

# BEAUT/*f*UL

MorBidity-mortality EVAluation of the *If* inhibitor ivabradine in patients with coronary disease and left ventricULar dysfunction

*A step further in the management  
of stable coronary patients with ivabradine*



CardioVascular Research Foundation



UNIVERSITY OF ULSAN  
COLLEGE MEDICINE



ASAN  
Medical Center

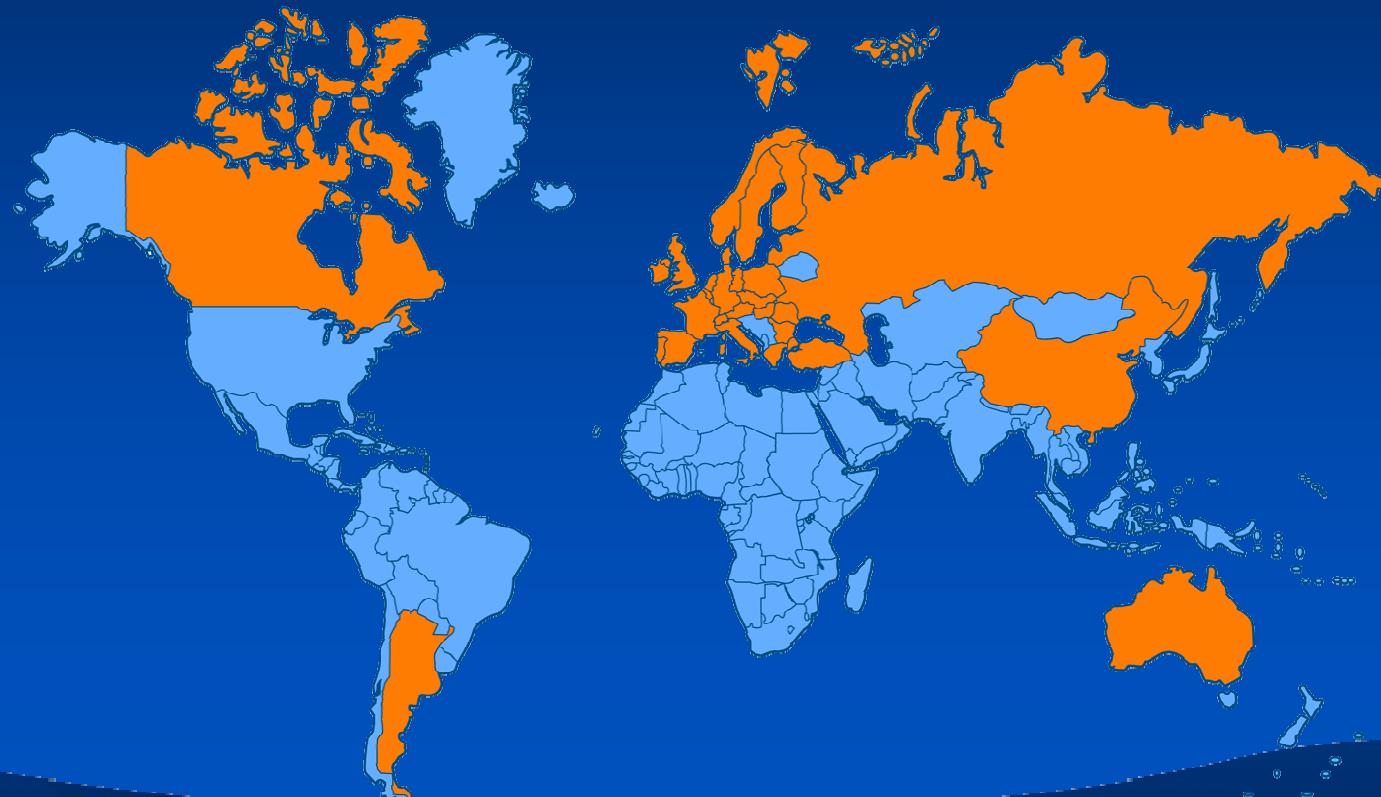
- In CAD patients, high heart rate is associated with higher mortality<sup>1</sup>
- CAD patients with associated LVD are at higher risk of mortality<sup>2</sup>
- Heart rate reduction could reduce mortality in CAD patients<sup>3</sup>
- Ivabradine is a pure heart rate reducing agent with proven antianginal and anti-ischemic efficacy <sup>4,5,6</sup>

