PUSH-AHF trial

Natriuresis guided therapy in acute heart failure

Conclusion



A pragmatic natriuresis guided diuretic approach in patients with acute heart failure (AHF) significantly increases 24-hour natriuresis without impacting all-cause mortality or HF rehospitalisation.

Impact on clinical practice

Clinicians should consider natriuresis guided diuretic therapy as a first step to a personalised treatment approach in patients with AHF to improve decongestion.

Study objectives

The PUSH-AHF trial investigated the effectiveness of natriuresis guided diuretic therapy on natriuresis and clinical outcomes in patients with AHF.

Study population

Patients

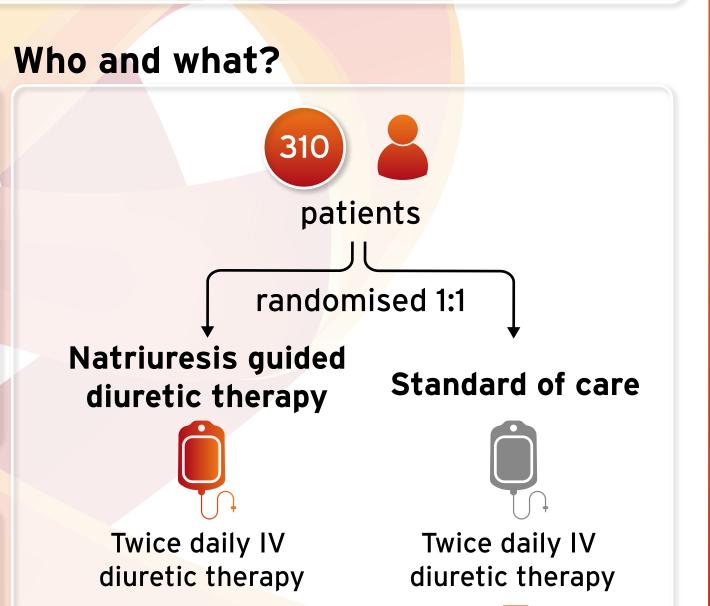
 AHF requiring treatment with intravenous (IV) loop diuretics

The inclusion and exclusion criteria were intentionally broad to enrol a contemporary, representative, all-comer AHF population.

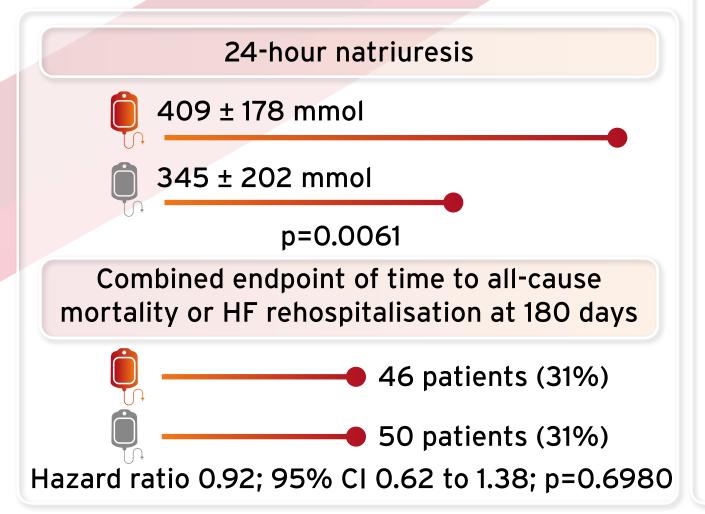
Where?



University Medical Centre Groningen, the Netherlands



Primary endpoints: p<0.025 for each was considered statistically significant



Spot urinary sodium determined at 2, 6, 12, 18, 24 and 36 hours after starting IV loop diuretics

Therapy intensified using a prespecified stepwise approach if response insufficient:

- spot urinary sodium
 <70 mmol
- and/or diuresis
 <150 ml/hour

Physicians blinded to urinary sodium levels

#ESCCongress

