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LETTER TO THE EDITOR

Response to ''Insights into real-world dapagliflozin treatment patterns in Portuguese patients with heart failure with reduced ejection fraction''

Resposta a Perspetivas sobre ''Padrões de tratamento com dapagliflozina no mundo real em doentes portugueses com insuficiência cardíaca com fração de ejeção reduzida''

Dear Editor,

We thank you for your interest in our article and the thoughtful comments regarding the EVOLUTION-HF study. We welcome the opportunity to clarify several of the points raised.[1] Regarding the baseline risk profile and external validity, baseline functional class and natriuretic peptide levels were reported in our study. Most patients were in New York Heart Association (NYHA) class II, and median NT-proBNP levels were lower than those reported in the DAPA-HF trial, suggesting a population with milder symptoms and lower baseline risk. This likely reflects real-world prescribing patterns during the early adoption of dapagliflozin in Portugal, when treatment may have been preferentially initiated in more stable outpatients. This may also help explain the high tolerability and low discontinuation rate observed. Concerning background guideline-directed medical therapy, our cohort already showed a high level of this therapy at baseline. During follow-up, we observed further optimization of therapy, including up-titration of beta-blockers, mineralocorticoid receptor antagonists, and angiotensin receptor-neprilysin inhibitors, together with a reduction in loop diuretic use. These findings reflect contemporary heart failure management strategies. They also suggest that dapagliflozin initiation occurred alongside ongoing optimization of foundational therapies in real-world clinical practice. With regard to renal function and tolerability, baseline renal function was collected and reported. Discontinuation due to adverse events was infrequent. Due to the retrospective design and the use of routinely collected clinical data, detailed renal function trajectories and early hemodynamic changes could not be consistently captured across all centers. We acknowledge this as a limitation and an area for future prospective studies. Finally, EVOLUTION-HF was designed primarily as a descriptive real-world study to characterize patient profiles and treatment patterns following dapagliflozin initiation, rather than to assess long-term clinical outcomes such as hospitalization or cardiovascular mortality. Larger prospective registries with longer follow-up and standardized data collection will be important to further evaluate clinical outcomes in real-world populations. We thank you for your interest in our work and the opportunity to further clarify these important points.

Conflicts of interest

The author has no conflicts of interest to declare.

Reference

1. Preeti L. Insights on ''Real-world dapagliflozin treatment patterns in Portuguese patients with heart failure with reduced ejection fraction''. Rev Port Cardiol. 2026;45.

Aurora Andrade

Serviço de Cardiologia, ULS do Tâmega e Sousa – Centro Hospitalar do Tâmega e Sousa – Hospital Padre Américo, Penafiel, Portugal
E-mail address: amvandrade@hotmail.com

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