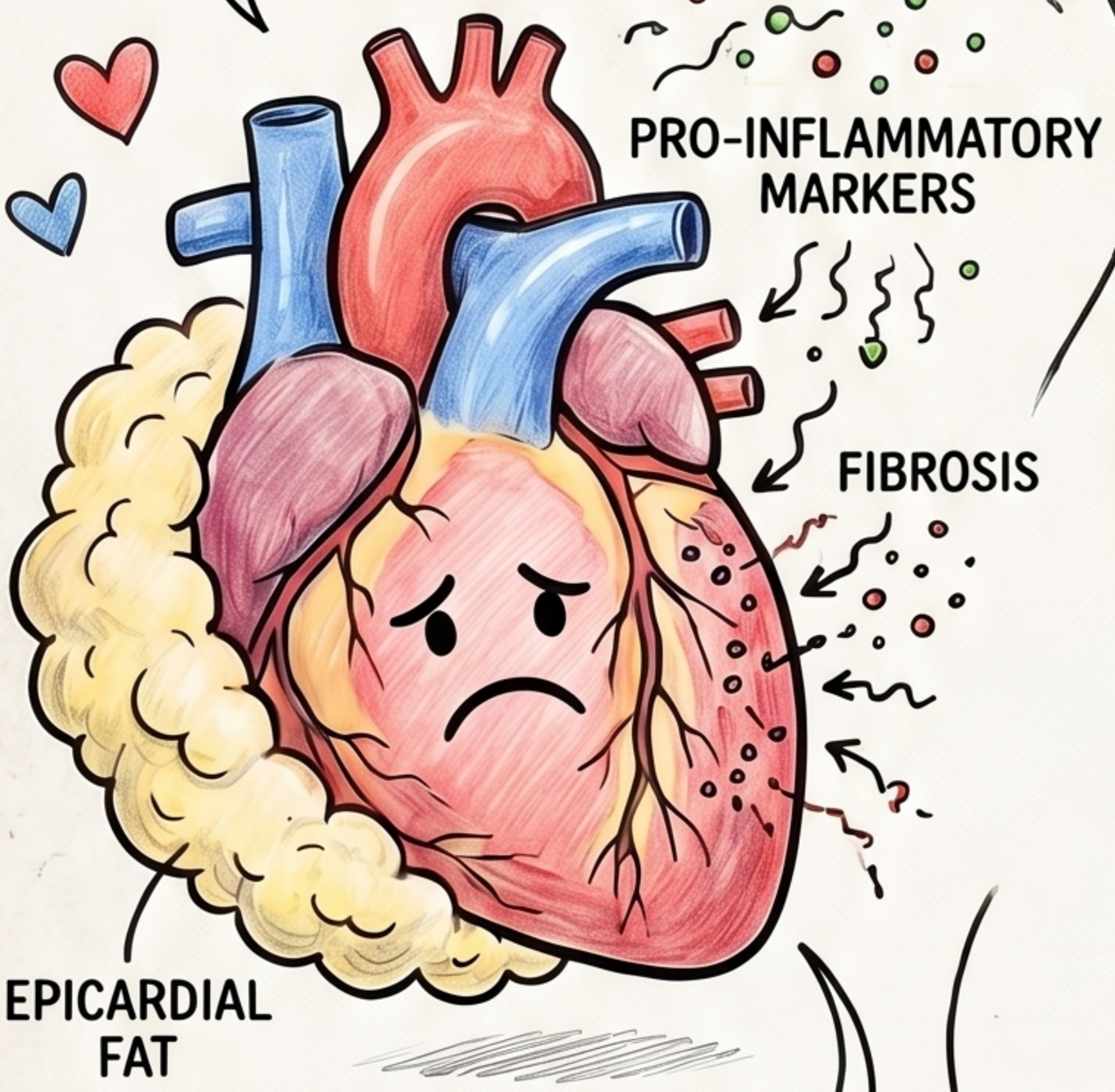
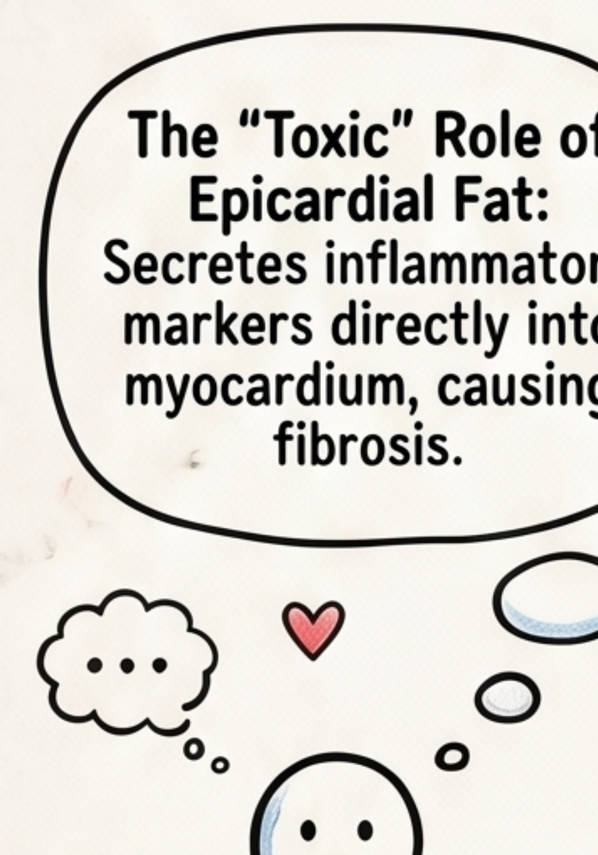
The GLP-1 Revolution: Healing the Heart Through Metabolic Control

