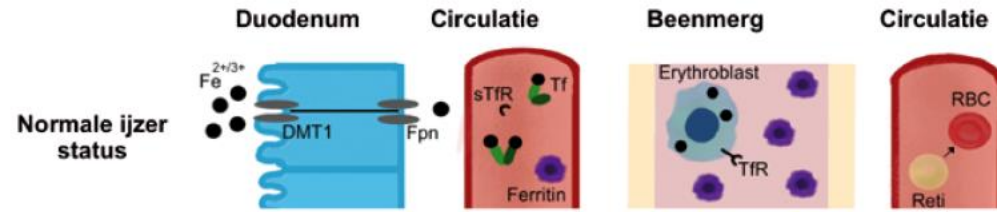
Wie screenen?



Hoe?

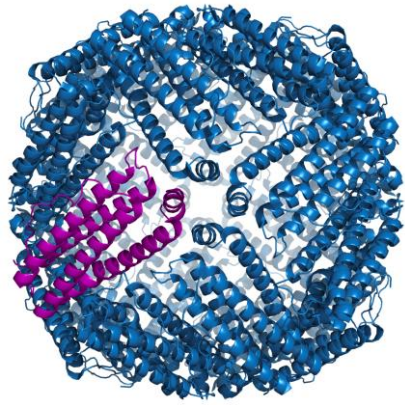


Ferritine

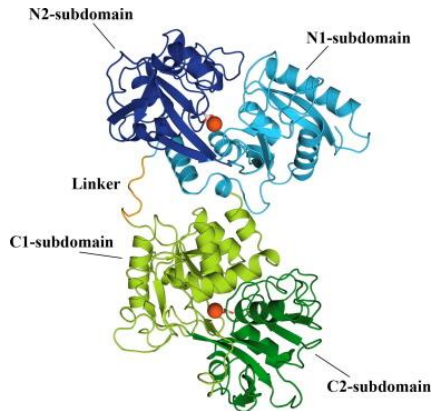


Transferrine

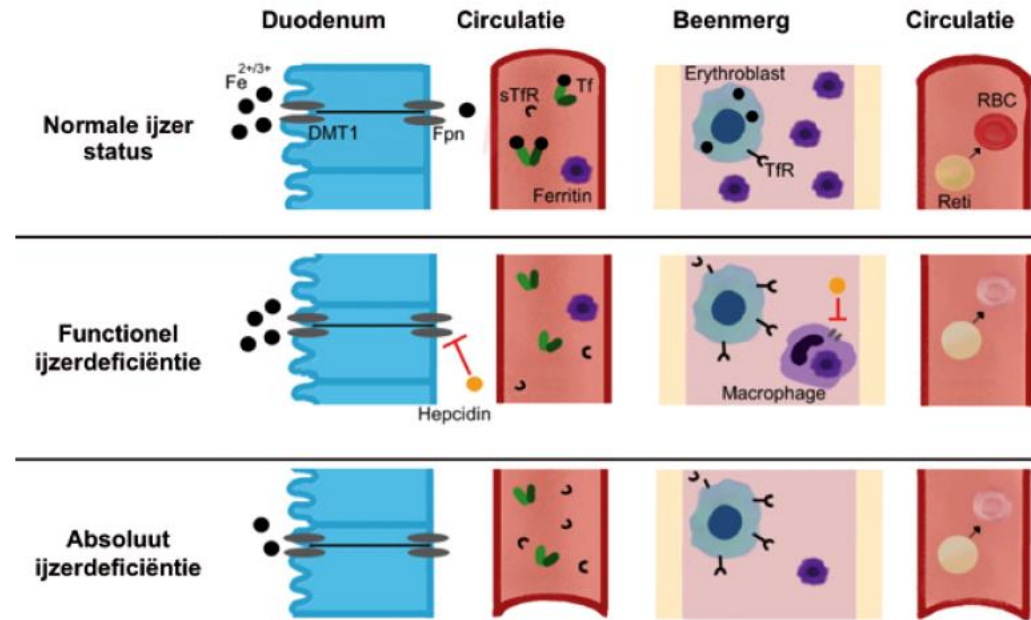
Hoe?



