Important Information

Please write down important contact information in the space below. You may also want to share this information with family members and friends.

**Health Care Provider Treating Me for Heart Failure:**

Name __________________________________________________________

Address ______________________________________________________________________

City ___________________________ State ___ ZIP ____________

Phone ________________________________

Fax ________________________________

E-mail ________________________________________________________________________

**Other Important Phone Numbers:**

Ambulance, fire department, or emergency services: **911**

Pharmacy ________________________________________________________

Other health care providers:

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Introduction

Medicines are important in the treatment of heart failure. Research shows that heart failure medicines can help keep your heart working. They can also help you:

- Live longer
- Breathe more easily
- Have more energy
- Increase your activity level
- Have less swelling
- Stay out of the hospital

This module will also help you learn about:

- The main types of medicines used for heart failure caused by poor heart function (called decreased ejection fraction or systolic dysfunction)
- Common side effects (reaction) of heart failure medicines
- Other medicines used to treat heart failure
- What heart failure medicines do
- Why it is important to take all of your medicines regularly
- How to manage common side effects of your medicine
Heart Failure Medicines

General Information About Taking Heart Failure Medicines

Most people with heart failure require several medicines for the best results. It is common for your health care provider to increase the dose of these medicines even if you feel better after starting them. That is because most heart failure medicines work best at certain doses. Their purpose is not only to make you feel better in the short run, but also to treat the underlying disease and improve your health in the long run. Therefore, it is important to take all of your medicines at the prescribed doses even if you are feeling better.

If you are taking all of your medicines and feel worse, be sure to tell your health care provider. You may be feeling worse because of heart failure or another illness. You may also be experiencing side effects from your medicines. All medicines can have side effects. The side effects can be mild and hardly noticeable, or they can be bothersome. If you think your medication is causing side effects, tell your health care provider about your symptoms. They will work with you to manage your symptoms and help you feel better. For example, some of your medicines may cause you to feel lightheaded or dizzy. If this happens, discuss these symptoms with your health care provider. Adjusting the times you take some of your medicines throughout the day can decrease this problem.

Heart Failure Medicines

The main types of heart failure medicines are:

- ACE (angiotensin-converting enzyme) inhibitors
- Beta-blockers
- Digoxin
- Diuretics (water pills)
- Aldosterone antagonists
- ARBs (angiotensin receptor blockers)
- Isosorbide dinitrate/hydralazine

They will be described in the following sections.
ACE inhibitors are very beneficial for people with heart failure. Research has shown that ACE inhibitors help people live longer and decrease hospitalizations. They can also decrease symptoms of heart failure and increase your ability to be more active.

ACE inhibitors work by blocking the effects of harmful stress hormones (substances produced by your body that make heart failure worse)

They also control high blood pressure. However, ACE inhibitors are effective for heart failure even if you do not have high blood pressure.

**ACE Inhibitors: Management Tips and Common Side Effects**

ACE inhibitors usually do not cause a lot of side effects in most people. However, they can make some people feel dizzy. Let your health care provider know if you feel dizzy after you start taking an ACE inhibitor.

Starting with a low dose and increasing the amount slowly over time can reduce the chance that you will have this side effect. Because several heart failure medicines can cause dizziness, spacing them out at different times through the day may help.

**If you feel dizzy when you wake up in the morning, try to:**

- Do ankle pumps by moving your feet back and forth about ten times in a row before you stand up.
- Sit on the side of the bed for a minute before standing and rise slowly.

**Tell your health care provider if you:**

- Are dizzy for more than 1-2 minutes after you get up.
- Are so dizzy that you have trouble walking around.
- Had a fainting spell.
ACE inhibitors can also cause:

- **Problems with your kidneys or potassium level.** These problems can be found with blood tests. Ask your health care provider how often you should have your blood checked for these problems. Your blood tests will indicate your kidney function and will often become slightly worse when you are taking an ACE inhibitor. However, this is common and almost expected. ACE inhibitors have also been shown to protect the kidneys if you have kidney disease.

