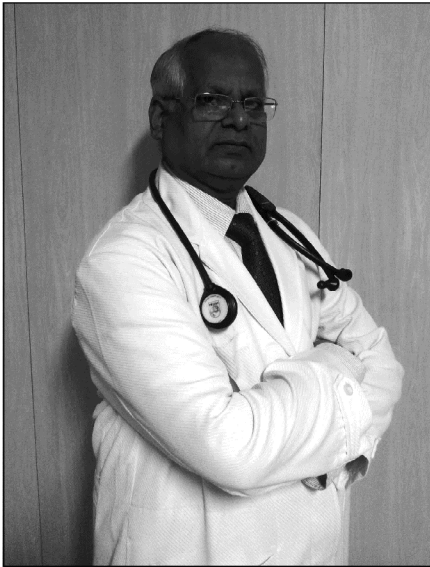


## *From The Editors Desk*



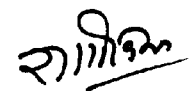
Dr R.K. Gokhroo

Worldwide there is increasing number of cases of heart failure irrespective of aetiology, mainly is chronic ischaemic heart disease cardiomyopathy, hypertensive heart disease viral myocarditis including. COVID and contributing to increase in mortality. The existing Guideline directed medical therapy (GDMT) used to treat these cases have been further strengthened with the addition of newer drugs including angiotensin receptor neprilysin inhibitors (ARNI) in the treatment basket.

The favourable response to ARNI has been documented across the full spectrum of heart failure from NYHA class II to NYHA class IV.

Sharma et al in their study (Clinical comparison of ACE inhibitors and ARNI (Sacubitril Valsartan) in heart failure patients with reduced ejection fraction) compared the clinical and non invasive parameters and found similar consistent findings of significant improvement in functional class and mortality in Indian context study on follow up.

This study further stamps the non inferiority of ARNI as compare to ACE and significant contribution towards the management basket of heart failure therapy. Hope fully this article contributes Indian experience in the management of heart failure with reduced ejection fraction and adds towards physician response to Guideline directed medical therapy (GDMT) for patient care at community level.



(R.K. Gokhroo)