



Waitematā
District Health Board

Best Care for Everyone

Medicines for heart failure

What you need to know

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Information

Contact North Shore or Waitakere Hospital (09) 486 8920 and ask for the Cardiology Service if you want this information in Chinese, Korean or Samoan.

An interpreter can be arranged for clinic appointments if you need one.

For 24-hour health advice, contact Healthline 0800 611 116 or visit www.healthline.co.nz

For further resources, visit www.healthnavigator.org.nz or www.mymedicines.co.nz and the Heart Foundation www.heartfoundation.org.nz

Ask questions

This booklet may not tell you everything you'd like to know about your medicines.

Talk to your doctor, pharmacist or nurse if you do not understand or want to know more.

Glossary of terms

Diarrhoea	Loose bowel motion (stool)
Herbal supplements	Natural remedies, vitamins or minerals
Nausea	Feeling as if you might vomit
Potassium	Natural chemical in your body and some foods
Side effect	An unintended effect from taking a medicine

What is heart failure?

You have been given this booklet because your heart is not working well. Your heart is a muscle that pumps blood around your body.

Heart failure is sometimes called congestive heart failure (CHF), cardiac impairment or chronic heart failure.

Heart failure does not mean that your heart is about to stop. Heart failure can be diagnosed when the heart's main pump is weak or stiff, or if there are problems with the heart valves. Problems with heart rhythm can make heart failure worse. Not all individuals with heart failure have the same problem.

Some people with heart failure may not have any symptoms, since their heart function is good enough for everyday requirements.

Others might only have shortness of breath with activity, because their hearts cannot meet the requirements of exercise.



As heart failure progresses, the body's adaptive mechanisms cause the kidneys to retain salt and water which leads to accumulation of fluid. The extra fluid can accumulate in the lungs when you are lying flat at night and cause more problems, such as shortness of breath with activity. The extra fluid can accumulate elsewhere and cause ankle-swelling or fluid accumulation in the abdomen.

Managing heart failure includes making lifestyle changes, controlling fluid intake and taking regular medicines. It also involves checking weight (to monitor fluid accumulation) and, if necessary, taking diuretic medicines to make the kidneys pass more water and get rid of excess fluid.

Reduced function of the main pump of the heart will require treatment with medicines. Most people need to take ACE inhibitors or ARBs and beta blockers, and sometimes eplerenone or spironolactone. This booklet gives you information about these medicines and others that are commonly used to treat heart failure when there is weakness of the main pump of the heart.

Why are there several types of medicine for heart failure?

Most people with heart failure need to take several types of medicine because each of them works in a different way.

Your medicines will:

- help to control your symptoms
- make you breathe more easily
- help your heart work better
- increase your survival.

Your doctor may need to start you on some or all of the medicines in this booklet.

Your doctor may slowly increase the amount (dose) of some of your medicines. It may take a few weeks to find the right mix of medicines and doses to make you feel better.

It is important that you:

- take your medicines every day – even when you are feeling well
- take your medicines as prescribed or they will not work as well
- don't miss doses or miss getting a refill of your prescription.



Medicines used for heart failure

The following pages give you some brief information about the medicines used for heart failure and tips to help you take them. If you want to know more about your medicines, please ask your pharmacist or doctor.

Is there anything you should avoid?

Talk to your doctor or pharmacist before you use any other medicines including herbal, traditional or natural remedies and medicines that you might buy for pain relief. The medicines listed below are known as non-steroidal anti-inflammatory drugs. They can affect your kidneys and make your heart failure worse.

Medicine name	Brand name(s)
Celecoxib	Celebrex [®] , Celostea [®]
Diclofenac	Apo-Diclo [®] , Diclohexal [®] , Voltaren [®]
Etoricoxib	Arcoxia [®]
Ibuprofen	Advil [®] , Brufen [®] , Ibugesic [®] , I-Profen [®] , Nurofen [®]
Mefenamic acid	Ponstan [®]
Naproxen	Naprosyn SR [®] , Noflam [®]

Do not use salt substitutes such as NoSalt[®], Salt Substitute[®], and Lite Salt[®]. These products have potassium in them and some medicines for heart failure also increase the amount of potassium in your body.

Many people need to limit the amount of fluid they drink each day to help control their heart failure symptoms. **Talk to your doctor or nurse about the amount of fluid you should be drinking each day.**

ACE inhibitors (angiotensin-converting enzyme inhibitors) and ARBs (angiotensin receptor blockers)

ACE inhibitors relax blood vessels, making it easier for the heart to pump blood around the body and reducing fluid retention. ACE inhibitors will improve your symptoms, your health and wellbeing. ACE inhibitors also lower blood pressure and this can limit the dose that you can tolerate before you become light-headed.

ARBs (candesartan and losartan) have the same effect as ACE inhibitors but work in a slightly different way.

Names of some ACE inhibitors and ARBs

Medicine name	Brand name(s)
Candesartan	Atacand® Candestar®
Cilazapril	Zapril®
Enalapril	Renitec®
Lisinopril	Arrow-lisinopril®
Losartan	Cozaar®
Perindopril	Apo-Perindopril®
Quinapril	Accupril®

Some of these medicines have a diuretic (to remove excess water) added to them in the same tablet. These include Accuretic®, Apo-Cliazapril/Hydrochlorothiazide® and Hyzaar®.