- **Cough.** Cough is not uncommon in patients who have heart failure. If your cough is due to your ACE inhibitor, your health care provider may lower your dose or change your medicine. The cough may decrease over time. But it may also persist.
  - You may also have a cough for many other reasons. In fact, worsening heart failure can cause a cough. So do not assume that the cough is due to the ACE inhibitor. If you have a cough, talk to your health care provider about it.

- **Swelling in your lips or throat.** This occurs very rarely, but it is a serious sign. If it happens to you, get medical help immediately. Be sure to tell your health care provider if you have ever taken medicines that made your lips, tongue, or throat swell up.

- **Low blood pressure.** Ask how often you should have your blood pressure checked.

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**Questions to Ask Your Health Care Provider**

**Am I on an ACE inhibitor?**

Reason for asking this question: ACE inhibitors are very important for people with heart failure. Most people should take an ACE inhibitor unless they cannot tolerate this medicine.

**Am I taking the right dose of an ACE inhibitor for me?**

Reason for asking this question: ACE inhibitors are most effective in treating heart failure when the right amount is taken.

Studies have shown that some people with heart failure may not be taking a high enough dose of an ACE inhibitor. So, the medicine may not be helping as much as it could be. Ask your provider whether your ACE inhibitor dose is the right medication for you.
Beta-Blockers

Beta-blockers are another group of medicines that are very effective for people with heart failure. The long name for these medicines is beta-adrenergic blocking agents. Research studies have shown that beta-blockers improve heart function and can help people with heart failure feel better, live longer, and go to the hospital less frequently.

Beta-blockers work by blocking the effects of harmful stress hormones (substances produced by your body that make heart failure worse and contribute to your symptoms). Your health care provider may prescribe different types of medications to reduce stress hormones because there are several stress pathways that are harmful to the heart.

They also control high blood pressure, prevent heart attacks, and help regulate the heart rhythm. However, beta-blockers are effective for heart failure even if you do not have high blood pressure or an irregular heart rhythm.

**Beta-Blockers: Management Tips and Common Side Effects**

**Beta-blockers can have some side effects. They can make you:**

- **Feel tired or dizzy.** This can happen most often when you first start taking this medicine or when your dose is increased. You will probably start on a low dose of a beta-blocker. The dose should be increased until you are taking the right dose for you.
  
  Sometimes, it may take a while for you to feel better after you start taking a beta-blocker. You may even experience more fatigue and shortness of breath during the first few weeks. Eventually, you will likely feel much better than before you started taking a beta-blocker. But, if you feel dizzy, see your health care provider, so they can be sure you are on the right beta-blocker dose.

- **Have more fluid build up in your body.** Be sure to tell your health care provider if you have symptoms of fluid build-up. Keep track of your weight and symptoms. Let your health care provider know if they change. Your health care provider can adjust your medications to take care of this problem before it becomes too severe.

- **Wheeze or have more shortness of breath.** Most of the time, this happens in people with a history of asthma. If you wheeze or get short of breath, tell your health care provider right away. Keep in mind that wheezing or shortness of breath could also be a sign of heart failure.
Beta-blockers can also cause:

- **Low blood pressure.** Ask how often you should see your health care provider to have your blood pressure checked.

- **A slow heart rate.** Ask how often you should see your health care provider to have your heart rate checked.

Questions to Ask Your Health Care Provider

**Am I on a beta-blocker?**

*Reason for asking this question:* Research shows that beta-blockers help people with heart failure live longer and feel better. This type of medicine should be considered for most people with heart failure. So it is important for you to ask your health care provider if you are taking a beta-blocker.

**Am I taking the right dose of a beta-blocker to help my heart failure?**

*Reason for asking this question:* Sometimes, people are taking a beta-blocker, but the dose is too low. Asking whether you are taking the right beta-blocker dose for heart failure will help your health care provider consider your particular case.
Diuretics

Diuretics, also called water pills, work by helping your body get rid of extra fluid. Less fluid in your lungs makes breathing easier. Less fluid also means less swelling in other parts of your body. Both of these actions of diuretics will help you feel more comfortable.

