



Waitemata
District Health Board

Te Wai Awhina



Heart Failure Medicines

Kia mataara – kia ora
Be vigilant – be well

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Information

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

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

For health advice 24hours/day, contact Healthline at **0800 611 116** or visit www.healthline.co.nz

For further resources, visit Health Navigator at www.healthnavigator.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 something 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 muscular pump that pumps blood around your body.

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

Heart failure is sometimes called 'congestive heart failure', 'cardiac impairment' or 'chronic heart failure'.

Managing heart failure includes taking regular medicines, checking weight and making lifestyle changes. This booklet gives you information on medicines 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 be on several types of medicine, as each works in a different way. Using them together produces the best results.

Your medicines will:

- Help your heart work better
- Make you breathe more easily

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 them as your doctor has asked, or they won't work as well
- Do not 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.

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

ACE inhibitors work by lowering blood pressure and relaxing blood vessels to make it easier for the heart to pump blood around the body.

ARBs (candesartan and losartan) have the same effect as ACE inhibitors but work in a slightly different way. You may be given an ARB together with your ACE inhibitor if it is not having the desired effect.

Names of some ACE inhibitors and ARBs

Medicine name	Brand name(s)
Candesartan	Atacand®, Candestar®
Captopril	Apo-Captopril®, Capoten®
Cilazapril	Inhibace®, Zapril®
Enalapril	Renitec®
Lisinopril	Privilin®
Losartan	Cozaar®, Lostaar®
Quinapril	Accupril®

There are some ACE inhibitors and ARBs that also have a diuretic (to remove excess water) in them, e.g. Inhibace Plus®, Accuretic®, Hyzaar®.

When you first start on 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 within the first few days. Your doctor will **start you on a low dose**, then slowly **increase it** over a few weeks.

You will need to have regular **blood tests** to check your kidneys. This is because a small number of people have problems with their kidneys when they take these medicines.

What are some of the side effects?

All medicines have some side effects, but most people will not experience them.

Some people may find that they 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.**

Is there anything you should avoid?

Talk to your doctor or pharmacist before you use any other medicines, including medicines that you may buy for pain relief and gout (see over). These medicines could make your heart failure worse.

Avoid salt substitutes such as NoSalt[®], Salt Substitute[®] and Lite Salt[®]; these products have potassium in them. ACE inhibitors and ARBs also increase the amount of potassium in your body.

Medicine name	Brand name(s)
Diclofenac	Apo-Diclo®, Cataflam®, Diclax-SR®, Flameril®, Voltaren®, Voltfast®
Ibuprofen	ACT-3®, Brufen®, Ibucare®, I-Profen®, Nurofen®, Panafen®
Mefenamic acid	Ponstan®
Naproxen	Naprogesic®, Naprosyn®, Naxen®, Noflam®, Sonaflam®, Synflex®

Question to ask your doctor later... Is it time to increase my dose?

Beta blockers

Beta blockers are medicines that help to:

- Lower blood pressure
- Slow the heart rate
- Make it easier for the heart to pump blood

Names of beta blockers used for heart failure

Medicine name	Brand name(s)
Carvedilol	Dilatrend®
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 your asthma worse.

When you first start on a beta blocker

It can take a while for you to feel better – usually a few months.

Your doctor will start you on a **low dose**, then slowly **increase** it over the next few weeks

Do not suddenly stop taking your beta blocker or your condition will get worse.
This can be dangerous, so talk to your doctor first.

What are some of the side effects?

When you first start on a beta blocker or get your dose increased, you may feel tired or have other side effects for a few days.

These side effects usually go away slowly. Tell your doctor if you get any of the following and they become troublesome or 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, have an unusually slow heart beat or feel as if you may faint.

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

Is there anything you should avoid?

Talk to your doctor or pharmacist before you use any other medicines, including medicines that you might buy for pain relief and gout (see over). These medicines could make your heart failure worse.

Medicine name	Brand name(s)
Diclofenac	Apo-Diclo®, Cataflam®, Diclax-SR®, Flameril®, Voltaren®, Voltfast®
Ibuprofen	ACT-3®, Brufen®, Ibucare®, I-Profen®, Nurofen®, Panafen®
Mefenamic acid	Ponstan®
Naproxen	Naprogesic®, Naprosyn®, Naxen®, Noflam®, Sonaflam®, Synflex®

Question to ask your doctor later... Is it time to increase my dose?

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, as 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 page 15*).

Names of common diuretics

Medicine name	Brand name(s)
Bendrofluazide	Neo-Naclex®
Bumetanide	Burinex®
Chlorthalidone	Hygroton®
Frusemide (furosemide)	Lasix®, Diurin®, Urex forte®
Metolazone	Metenix®
Spirolactone	Spirotone® (see page 10)

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

Losing too much fluid may cause these conditions; you may need to have the dose reduced.

