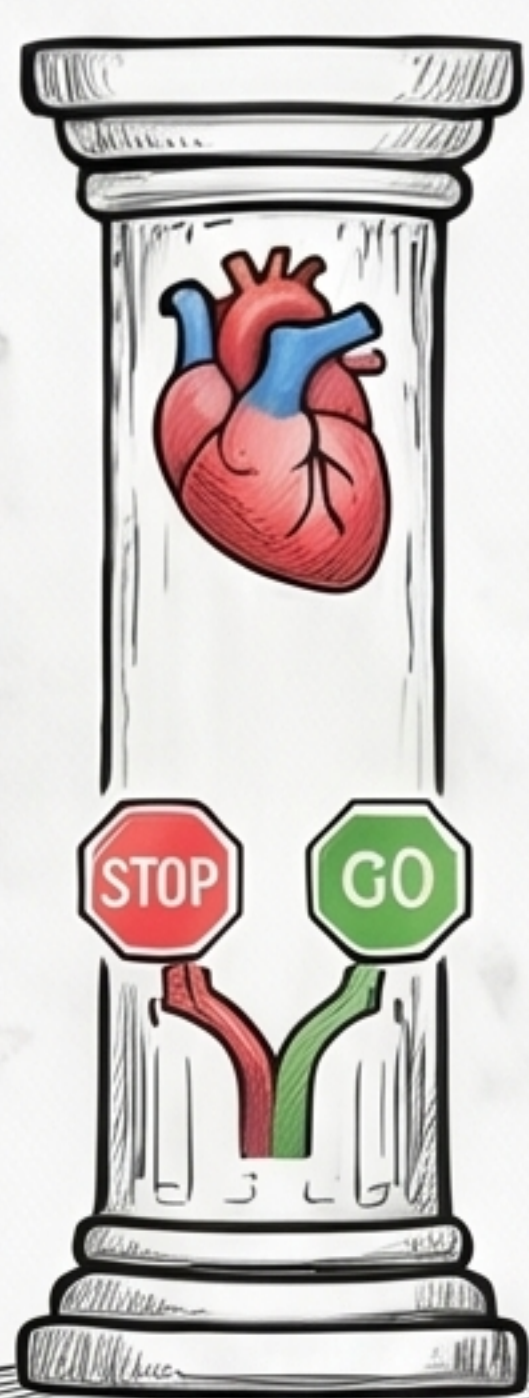


THE QUADRUPLE THREAT: A NEW ERA IN HEART FAILURE MANAGEMENT

FOUR-PILLAR DRUG REGIMEN FOR HFrEF & SHIFT TO RAPID TREATMENT INITIATION.

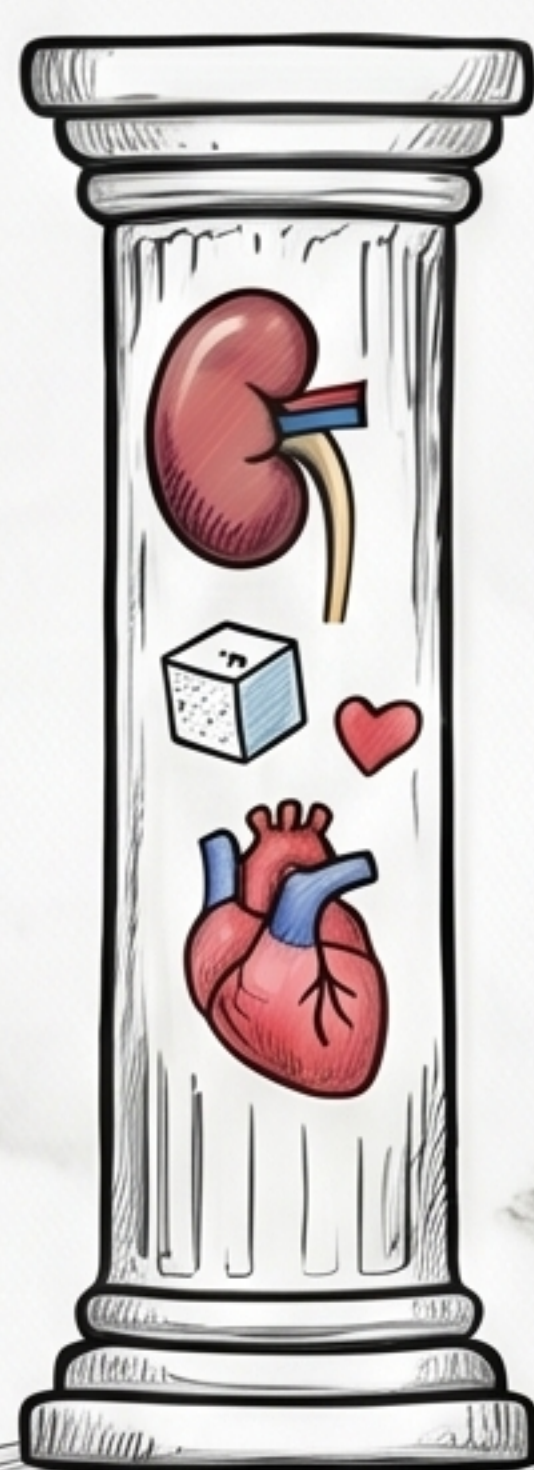
THE FOUR PILLARS OF HFrEF THERAPY



ARNi

(Sacubitril-valsartan)