1- Diaz A,et al. *Eur Heart J.* 2005;26:867-874. 2- Emond M. *Circulation.* 1994;90:2645–2657. 3- Cucherat Ml. *Eur Heart J.* 2007;28:3012-3019. 4- Borer JS, et al. *Circulation.* 2003;107:817-823. 5- Tardif JC,et al. *Eur Heart J.* 2009;30:540-548 6- Tardif JC et al. *Eur Heart J.* 2005;26:2529-2536.

# Worldwide study

0 917 participants with documented coronary artery disease  
and left ventricular dysfunction

781 sites in 33 countries across 4 continents



## Design of the study

**Ivabradine 5 mg → 7.5 mg bid**

- Multicenter (781 centers / 33 countries) randomized trial
- 10 917 patients with stable CAD and left ventricular dysfunction (EF <40%)
- Already receiving appropriate conventional cardiovascular medical therapy

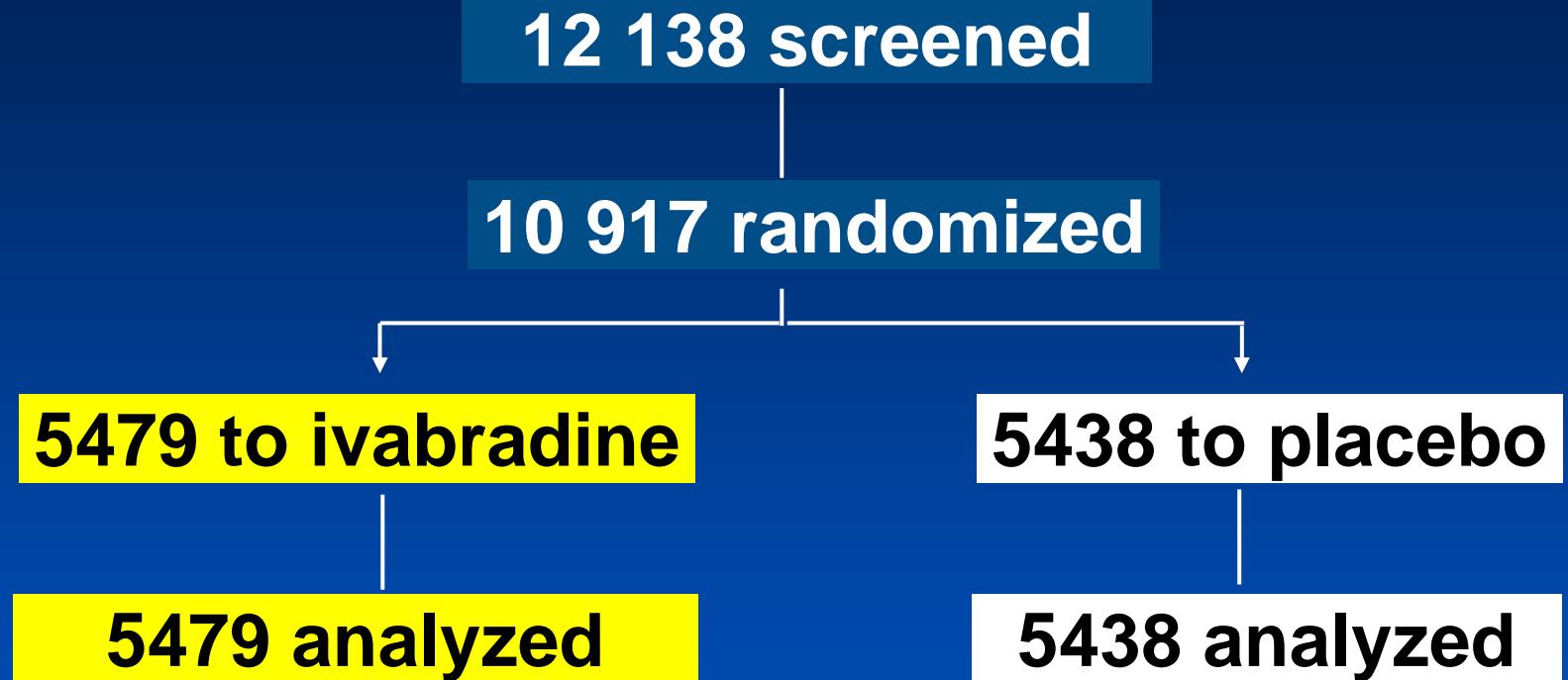
**Placebo bid**

**Visits**



**Follow-up for 12 to 35 months—median 19 months**

## Patients and follow-up



Median study duration: 19 months  
Maximum: 35 months

## Baseline characteristics

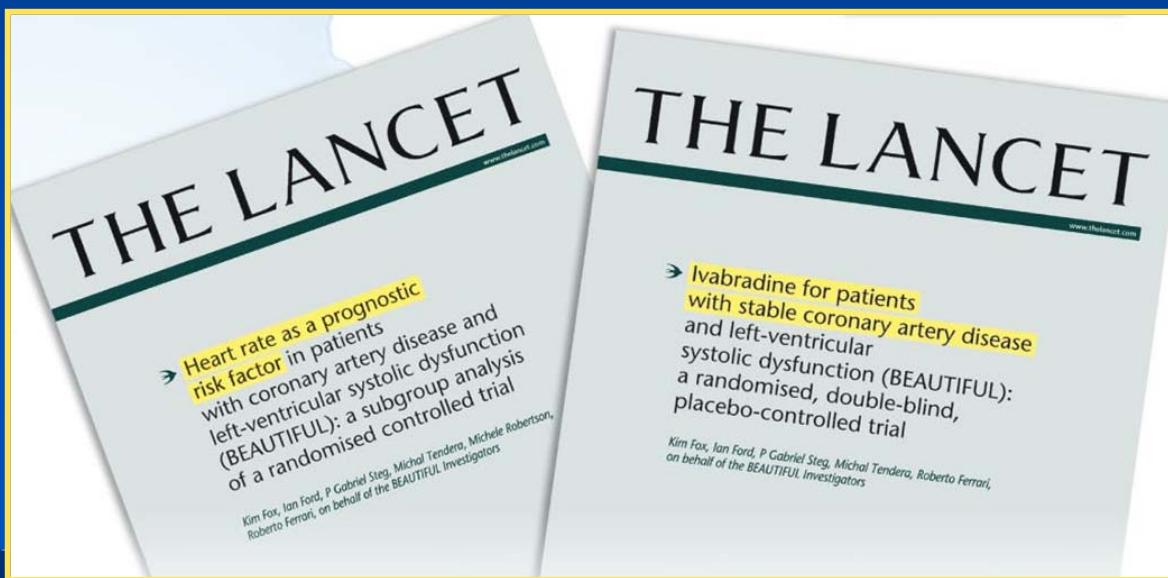
	Placebo	Ivabradine	All
<b>Time since CAD diagnosis (years)</b>	<b>8.2 (7.1)</b>	<b>8.1 (7.0)</b>	<b>8.2 (7.0)</b>
<b>Previous MI (%)</b>	<b>89</b>	<b>88</b>	<b>88</b>
<b>Time since last MI (years)</b>	<b>6.2 (6.0)</b>	<b>5.9 (5.7)</b>	<b>6.0 (5.9)</b>
<b>History of diabetes (%)</b>	<b>37</b>	<b>37</b>	<b>37</b>
<b>History of hypertension (%)</b>	<b>71</b>	<b>71</b>	<b>71</b>
<b>Previous coronary revascularization (%)</b>	<b>52</b>	<b>51</b>	<b>52</b>

