Temporal Trends in Mineralocorticoid Receptor Antagonist Use Among Patients With Heart Failure in a Community-Based Cohort

Kaiser Permanente Research

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BACKGROUND

- **Mineralocorticoid receptor antagonists (MRAs)** have historically been underused in HFrEF due to concerns about hyperkalemia.
- The US FDA approved **finerenone**, a nonsteroidal MRA, for HFmrEF/HFpEF, following the favorable ***FINEARTS-HF*** trial on **July 14, 2025**.

METHODS

- Cohort included adults ≥18 years with HF and known EF in a large integrated health system from 2014–2024.
- LVEF was categorized as follows: HFrEF (≤40%), HFmrEF (41–49%), HFpEF (≥50%).
- Annual cohorts assembled with January 1 as index date.
- MRA use (steroidal) was defined as an active prescription within 120 days of index date.
- MRA ineligibility included K^+ >5.5 mEq/L, eGFR <30 mL/min/1.73m², or kidney replacement therapy.

RESULTS

- A total of 82,322 eligible adults with HF and known EF identified during the study period.
- Mean age 72±13 years; 43% female; 40% non-White (11% Black, 13% AANHPI), 15% Hispanic.
- LVEF distribution included 29% HFrEF, 13% HFmrEF, and 58% HFpEF.
- Baseline GDMT: RASi (74%), β-blockers (59%), MRAs (27%), and SGLT2i (13%).
- Overall MRA use (steroidal) rose from 23% to 39%; proportion ineligible remained stable at ~15%.
- Greater absolute MRA gains were observed in HFrEF and HFmrEF compared to HFpEF.

In a large diverse cohort, MRA use **increased from 23% to 39%** over 2014–2024, with greatest gains in HFrEF/HFmrEF, yet remained **substantially underutilized** compared with other GDMT classes.

FIGURE. Temporal Trends in MRA Use, Overall and by LVEF Category

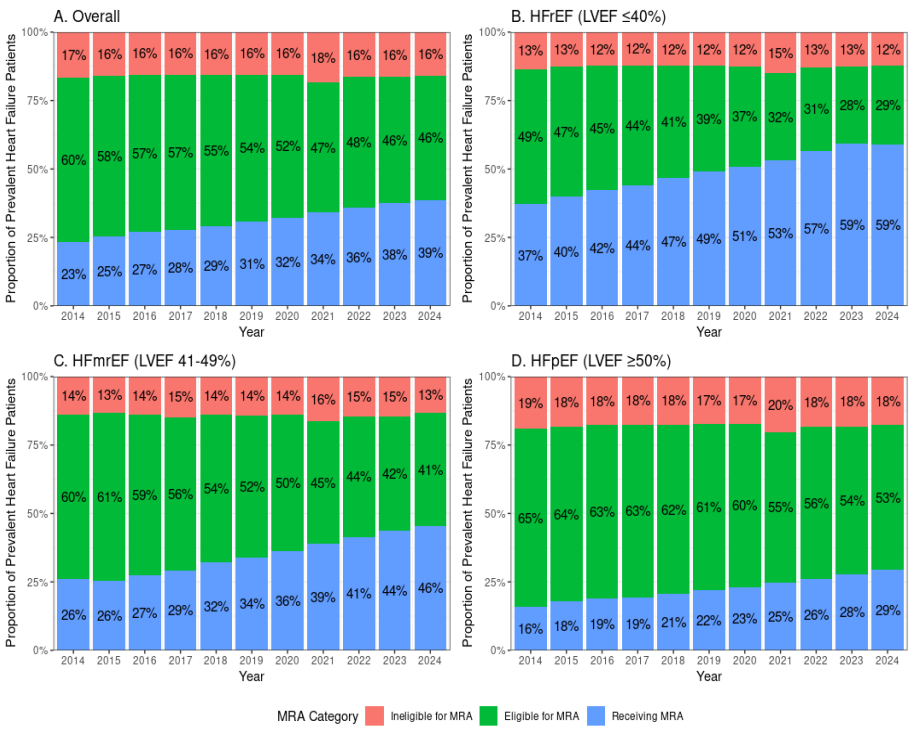

TABLE. Baseline Characteristics by MRA Status

Characteristics	Receiving MRA (N=21,823)	Eligible, Not on MRA (N=47,640)	Ineligible for MRA (N=12,859)
Age, years, mean (SD)	67.6 (13.4)	74.6 (12.6)	72.5 (14.1)
Female, n (%)	8,291 (38.0)	20,966 (44.0)	6,103 (47.5)
LVEF Category			
HFrEF (≤40%)	10,412 (47.7)	10,796 (22.7)	2,961 (23.0)
HFmrEF (41–49%)	2,892 (13.3)	5,920 (12.4)	1,452 (11.3)
HFpEF (≥50%)	8,519 (39.0)	30,924 (64.9)	8,446 (65.7)
ACEi/ARB/ARNi, n (%)	19,181 (87.9)	34,948 (73.4)	6,409 (49.8)
β-Blocker, n (%)	17,888 (82.0)	24,642 (51.7)	6,155 (47.9)
SGLT2i, n (%)	6,894 (31.6)	3,443 (7.2)	358 (2.8)
Diuretic, n (%)	18,879 (86.5)	38,852 (81.6)	9,473 (73.7)
BNP, ng/L, median (IQR)	228 (94–511)	268 (126–523)	487 (223–1058)

CONCLUSION

- MRA use (steroidal) increased across LVEF yet remained suboptimal.
- Future studies should evaluate the impact of optimal steroidal and nonsteroidal MRA implementation and develop interventions to improve uptake, particularly in HFpEF.

DISCLOSURE

This is an investigator-initiated study (IIS) funded by Bayer.