Dual-mechanism drug; blocks harmful signals, enhances natural protective peptides.

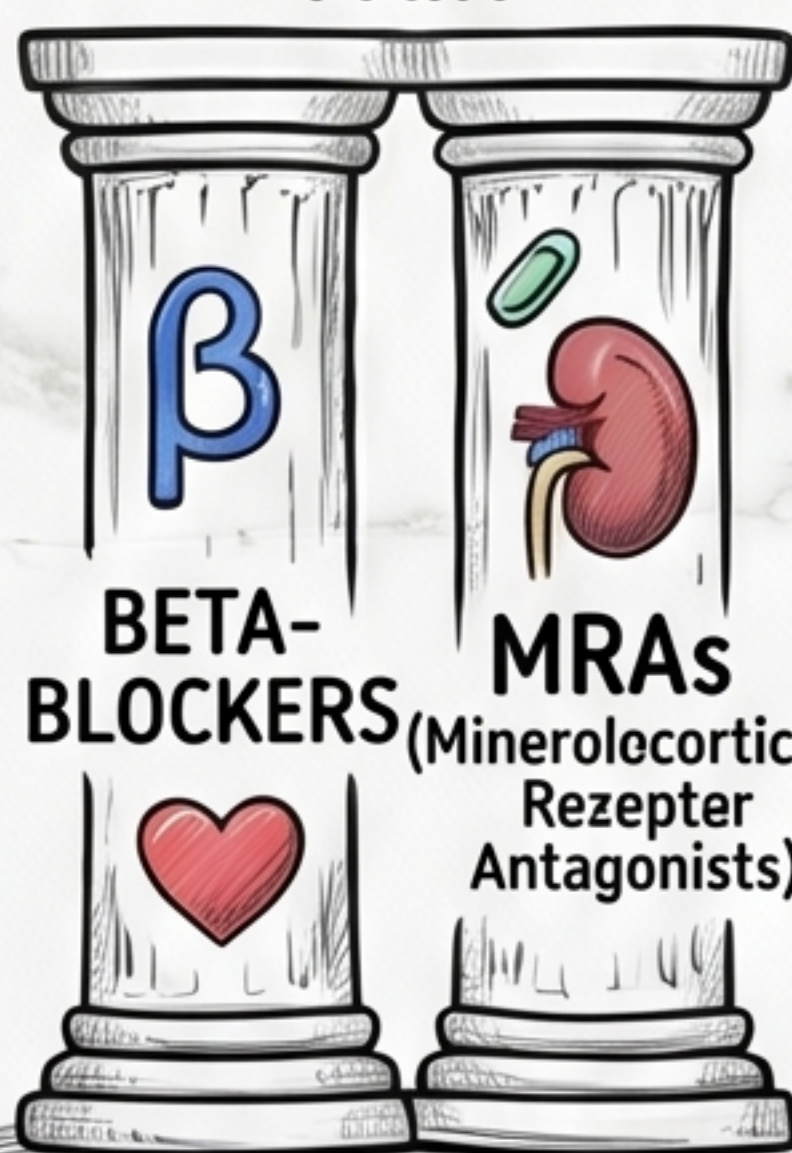


SGLT2 INHIBITORS

(Dapagliflozin/Empagliflozin)

Essential for heart failure management regardless of diabetes status.

THE FOUNDATIONAL PAIR



BETA-BLOCKERS

(Mineralocorticoid Receptor Antagonists)

Complete the essential quadruple regimen.

73%

REDUCTION IN CARDIOVASCULAR DEATH RISK

(Vaduganathan et al., 2021)

THE NEW CLINICAL STRATEGY



RAPID CO-INITIATION

Start all four classes simultaneously at low doses, not slow sequential titration.



FIGHTING CLINICAL INERTIA

Failure to initiate therapy "because the patient is stable" costs lives in heart failure.



180-DAY SURVIVAL BOOST

Rapid up-titration within two weeks of hospitalisation significantly reduces readmission & death.



QUADRUPLE THERAPY



~73% Relative Risk Reduction (Vaduganathan et al., 2021)

COMBINED IMPACT: UNPRECEDENTED RISK REDUCTION