Taking your diuretic as directed can decrease the chance that you will have to go to the hospital.

Diuretics: Management Tips and Common Side Effects

Sometimes a diuretic causes people to lose potassium. Potassium is needed for the body to work properly and to ensure that your heart rhythm is okay. Often, patients taking a diuretic need to take potassium pills, too.

Other medicines you are probably taking cause the body to hold onto potassium, so potassium should never be taken unless your health care provider tells you to take it.

If you are taking a diuretic, your blood should be checked periodically to make sure that your potassium level is normal.

Diuretics can also cause people to lose too much fluid, so that they become dehydrated. If you feel dizzy, call your health care provider. While taking a diuretic, it is a good idea to weigh yourself daily and go over your weight log with your health care provider to make sure you are not losing too much fluid.

Questions and Answers About Diuretics

Taking a diuretic can make it hard to leave home. How can I go out and still take my diuretic?

For several days, pay attention to when you urinate the most after taking your diuretic. The diuretic will work in a similar way each time you take it. Plan your trip away from home at a time when your diuretic is not as active. When you go to a new place, find out where the bathroom is when you first get there.
Another option is to take your diuretic at a different time of day. For example, you could take it several hours before you plan to go out or wait until after you return from your outing to take it.

Do not skip your diuretic when you are away from home.

My diuretic causes trouble with my sleep, because I have to get up at night to urinate. Is there anything I can do about that?

Most diuretics are short-acting. That means you will have to go to the bathroom more frequently during the first two to three hours after taking your diuretic. So, take your diuretic in the morning. If you take a diuretic two times a day, take the second dose about 5 hours after your first dose. That way you will be less likely to have to get up at night.

What if I take my diuretic as directed, but my breathing gets worse, or I have more swelling?

If you notice that you are breathing harder or that you have more swelling in your feet, legs, or hands, call your health care provider right away to let them know. They can decide if your medicine is working or if you need a different amount or kind of medicine.

Weighing yourself every day can help you know if your diuretic is working. If you gain 3-5 pounds over a few days or week, you may be retaining fluid. You should call your health care provider and let them know. They can determine whether you need a higher dose of your diuretic.

See Module 4: Self-Care: Following Your Treatment Plan and Dealing with Your Symptoms for more information on monitoring and managing weight gain.

If I am short of breath only some of the time, should I take an extra diuretic?

Your health care provider may decide if it is the right thing for you to do. They will explain exactly when you should take the extra dose of diuretic and if you will need to take an extra dose of potassium.

Do not take an extra dose of your diuretic or your potassium without consulting your health care provider first. Removing too much fluid and sodium from your body can make you dehydrated. Potassium levels that are too high or too low can also be a problem.
Aldosterone Antagonists

Aldosterone antagonists work by blocking the effects of a stress hormone called aldosterone (a substance which can make heart failure worse). Multiple studies have shown that drugs that block aldosterone help people with heart failure live longer and do better overall, with less need for hospitalizations.

One added advantage of taking aldosterone blockers is that they prevent the kidneys from getting rid of too much potassium while you are taking other stronger diuretics.

Make sure you let your health care provider know if you are taking potassium pills if they start you on an aldosterone antagonist medication. Your health care provider will decide whether you should take potassium or not.

**Aldosterone Antagonists: Management Tips and Common Side Effects**

Aldosterone antagonists can:

- Cause breast enlargement or tenderness, especially in men. If this happens, the specific aldosterone antagonist can be changed to one that does not have this effect.
- Increase potassium levels. Your health care provider will need to check your potassium levels to make sure your potassium level is normal.

**ARBs (Angiotensin Receptor Blockers)**

ARB medicines reduce the impact of certain harmful stress hormones (substances that build up in the body of people with heart failure). They have actions similar to those of ACE inhibitors.