THE PROBLEM: OBESITY AS A CAUSAL DRIVER

Obese HFpEF is a Distinct Phenotype:
Over 80% are overweight, showing unique metabolic & hemodynamic impairment.



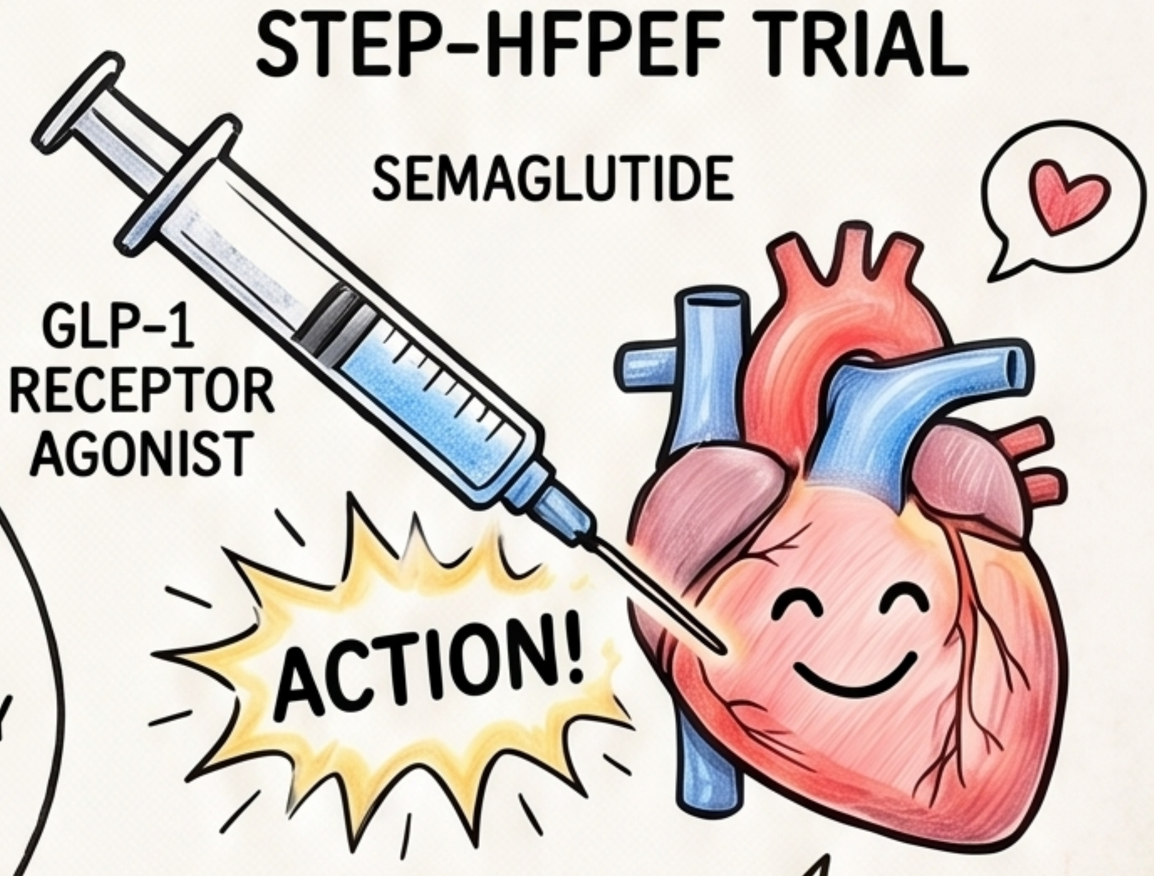
The "Toxic" Role of Epicardial Fat:
Secretes inflammatory markers directly into myocardium, causing fibrosis.