Ferritine



Transferrine



TSAT ↓

Ferritine ↑

Ferritine ↓

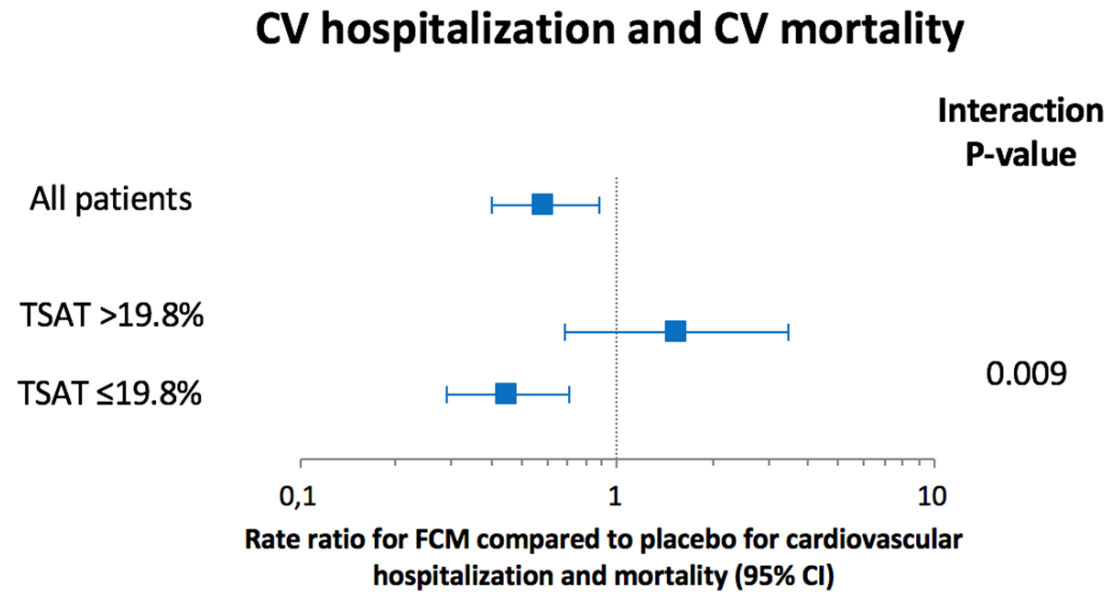
Hoe?

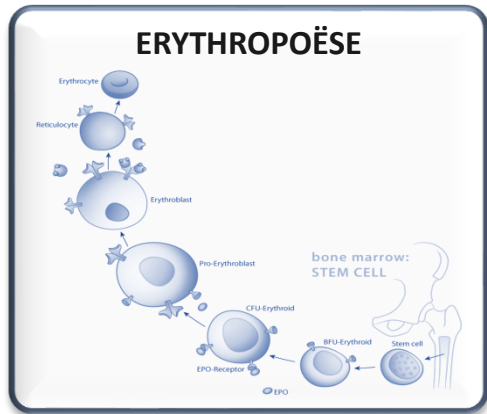
| Author/year | Study name | No. patients | Blinding | ID definition | Main inclusion criteria | Study drug | Follow-up (w) | Main conclusions |
|---------------------|------------|--------------|----------|----------------------|--|------------|---------------|---------------------------------|
| Anker 2009 | FAIR-HF | 459 | Double | ESC Guideline* | NYHA II-III LVEF<45% Hb 9.5 – 13.5g/dL | FCM | 26 | NYHA ↓ 6MWT ↑ EQ-5D ↑ |
| Ponikowski 2015 | CONFIRM-HF | 304 | Double | ESC Guideline* | NYHA II-III LVEF≤45% Hb<15g/dL | FCM | 52 | 6MWT ↑ NYHA ↓ EQ-5D ↑ |
| Van Veldhuisen 2017 | EFFECT-HF | 174 | No | ESC Guideline* | NYHA II-III LVEF≤45% OMT | FCM | 24 | VO ₂ max ↑ NYHA ↓ |
| Ponikowski 2020 | AFFIRM-AHF | 1132 | Double | ESC Guideline* | ADHF LVEF≤50% | FCM | 52 | HF-hosp ↓ CV-death ≈ |
| Kalra 2022 | IRONMAN | 1137 | Single | F<100 or TSAT<20% | Symptomatic HF LVEF<45% | FDM | 117 | HF-hops/CV-death ↓ |

* ESC Guideline: Ferritine < 100; Ferritine 100 – 299 + TSAT<20%
FCM: ijzer(III)carboxymaltose; FDM: ijzer(III)derisomaltose