Entresto® (sacubitril and valsartan)

Entresto® is a combination medicine used to treat some types of heart failure. It contains a neprilysin inhibitor, called sacubitril, and an ARB called valsartan. If you are changing to Entresto® from an ACE inhibitor, you need to wait at least 36 hours after your last dose before starting. Entresto needs to be taken twice daily.

When you first start an ACE inhibitor or ARB

You may feel dizzy and faint, especially after your first dose. Get up slowly; take a few minutes to sit on your bed or on a chair first. Your body should get used to the medicine in a few days. **You will start with a low dose and then increase it slowly over a few weeks.** Ask your doctor when it is time to increase your dose. You will need regular blood tests to check your kidneys, and your potassium level.

What are some of the side effects?

Some people may get:

- a headache
- nausea or vomiting
- dizziness or faintness
- a rash (rare)
- a change in taste (rare).

Tell your doctor if any of these things happen to you. Sometimes these side effects happen straight away, sometimes they happen months later. If you are taking an ACE inhibitor and get a dry cough, let your doctor know, you may be changed to an ARB (candesartan or losartan) or Entresto®.

Some side effects can be serious but are rare. Phone your doctor straight away if your lips, throat or tongue swell up.

Beta blockers

Beta blockers are medicines that block adrenaline from damaging the heart pump and causing electrical disturbance cardiac arrest. They also lower blood pressure and slow the heart rate. They help improve heart function and survival rates.

Names of beta blockers used for heart failure

Medicine name	Brand name(s)
Carvedilol	Dilatrend [®] , Dicarz [®]
Bisoprolol	Bosvate [®]
Metoprolol	Betaloc CR [®] , Lopresor [®] , Myloc CR [®]

You may be taking a different beta blocker such as atenolol, celiprolol (Celol[®]) or sotalol (Sotacor[®]).

Before you start a beta blocker

Tell your doctor if you have asthma because beta blockers might make it worse.

When you first start a beta blocker

- It can take a while for you to feel better – usually a few months.
- **You will start with a low dose that will be slowly increased over the next few weeks;** ask your doctor when it is time to increase your dose.

Please do not suddenly stop your beta blocker or your heart failure will get worse. This can be dangerous. Talk to your doctor if you have any concerns about taking your medication.

What are some of the side effects?

When you first start a beta blocker, or have your dose increased, you may feel tired or have other side effects for a few days. These side effects usually go away.

Tell your doctor if you get any of these feelings or if they do not go away:

- cold hands and feet
- dizziness or tiredness
- nightmares or sleep problems
- constipation or diarrhoea
- rash or itching
- depression
- nausea
- impotence or erectile dysfunction.

Some side effects can be serious but are rare. Phone your doctor straight away if you are wheezing or feel as if you might faint.

Sometimes, when you start a beta blocker, it can make your heart failure a little worse. If this happens, your doctor may need to change your dose.



Eplerenone and spironolactone

Eplerenone (Inspra®) and spironolactone (Spiractin® Spirotono®) help to reduce symptoms and improve survival in patients who have heart failure because of weak heart muscle. These medicines have a weak diuretic effect and will help to rid your body of extra fluid.

What are some of the side effects?

- Upset stomach or diarrhoea.
- Rash.
- Leg cramps at night.
- Headaches.
- Confusion.
- In men – breast tenderness and/or enlargement with spironolactone.

You will need to have regular blood tests to check your kidneys and the potassium level in your blood. You will need a blood test after the first week, again in another four weeks, and then every three months.

If you are vomiting or have diarrhoea:

- stop taking this tablet
- drink more fluids, especially water
- do not start your tablet again until two days after the diarrhoea has stopped.

If you have diarrhoea for more than three days, see your doctor.

Other diuretics or ‘water tablets’

Diuretics help remove extra fluid from your body by making you go to the toilet (pass urine) more often.

This should help you to feel more comfortable and breathe more easily because you will have less fluid around your chest, feet, ankles and stomach.

The best way to know if your diuretic is working is to weigh yourself at the same time each day (see *Action Plan* on the back cover).

Tips for taking your diuretic

- Diuretics are usually taken in the morning. Some people need a second dose at lunchtime
- Get to know how long it takes for your tablet to work after you have taken it, then you can plan your day around it.

Names of common diuretics

Medicine name	Brand name(s)
Bendroflumethiazide	Arrow-bendrofluazide®
Bumetanide	Burinex®
Chlortalidone	Hygroton®
Furosemide	Diurin®, Urex forte®
Metolazone	Metenix®, Zaroxolyn®

What are some of the side effects?

Tell your doctor if you have any of the following problems:

- dizziness
- extreme thirst
- constipation
- dark-coloured urine
- you may need to have a smaller dose.

Also:

- if you have diabetes, diuretics raise your blood sugar levels
- diuretics may cause gout or make it worse
- your doctor will order blood tests to check electrolytes(sodium and potassium) in your blood because most diuretics cause your body to lose sodium and potassium.