Also

- If you have diabetes, you might find that 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

Is there anything you should avoid?

Talk to your doctor or pharmacist before you use any other medicines. Some other medicines can affect diuretics, including those used for pain relief and gout (see below). They can affect your kidneys and make your heart failure worse.

Medicine name	Brand name(s)
Diclofenac	Apo-Diclo [®] , Cataflam [®] , Diclax-SR [®] , Flameril [®] , Voltaren [®] , Voltfast [®]
Ibuprofen	ACT-3 [®] , Brufen [®] , Ibucare [®] , I-Profen [®] , Nurofen [®] , Panafen [®]
Mefenamic acid	Ponstan [®]
Naproxen	Naprogesic [®] , Naprosyn [®] , Naxen [®] , Noflam [®] , Sonafam [®] , Synflex [®]

Spirolactone (Spirotone®)

Spirolactone is a diuretic; it helps to stop fluid build-up in the body.

What are some of the side effects?

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

You will need to have regular **blood tests** to check your kidney function and the level of potassium in your blood. You will need a blood test after one week, then after four weeks, and then every three months.

If you have vomiting or diarrhoea:

- Stop taking this tablet
- Increase the amount of fluid you drink
- 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

Is there anything you should avoid?

Talk to your doctor or pharmacist before you use any other medicines, including medicines that you might buy for pain relief and gout (see over). These medicines may affect spirolactone or make your heart failure worse.

Avoid salt substitutes such as NoSalt®, Salt Substitute®, Lite Salt®; these products have potassium in them. Spirolactone can also increase the amount of potassium in your body.



Medicine name	Brand name(s)
Diclofenac	Apo-Diclo [®] , Cataflam [®] , Diclax-SR [®] , Flameril [®] , Voltaren [®] , Voltfast [®]
Ibuprofen	ACT-3 [®] , Brufen [®] , Ibucare [®] , I-Profen [®] , Nurofen [®] , Panafen [®]
Mefenamic acid	Ponstan [®]
Naproxen	Naprogenic [®] , Naprosyn [®] , Naxen [®] , Noflam [®] , Sonaflam [®] , Synflex [®]

Digoxin (Lanoxin[®])

Digoxin is mainly used to slow the heart beat in people who have an irregular heart beat called atrial fibrillation (AF).

What are some of the side effects?

Your doctor should check your blood level of digoxin regularly to make sure that you are taking the right amount.

Phone your doctor if you:

- Lose your appetite
- Have diarrhoea
- Become confused
- Have nausea and/or vomiting
- Have stomach pain
- Feel dizzy
- 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.

- Avoid salt substitutes (e.g. NoSalt®, Salt Substitute®, Lite Salt®); these products have potassium in them, which affects digoxin
- Antacids (e.g. Quickeze®, Mylanta®) should not be taken at the same time as your digoxin – take them at least one to two 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

Further management of heart failure

- Do not smoke
- Follow a healthy diet; eat less fatty food and do not add salt, as this can cause fluid to build up
- Exercise most days of the week, as you feel comfortable
- Maintain a healthy weight
- Reduce stress
- Limit the amount of alcohol you drink (no more than two standard drinks per day; have two alcohol-free days per week)
- Take the medicines prescribed by your doctor
- If your symptoms get worse, follow your **Heart Failure Action Plan (see page 15)**

Tips to help you with your medicines

- So you don't forget to take your medicines, it's a good idea to always take them at meal times
- Your pharmacist can put your medicines in a special pack (blister pack) to help you remember to take them
- You can 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 for help with this

Take your medicines list or yellow card with you whenever you go to your pharmacy, doctor or to hospital

What should you do if you forget your medicines?

It is important that you do not forget to take your medicines.

If you do forget: Take it as soon as possible.

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.



Can you take other medicines, herbal, traditional or natural products?

Talk to your pharmacist or doctor before you use any other medicines, including traditional, natural or herbal supplements to make sure they will not interact with regular medicines or make your heart failure worse.

Some types of medicine that you can buy for pain relief and gout could make your heart failure worse.

Check with your doctor or pharmacist before using any of these medicines.

Medicine name	Brand name(s)
Diclofenac	Apo-Diclo [®] , Cataflam [®] , Diclax-SR [®] , Flameril [®] , Voltaren [®] , Voltfast [®]
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Mefenamic acid	Ponstan [®]
Naproxen	Naprogenic [®] , Naprosyn [®] , Naxen [®] , Noflam [®] , Sonaflam [®] , Synflex [®]

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 is not what you expected, or if your medicine looks different
- Check to make sure 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 get damp
- **Keep all medicines out of reach of children**
- Throw out old medicines or those that are past their 'expiry date' – your pharmacist can advise you on this



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) or more
- 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 (see 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.

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