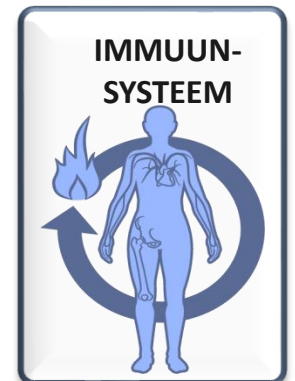
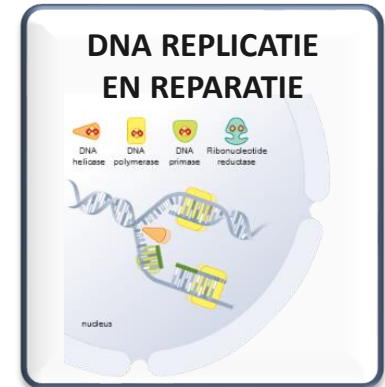
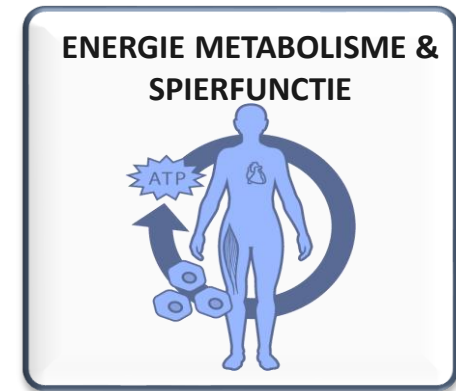
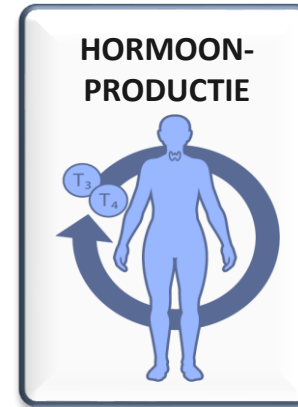
Hoe?

Misschien is alleen TSAT wel genoeg...





Hoe?