Values in parentheses are standard deviations



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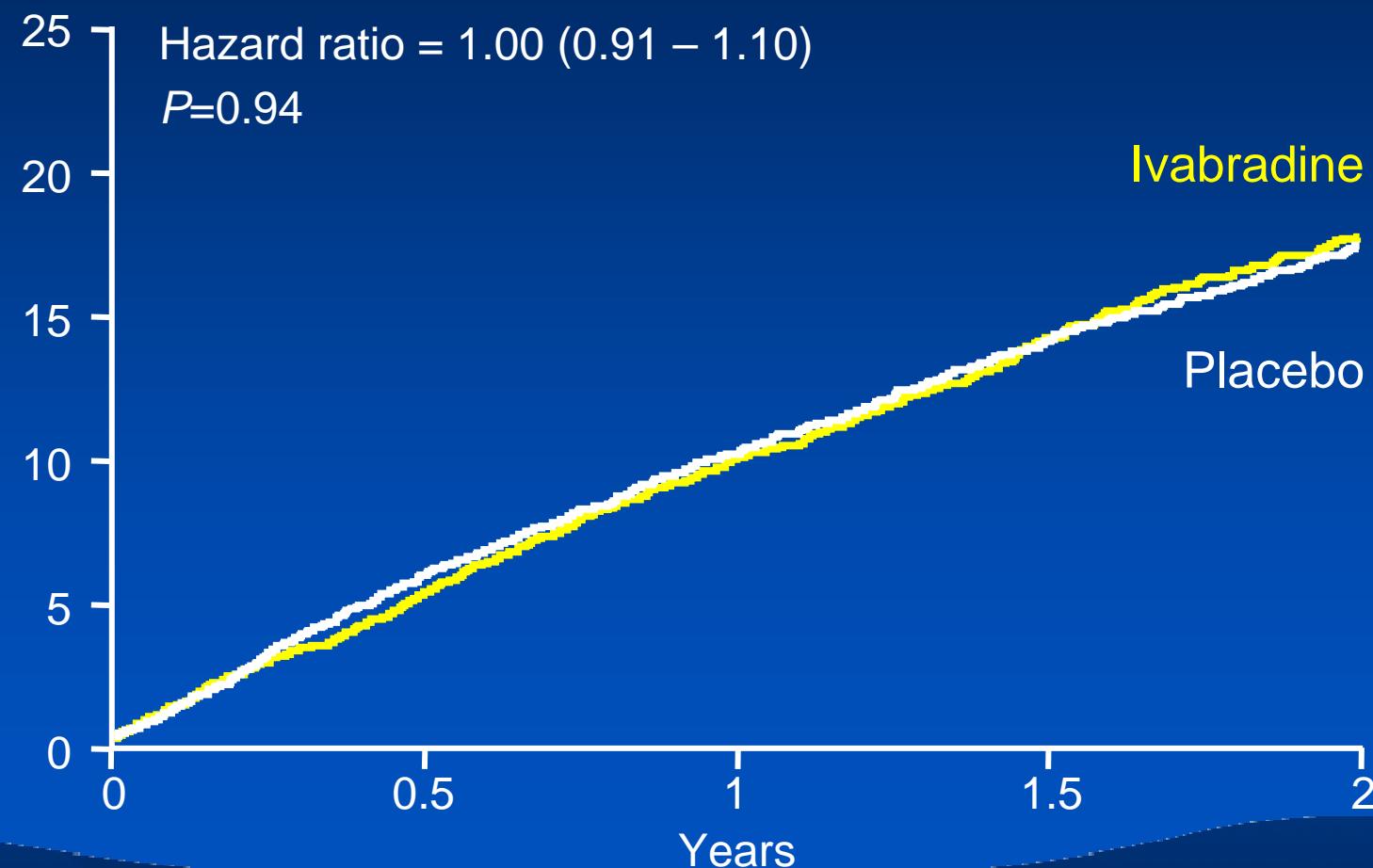
## Results



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# Effect of ivabradine on primary endpoint (Overall population)