ARBs are used less often than ACE inhibitors to treat heart failure. They may be recommended for people who cannot tolerate an ACE inhibitor because of cough or angioedema (rapid swelling that affects deeper layers in your skin).
Some of the common side effects of ARBs are:

■ Dizziness.
■ Decrease in blood pressure.
■ Problems with your kidneys or potassium level. ARBs can cause a change in the pattern of blood flow through your kidneys. Your health care provider will closely monitor your blood by checking your potassium levels and kidney function. Ask your health care provider how often you should have your blood checked for these problems.

Talk to your health care provider if these or other side effects are a problem for you.
Isosorbide Dinitrate and Hydralazine

Isosorbide dinitrate and hydralazine are medications that help your blood vessels relax and reduce the work of the heart. This medication is helpful in some people with heart failure, especially African Americans. It has helped African Americans live longer, be in the hospital less, and feel better.

If your health care provider prescribes isosorbide dinitrate and hydralazine for you, it is very important that you continue to take all of your other heart failure medicines so that you help your heart as much as possible.

These medications come as a combination tablet or they may be prescribed as two separate medications. Isosorbide dinitrate is usually taken three times daily whereas isosorbide mononitrate is once daily.

Management Tips and Common Side Effects

The combination of isosorbide dinitrate and hydralazine can cause headaches, especially right after you start taking the medicine. They may become less intense as you continue to take the medicine. Taking acetaminophen can help with headaches.

Other commonly reported side effects (reactions) are:

- Dizziness
- Nausea at high doses
- Feeling lightheaded or even fainting, if you consume too much alcohol or do not drink enough fluids

All nitrates, including nitroglycerin (taken under the tongue) and the combination of isosorbide dinitrate and hydralazine can cause low blood pressure. When nitrates are combined with drugs designed to treat erectile dysfunction, low blood pressure can also occur. Low blood pressure can lead to dizziness, lightheadedness, and fainting. Nitrates should never be taken if you are taking medications for erectile dysfunction.

Talk to your health care provider if the side effects listed or others are a concern.
Questions to Ask Your Health Care Provider

I am African American. Am I taking a combination of isosorbide dinitrate and hydralazine?

Reason for asking this question: Research shows that a combination of isosorbide dinitrate and hydralazine can help African Americans feel better, stay out of the hospital, and live longer. This type of medicine should be considered in addition to other heart failure medicines. So it is important for you to ask your health care provider if you are taking a combination of isosorbide dinitrate and hydralazine.

I am not African American. Can medicine with a combination of isosorbide dinitrate and hydralazine help me?

Reason for asking this question: Medicines with a combination of isosorbide dinitrate and hydralazine were tested in a special study that included only people who considered themselves African American. However, the medicines may also benefit non-African Americans. Although the combination of medications was studied in African Americans, the individual medications were studied in non-African Americans. If you still have heart failure symptoms despite taking all of your medicines as prescribed, your health care provider may consider prescribing the combination of isosorbide dinitrate and hydralazine for you.
Digoxin

Digoxin has been used to treat heart failure for years. It may improve heart function by making the heart beat stronger and also may possibly help to correct hormonal imbalance.

Studies show that among patients with heart failure, those who take digoxin may go to the hospital less often than patients who are not taking this type of medicine. However, not all people with heart failure need digoxin.

Digoxin: Management Tips and Common Side Effects

Excessive amounts of digoxin may cause:

- Nausea or vomiting.
- Blurred or colored vision.
- Abnormal heart rhythm, which may cause palpitation or fainting.

If you notice any of these problems, call your health care provider right away. They can help decide if you need other treatment.

If you are taking both digoxin and a diuretic (commonly called a water pill), you should:

- Have your blood tested at regular times to check your potassium level and kidney function.
Other Medicines That May Be Used in Patients Who Have Heart Failure

Your health care provider may also prescribe other medicines along with your medications for heart failure. These medicines are discussed below, along with common side effects.

