Effects of FCM on recurrent HF hospitalisations
An individual participant data meta-analysis

**Primary endpoints**

- **Composite of total CV hospitalisations and CV death through 52 weeks of follow up**
  - Reduced with rate ratio 0.86 (95% CI 0.75 to 0.98) vs. placebo, p=0.029

**Secondary endpoints**

- **Total CV hospitalisations**
  - Reduced with rate ratio 0.83 (95% CI 0.73 to 0.96) vs. placebo, p=0.009

- **Total HF hospitalisations**
  - Reduced with rate ratio 0.84 (95% CI 0.71 to 0.98) vs. placebo, p=0.025

- **CV death**
  - No effect

**Study population**

Individual participant data were pooled from 3 randomised, placebo-controlled trials of FCM in adult patients with HF and iron deficiency with ≥52 weeks of follow up: CONFIRM-HF, AFFIRM-AHF and HEART-FID.

**Who and what?**

- 4,501 patients randomised in 3 trials
  - Intravenous FCM
  - Placebo

**Impact on clinical practice**

Intravenous FCM should be considered in iron-deficient patients with HF and reduced or mildly reduced LVEF to reduce the risk of hospitalisation due to HF and CV causes.

**Study objectives**

The meta-analysis evaluated the effects of FCM therapy on hospitalisations and mortality in iron-deficient patients with HF and reduced or mildly reduced LVEF.