Digoxin

Digoxin (Lanoxin®) is mainly used for people who have an irregular heartbeat called atrial fibrillation (AF).

What are some of the side effects?

You will need regular blood tests to make sure that you are taking the right dose.

Phone your doctor if you:

- have diarrhoea, nausea and vomiting or stomach pain
- feel dizzy or confused
- notice things start looking blurred or yellow
- have a feeling of pounding in the chest (palpitations).

You may need your digoxin dose changed.

Is there anything you should avoid?

Talk to your pharmacist or doctor before you use any other medicines including herbal, traditional or natural remedies. Do not take:

- antacids, such as Quickeze® or Mylanta®, at the same time as digoxin. **If you need them, take them 1 or 2 hours before or after you take your digoxin**
- **some antibiotics and medicines for pain relief can affect the amount of digoxin in your blood; talk to your pharmacist or doctor about this.**

Amiodarone

Amiodarone (Cordarone X®) may be used to control an irregular heartbeat, before you start taking other heart failure medicines.

What are some of the side effects?

You will need to have regular blood tests before you start amiodarone (and while you are taking it) to check your liver and thyroid function. You will also need to have your heart checked. Your doctor may recommend eye tests and some people may need to have their lungs checked with a chest X-ray.

Phone your doctor if you:

- have diarrhoea, nausea and vomiting or stomach pain
- have dark coloured urine and notice your eyes look yellow
- notice changes with your eyesight
- have a dry cough or feel breathless
- have a feeling of pounding in the chest (palpitations).

Is there anything you should avoid?

- Wear sunscreen and cover up when outside in the sun.
- Do not have grapefruit and grapefruit juice because it can change the way amiodarone works inside your body.

Other things you can do to keep healthy

- If you are a smoker, get support to stop. This will halve your risk of heart disease within a year, and reduce your risk of having a heart attack. Using Nicotine Replacement Therapy (NRT) will increase your chance of quitting and lessen your withdrawal symptoms. To find your local stop smoking service, visit www.smokefree.org.nz or call **0800 778 778** or text **4006**.
- Have a healthy diet and **do not add salt as this can cause fluid to build up**.
- Exercise most days of the week, as you feel comfortable.
- Keep a healthy weight.
- Reduce stress.
- Limit the amount of alcohol you drink.
- Take the medicines prescribed by your doctor.
- If you get worse, follow your *Heart Failure Action Plan* (see back cover).



Tips to help you with your medicines

- Take your medicines at meal.
- Ask your pharmacist to put your medicines in a blister pack - or use a pill organiser box (from your pharmacy).
- Keep a list of your medicines and when to take them (or use a *yellow card*).
- Ask your doctor or pharmacist to list your medicines on a yellow card.

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Please bring this when you go to....

- ◆ your doctor
- ◆ your pharmacy
- ◆ your specialist(s)
- ◆ outpatient clinics & hospital
(please bring all your medications too)
- ◆ emergency clinics
- ◆ your dentist

and when you travel

Name: _____

Allergies: _____

GP's name: _____

Usual Pharmacy: _____

Date of card: _____

Keep your card up-to-date. If your medications or doses change don't forget to up-date your card.

Card ___ of ___

Take your medicines list or yellow card whenever you go to the pharmacy, doctor, hospital and if you go away on holiday.

What should you do if you forget your medicines?

- It is important that you remember to take your medicines.
- **If you do forget, take it as soon as possible.**
- Do not take double doses at the same time.
- **If it is almost time for your next dose, don't take the dose you missed; wait and take your next dose at your normal time.**

What if you think you have other side effects?

If you think one of your medicines is giving you a side effect that is not in this booklet, talk to your doctor or pharmacist.

What if any of your medicines look different or the names change?

- Talk to your pharmacist or doctor if the name on your medicine packet or bottle has changed, or if your medicine looks different.
- Check you have received the correct medicine before you leave the pharmacy.

How should you store your medicines?

- Keep your medicines in a cool, dry place; do not leave them in places that get sun or in the bathroom where it can be damp.
- **Keep them out of reach and out of sight of children.**
- Return your unused or expired medicines to a pharmacy to dispose of safely.

Heart Failure Action Plan

If you do not have an Action Plan – ask your doctor or nurse for one. It is important to check your weight and symptoms every day. Weigh yourself first thing in the morning after you have been to the toilet (passed urine) and before you get dressed.

Start your Action Plan if:

- your weight increases unexpectedly by 2kg (4lb)
- you are experiencing more shortness of breath
- you wake up at night short of breath
- your ankles or stomach start to swell
- you feel generally unwell (less energy and loss of appetite).

Your Action Plan

- Follow your doctor’s advice (below)
- Reduce activity and rest
- Reduce the amount of fluid you drink

Your doctor may tell you to increase the amount of diuretic (water pill) you take for a short time.

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See your doctor if you do not improve within two days of starting your Action Plan.

DISCLAIMER: This Action Plan is intended to assist with the management of heart failure in consultation with your doctor or health care professional. This is not a substitute for individual medical advice.

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