Anticoagulant Medicines

Some people with heart failure need anticoagulant medicines (commonly called blood thinners). These medicines help prevent blood clots.

People with heart failure (and their families) should receive specific instructions about caring for themselves while on a blood thinner. They should also be monitored carefully by a health care provider.

If you take a blood thinner, be sure to ask your health care provider about:

- Any foods or activities you should avoid.
- Having your blood checked regularly.

Potassium Pills

Potassium is an electrolyte your body needs to function properly. Many diuretics (water pills) cause people to lose potassium in the urine. For that reason, some people who take a diuretic need a potassium supplement.

Note that some heart failure patients who have kidney problems, or who are taking an aldosterone antagonist, or an ACE inhibitor along with their regular diuretic may not need extra potassium.

Remember that some salt substitutes contain potassium.

If you are taking a potassium supplement, you should have your blood checked regularly to make sure your potassium level is normal.
Medicines to Talk to Your Health Care Provider About

Always be sure to tell every health care provider you see that you have heart failure. Also tell them about all of the medicines that you are taking, even the over-the-counter ones that do not require a prescription.

Certain medicines should only be taken with great caution, because they can make heart failure worse. People with heart failure should be particularly cautious about taking:

- Non-steroidal anti-inflammatory medicines (NSAIDs)
- Certain calcium channel blockers except amlodipine or felodipine
- Many antiarrhythmic medicines (medications to treat an irregular heart beat)

These medicines are covered below.

**Non-Steroidal Anti-Inflammatory Medicines (NSAIDs)**

Non-steroidal anti-inflammatory medicines, sometimes called NSAIDs, are typically used for pain management. You can buy some NSAIDs over-the-counter, while others require a prescription. NSAIDs include medicines such as aspirin, ibuprofen, indomethacin, naproxen, and a number of others. These medicines can cause kidney problems and worsen heart failure.

In general, it would be preferable to use acetaminophen to treat aches, pains, or fever rather than NSAIDs.

**Calcium Channel Blockers**

Calcium channel blockers are used to treat heart rhythm disturbances, high blood pressure, and angina, but most of them can make heart failure worse. So your health care provider may want you to avoid them. However, there are certain circumstances where he or she may prescribe a calcium channel blocker for one of the indications listed above and carefully monitor you for side effects.

Calcium channel blockers are available only by prescription and include diltiazem, nifedipine, verapamil, and a number of others.
Antiarrhythmic Medicines

Antiarrhythmic medicines are used to control heart rhythm disturbances. Several antiarrhythmics are harmful for people with heart failure and generally should be avoided. These medicines are available only by prescription. If you have a heart rhythm disturbance, your health care provider can use other medicines to manage it.

If you have heart failure, your health care provider will probably want you to avoid certain antiarrhythmics, such as quinidine, disopyramide, procainamide, dronedarone, and flecainide.
Interactions with Alternative/Complementary Medicines

Many patients have questions about whether alternative or herbal therapies can help treat heart failure. Although you may have read some encouraging claims about these therapies, there is no evidence that they improve heart failure.

We do know that the ingredients in some alternative therapies interfere with the action of heart failure medicines and may have other harmful actions.

Some natural or man-made products containing the following substances may interfere with or harmfully affect the intended effects of certain medicines used to treat heart failure:

- Ephedra (ma huang)
- Ephedrine byproducts
- Chinese herbs
- Hawthorne (cratageus) products

Additionally, the following substances can interact with a blood thinner you may be taking:

- Garlic
- Ginseng
- Ginger
- Coenzyme Q-10

If you wish to try alternative or herbal therapies, please talk to your health care providers about it. Ask them the following questions:

- Will this alternative or herbal therapy interfere with my heart failure medicines?
- How much of this alternative or herbal therapy is safe for me to take?
- Has this alternative or herbal therapy been tested for safety in people with heart failure?