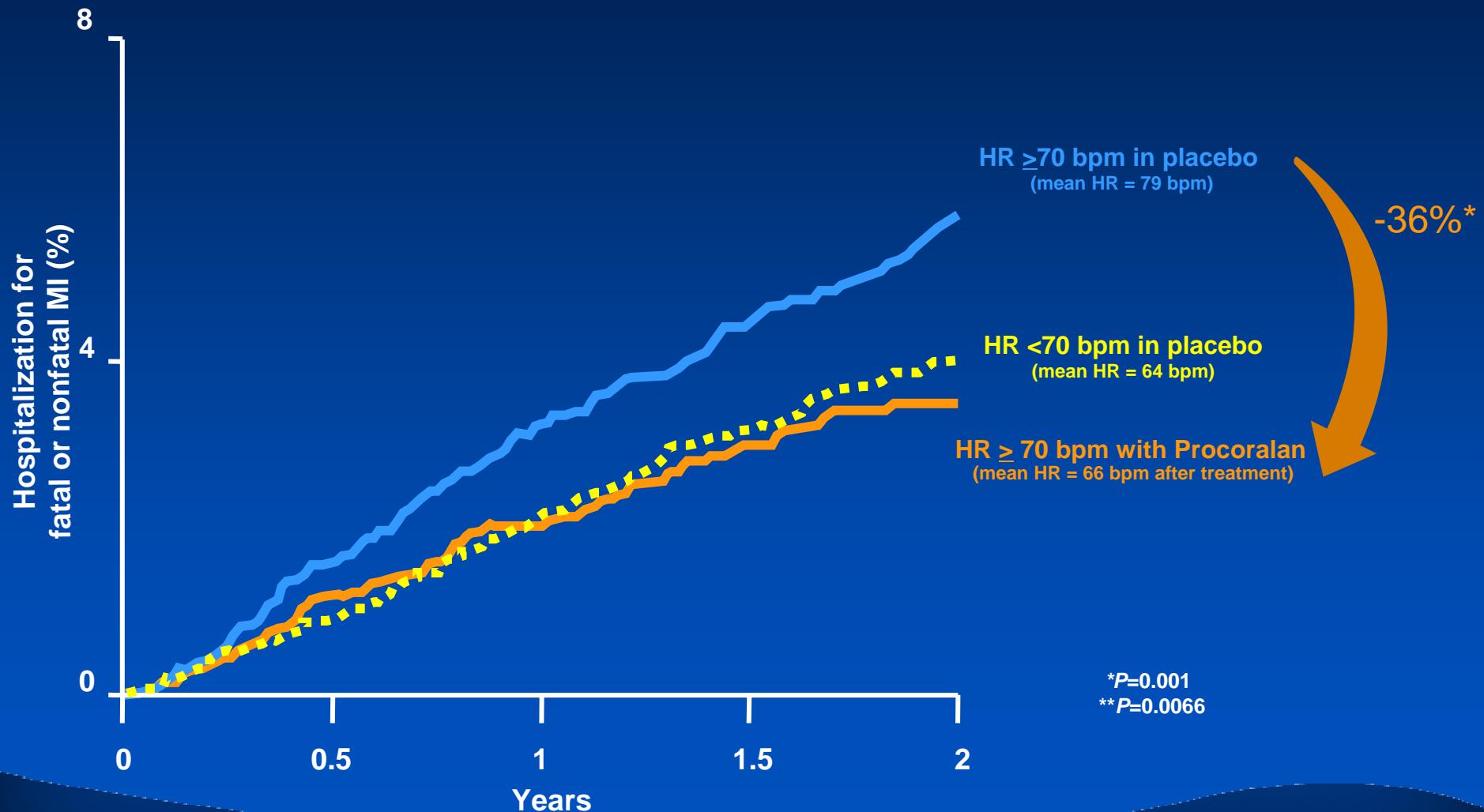
% with primary composite end point of CV death, hospitalization for acute MI, or for new-onset or worsening heart failure



Fox K et al. *Lancet*. 2008;372:807-816.

