Ask the Pharmacist
Taking Drugs in Heart Failure, What You Need to Know

What's the Good News?

There are many medications that have been proven to help people just like you live better and longer lives.

Am I a Victim?

After finding they have heart failure some people feel powerless and hopeless. While there are many things that you need to do in order to extend your life, you have options. Listen to what your caregivers say. Ask questions and let them know how you feel. Feel comfortable with the choices that are being made, and then stick with them. If something isn't working, don't hide away, speak up.

What are the Commonly Used Drugs?

- Angiotensin Drugs
- Beta-blockers
- Diuretics

Each drug class has important benefits. If you are not on one drug from each of these drug classes, ask your caregivers why.

These drugs can't work unless you take them as directed.

What do We Want?

We want you to succeed! Work with us and let's do it together.

Angiotensin Drugs:

Drugs:
ACE Inhibitors: (end in –pril) Captopril, lisinopril, enalapril, monopril, ramipril
ARBs: (end in –sartan) Losartan, valsartan, candesartan, irbesartan

Benefits: Fewer symptoms, slower worsening of heart failure, fewer heart rhythm disturbances, longer life.

How they Work: While you never get back heart muscle lost in heart failure, you can slow down the continued heart damage. You need to block the bad effects of angiotensin II on your heart and
kidneys and make it easier to pump blood out of your heart by making the arteries in your body widen. Angiotensin drugs help do this.

**Side Effects:**

*All Drugs:* Dizziness (low blood pressure, get up a little slower when sitting or lying down), passing out (very rare but serious), no urine (very serious). Tell your doctor right away if you have these side effects.

*ACE Inhibitors:* Dry nagging cough (not serious but annoying, tell doctor, an ARB might be better). Coughs with green phlegm or fluid coughs are not due to ACE inhibitors.

**Special Notes:** If you are on an ACE inhibitor and get a dry nagging cough, tell your clinician, an ARB could give you similar benefits without the risk of cough. If you are already on an ACE inhibitor and a beta-blocker and your blood pressure is still pretty good, there are additional benefits from adding an ARB to those drugs.

**Beta-Blockers:**

*Drugs:* (End in –olol) metoprolol, carvedilol, bisoprolol, nebivolol

*Benefits:* Fewer symptoms, slower worsening of heart failure, fewer heart rhythm problems, longer life.

*How it Works:* Chemicals like adrenaline stress your heart and make it run poorly. Blocking these chemicals with beta-blockers shields your heart and over time makes your heart run better with less stress.