Tell your health care provider about any natural medicines or alternative or herbal therapies that you are taking. Beware of extravagant claims about the benefits of alternative or herbal therapies.

Never take alternative or herbal medicines in place of your regular medicines.
Keeping Track of Your Medicines

To keep track of all of the medicines you take, make a list. Keep it in a handy place at home. Also keep a copy in your wallet or purse. You can use the cards in this module. Fill out the cards using a pencil, so you can update them.

- Be sure to update your cards whenever a medicine or dose changes.
- Carry a card in your wallet or purse, so you have it with you when you visit your health care provider or go to the hospital.

List each of your own medicines, their doses, and number of times each day you take each medicine on your cards.
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Health Care Provider Treating Me for Heart Failure:

Name:

Phone:

Emergency Services: Call 911

Pharmacy:

Other health care providers:

Date:
General Questions and Answers about Heart Failure Medicines

How can I remember to take all of my medications at the right times each day?

It can be hard to remember when to take your medications. The following tips can help you:

- Get a pillbox labeled with the days of the week and times of day. Fill the box at the beginning of the week. Ask a family member or visiting health care provider to help you fill the box, if needed.

- Make a list with the names of your medicines, the dosages, the times, and other instructions on how to take them. Put the list on the refrigerator or other place where you will easily see it every day. You can also carry a copy with you. (You can use the cards in this module for your list.)

- Keep a chart of when you are supposed to take your medicines. Mark the chart after you take your medications.

- When you are at home, use a smart phone, watch with a timer, or a kitchen timer to help you to remember the times to take your medicines. You can also use a watch with a timer.

- Ask family members or friends who live with you or near you to remind you to take your medicines, if that will help you.

- Take your medicines with you when you leave home, so you can take them on time.

- If you are going to be away from home for a few days, be sure to take enough medicine with you so you don’t miss a dose. Pack your medicines in your carry-on bags. Do not put them in your checked luggage on an airplane.

- Reorder your prescriptions ahead of time, so that you never run out of medicines.

Do I need to take my heart failure medicines even if I feel well, am breathing easily, and do not have swelling?

Yes. Take your medicines all of the time to stay healthy. Remember that some of these medicines block the production or action of stress hormones (substances that make heart failure worse). So even if you are feeling well, breathing easily, and do not have swelling, your body needs the medicines.
Learn More

You can learn more about how to take control of your heart failure by reading the other modules in this series. You can get copies of these modules from your health care provider. Or you can visit the Heart Failure Society of America website at: www.hfsa.org.

The topics covered in the other modules include:

- Introduction: Taking Control of Heart Failure
- How to Follow a Low-Sodium Diet
- Self-Care: Following Your Treatment Plan and Dealing with Your Symptoms
- Exercise and Activity
- Tips for Family and Friends
- Managing Feelings About Heart Failure
- Lifestyle Changes: Managing Other Chronic Conditions
- Advance Care Planning
- Heart Rhythm Problems
- How to Evaluate Claims of New Heart Failure Treatments and Cures

These modules are not intended to replace regular medical care. You should see your health care provider regularly. The information in these modules can help you work better with your health care provider.
About the Heart Failure Society of America, Inc.

In the spring of 1994, a small group of academic cardiologists gathered in New York to discuss the formation of a society that would focus on heart failure. This group had long recognized that the disease was on the rise; yet there was no venue for researchers, trainees, and clinicians to gather to discuss new treatments, research results, and the rise in health care costs associated with heart failure. A society dedicated to heart failure would bring together health care professionals, including researchers, physicians, nurses, and other allied health care professionals, to learn more about the mechanisms of the disease, how best to treat patients, play a role in reducing health care costs, etc. The meeting led to the incorporation of the Heart Failure Society of America, Inc.

The Heart Failure Society of America, Inc. (HFSA) represents the first organized effort by heart failure experts from the Americas to provide a forum for all those interested in heart function, heart failure, and congestive heart failure (CHF) research and patient care.

Made possible with support from Novartis