



Waitemata
District Health Board

Best Care for Everyone

Medicines for heart failure

What you need to know

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Information

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

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 Health Navigator www.healthnavigator.org.nz and the Heart Foundation www.heartfoundation.org.nz

Any questions?

This booklet does not tell you everything about your medicines.

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

Glossary of terms

Confusion	Getting mixed up or muddled
Diarrhoea	Loose bowel motion
Dizzy	Light-headed
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 pump that pumps blood around your body.

‘Heart failure’ does not mean that your heart is about to stop. But if it is not working well, it will not be able to meet all your body’s needs. Many people with heart failure get short of breath, tired, and get fluid build up in their ankles, legs, chest and stomach.

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

Managing heart failure includes checking weight and making lifestyle changes, and taking regular medicines. Most people need to take ACE inhibitors and beta blockers, and sometimes spironolactone. This booklet gives you information about these medicines and others that are commonly used to treat heart failure.

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 your heart work better
- Make you breathe more easily
- Improve 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 medicine 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.

Non-steroidal anti-inflammatory drugs	
Medicine name	Brand name(s)
Diclofenac	Apo-Diclo® Diclax-SR® Diclohexal® Voltaren®
Ibuprofen	Advil® ACT-3® Brufen® Ibugesic® I-Profen® Nurofen®
Mefenamic acid	Ponstan®
Naproxen	Naprosyn® Naxen® Noflam®

Do not use salt substitutes such as NoSalt®, Salt Substitute®, and Lite Salt® because 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 to make it easier for the heart to pump blood around the body. ACE inhibitors will improve your symptoms and improve your survival. 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® Cardosart®
Cilazapril	Zapril®
Enalapril	Renitec®
Lisinopril	Arrow-lisinopril®
Losartan	Cozaar®
Quinapril	Accupril®

Some ARBs have a diuretic medicine (to remove excess water) added to them in the same tablet. These include Hypocart® and Hyzaar®.

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 their 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).

**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 to improve heart function, and improve your survival.

Names of beta blockers used for heart failure

Medicine name	Brand name(s)
Carvedilol	Carvelol® Dilatrend® Dicarz®
Bisoprolol	Bosvate®
Metoprolol	Betaloc CR® Lopresor® AFT-Metoprolol 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 your asthma 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** then **slowly increase** it 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

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.



Spirolactone

Spirolactone (Spiractin® Spiroton®) helps to reduce symptoms and improve survival in patients who have heart failure because of weak heart muscle. Spirolactone has a weak diuretic effect, so will also help to rid your body of extra fluid.

What are some of the side effects?

- Upset stomach or diarrhoea
- Rash
- Leg cramps at night
- Headache
- Confusion
- In men – breast tenderness and/or enlargement

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, then again in another 4 weeks, and then every 3 months.

If you are vomiting or have diarrhoea

- Stop taking this tablet
- Drink more fluids, especially water
- Do not start your tablet again until 2 days after the diarrhoea has stopped

If you have diarrhoea for more than 3 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 water) 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).

Names of common diuretics

Medicine name	Brand name(s)
Bendroflumethazide	Neo-Naclex® Arrow bendrofluazide®
Bumetanide	Burinex®
Chlorthalidone	Hygroton®
Frusemide (furosemide)	Diurin® Urex forte®
Metolazone	Metenix®

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 this

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 check your potassium levels because diuretics can cause your body to lose potassium



Digoxin

Digoxin (Lanoxin®) is mainly used for people who have an irregular heart beat 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 (Aratac® Cordarone X®) may be used to control an irregular heart beat, 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.

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.

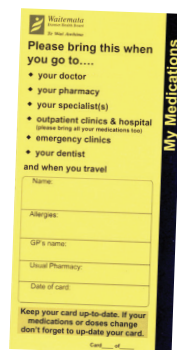


Other things you can do to keep healthy

- Do not smoke
- 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 (back page)

Tips to help you with your medicines

- Take your medicines at meal times to help you remember
- Ask your pharmacist if they can 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



Take your medicines list or yellow card with you whenever you go to your pharmacy, doctor, to 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 them 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 your 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 that you check your weight and symptoms every day.

Weigh yourself first thing in the morning after you have been to the toilet (passed water) and before you get dressed.

Start your Action Plan if

- Your weight increases unexpectedly by 2kg (4lb)
- You are getting more short 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.

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.