



CLINICAL INSIGHTS

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Differential Outcomes with Empagliflozin and Dapagliflozin in Heart Failure with Mildly Reduced Ejection Fraction

Mortada I et.al, Am J Cardiol. 2026 Apr 23;271:13-19.

- Sodium-glucose cotransporter-2 (SGLT2) inhibitors improve outcomes in heart failure (HF), yet comparative effectiveness between individual agents in heart failure with mildly reduced ejection fraction (HFmrEF) remains limited.
- Retrospective cohort study using the TriNetX Global Collaborative Network electronic health record database. Adults (≥ 18 years) with HF and left ventricular ejection fraction (LVEF) 41–49% initiating empagliflozin or dapagliflozin between September 2021 and December 2025 were included.
- In the matched cohort, empagliflozin was associated with lower all-cause mortality (HR 0.75, 95% CI 0.59–0.96), substantially fewer hospitalizations (HR 0.61, 95% CI 0.55–0.67), and HF exacerbations (HR 0.64, 95% CI 0.57–0.73) compared to dapagliflozin.
- These findings suggest potential heterogeneity in clinical effectiveness among SGLT2 inhibitors in HFmrEF and warrant confirmation in prospective comparative studies.

In this large real-world HFmrEF population, empagliflozin was associated with lower mortality, hospitalization, and HF exacerbation compared with dapagliflozin, with no significant difference in UTI risk.