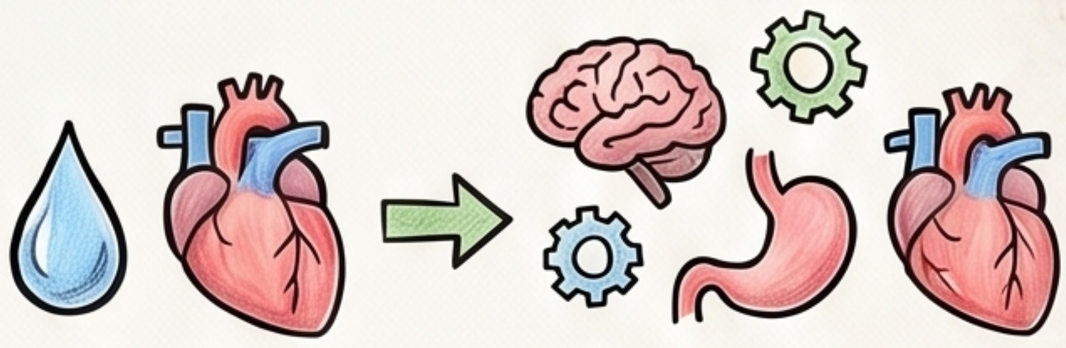
Systemic Inflammation & Pressure

Adipose tissue drives endothelial dysfunction & compresses the heart, leading to fluid retention.

THE SOLUTION: SEMAGLUTIDE & THE STEP-HFPEF TRIAL



Significant Symptom Improvement:
Semaglutide showed marked clinical improvement in patient quality of life.



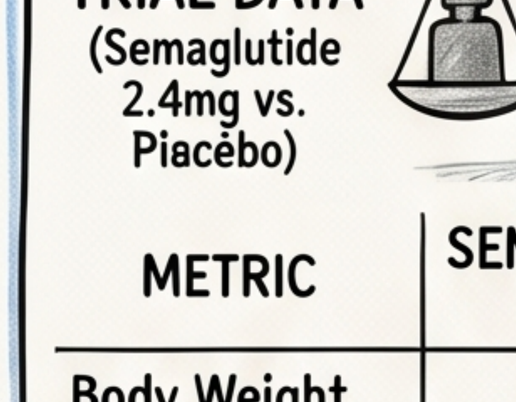
Managing Fluid → Fixing Systemic Metabolic Environment

Shifting to "Metabolic Cardiomyopathy"

STEP-HFpEF TRIAL DATA

(Semaglutide 2.4mg vs. Placebo)

METRIC	SEMAGLUTIDE 2.4mg	PLACEBO
Body Weight Change	-13.3%	-2.6%
6-Minute Walk Distance	+21 meters (over placebo)	Baseline
KCCQ Symptom Score	+16 points	+8 points



GLP-1s (weight/inflammation) SGLT2is (decongestion)

Complementary Therapy:
GLP-1s and SGLT2is provide a powerful, additive treatment approach.

Life Science Feed | REFERENCES [1] Kosiborod MN et al. STEP-HFpEF. N Engl J Med. 2023;389:1069-1084 · [2] Kosiborod MN et al. STEP-HFpEF-DM. N Engl J Med. 2023;389:1085-1098 · [3] Lehrke M et al. SELECT. N Engl J Med. 2023;389:2221-2232 · [4] Borlaug BA et al. Heart Failure. 2023;11:1339-1356 | ART-2026-241