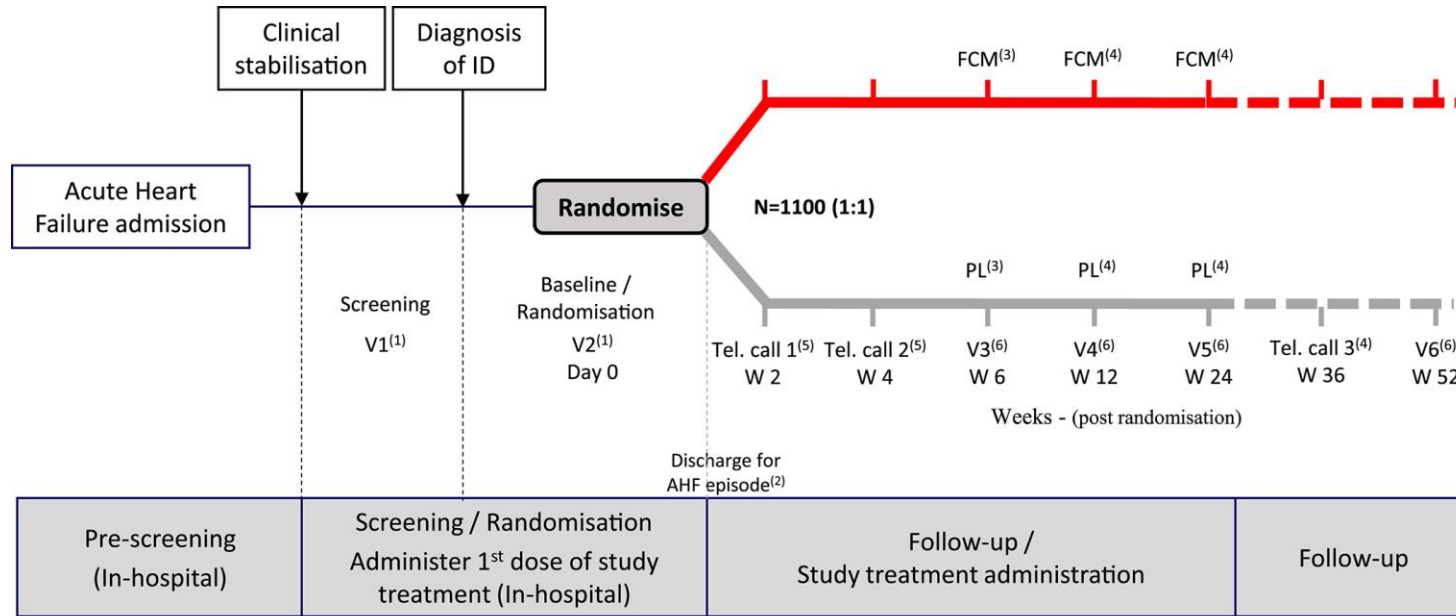


Geen hemoglobine voor diagnose ijzerdeficiëntie

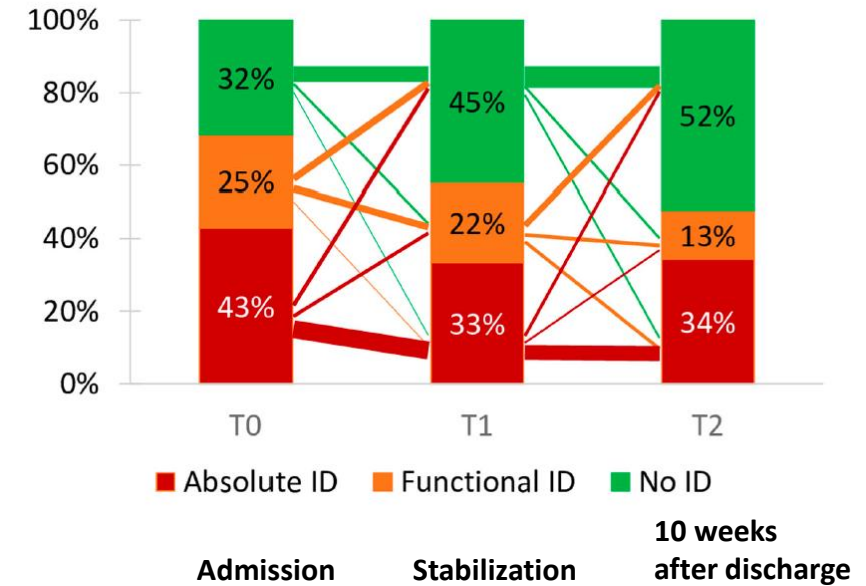
Wel:

- Als contra-indicatie behandeling
- Als indicator voor benodigd vervolgonderzoek

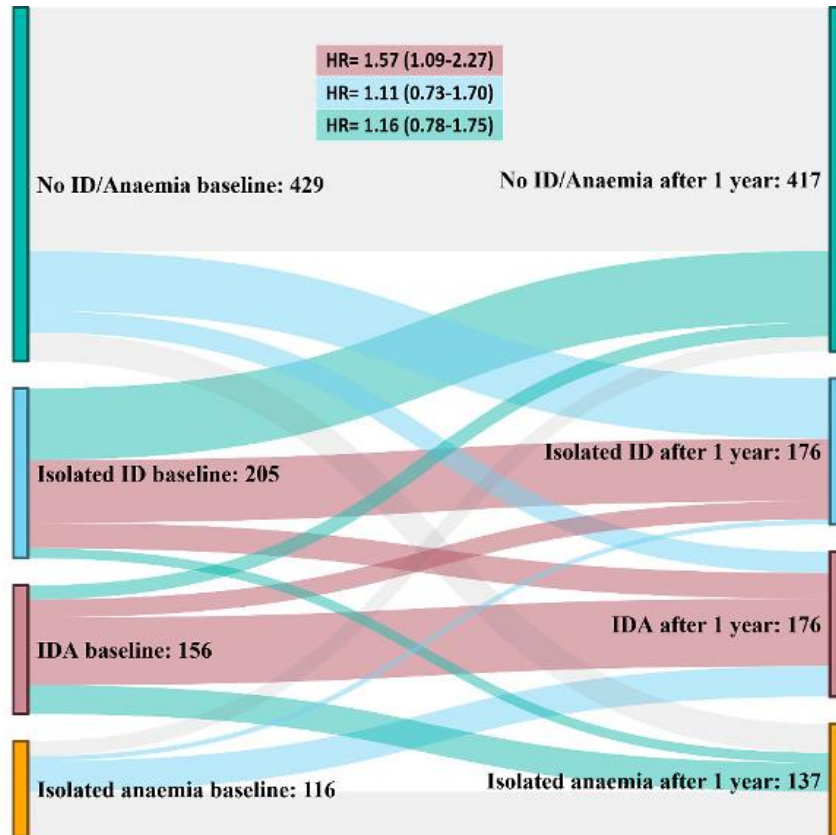
Wanneer?



1. Performed in hospital during the AHF admission ('Index Hospitalisation')
2. Index hospitalisation discharge after administration of study treatment at the discretion of the investigator
3. Second dose of study treatment (repletion phase) done at the outpatient visit.
4. Study treatment to be administered only if Iron Deficiency (ID) persists
5. Telephone contact
6. Outpatient clinic visit



Wanneer?



- Persistent ID
- Incident ID
- Resolved ID
- Never ID

Conclusie

Detectie en screening

1. Waarom? → Prognostische en therapeutische consequenties
2. Wie screenen? → Alle HF patiënten $LVEF \leq 50\%$
3. Hoe? → TSAT en ferritine
4. Wanneer? → Acut HF: tijdens opname. Chronisch HF: jaarlijks
5. Wie screent?