Predefined end point	Hazard ratio	Risk reduction	P value
Fatal MI	0.69	31%	0.114
Fatal and nonfatal MI	0.64	36%	0.001
Fatal and nonfatal MI or unstable angina	0.78	22%	0.023
Fatal and nonfatal MI, unstable angina, or revascularization	0.77	23%	0.009
Coronary revascularization	0.70	30%	0.016

# Ivabradine shifts the patients from high risk to low risk

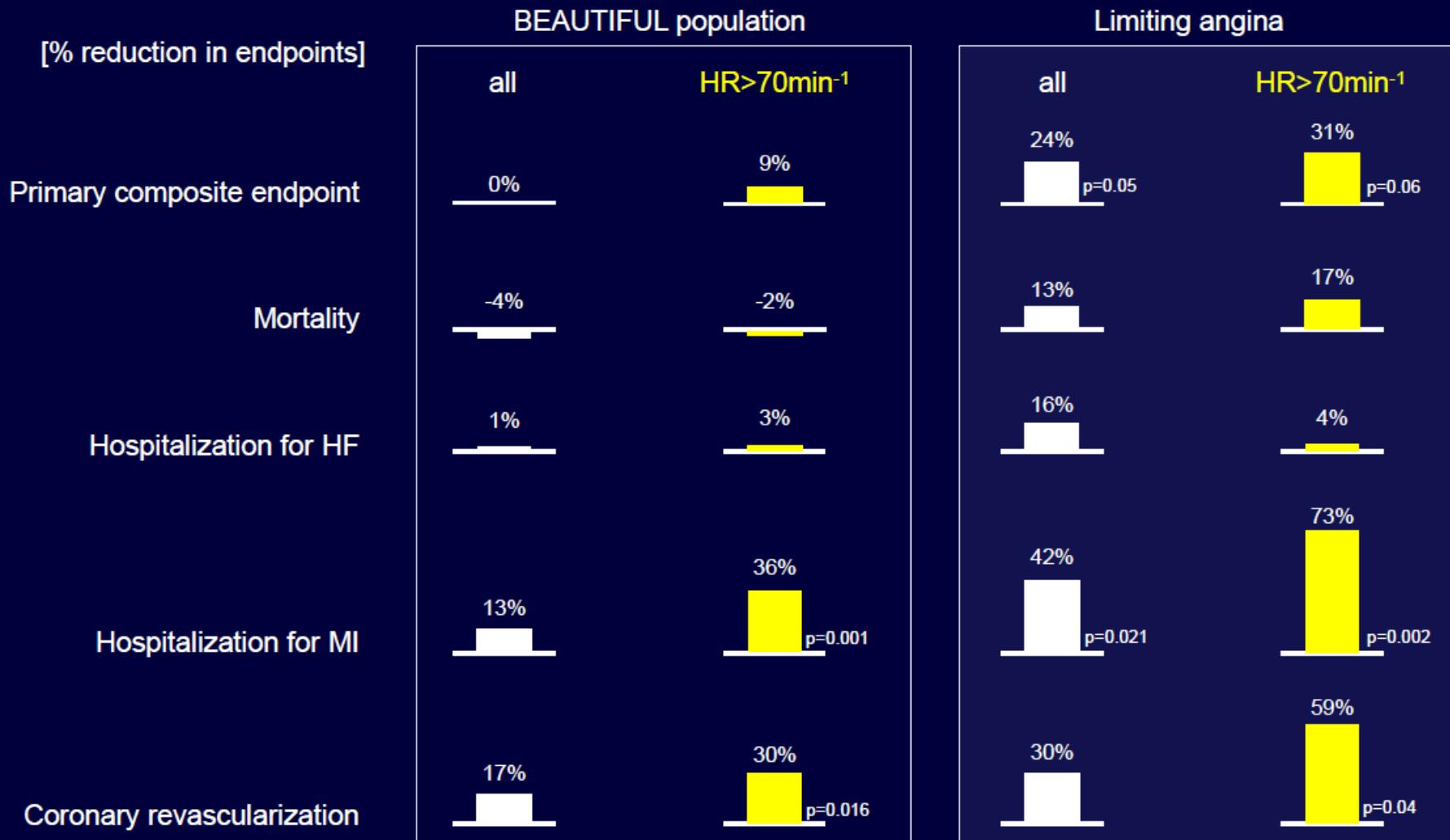




Patient



# Protection by ivabradine from ischemia, not heart failure endpoints





## Mechanism(s) of ivabradine's pleiotropic action

- Anti-oxidant effect
- Reduction of sodium influx, secondary sodium-calcium exchange and ultimate calcium overload

**Mechanistic studies required !**