Sometimes these medicines can cause headaches and dizziness, but this feeling should soon pass. If you experience these effects do not drive or operate heavy machinery. In some people, hydralazine can make the heart beat faster, which might cause you to feel your heartbeat i.e. palpitations. If you have any problems, talk to your doctor.

7. Ivabradine helps slow down your heart rate. This allows more blood to fill into your heart, making it work effectively. Ivabradine can make you sensitive to bright lights and temporarily affect your eyesight. If this happens do not drive or operate heavy machinery. Other side effects include dizziness and headaches.

8. Digoxin helps slow down and strengthen your heart beat. Side effects may include nausea, vomiting and diarrhoea. Do not take St John’s Wort or drink cranberry juice if you are prescribed digoxin as these will affect how well the medicine works. You may need to have a blood test to ensure you have the right levels of digoxin in your body.

9. Sacubitril/valsartan is a combination of two medicines. It lowers blood pressure and helps your kidney remove excess fluid which reduces strain on your heart. It can only be started by your heart failure team because your blood pressure and kidney function need to be closely monitored.

Common side-effects include dizziness, headache, cough and nausea. If you experience any of these, please let your consultant know. As it contains an angiotensin-2 receptor blocker (valsartan), your GP should stop any other ACE inhibitors or angiotensin-2 receptor blockers that you may have been taking before you start this medicine.

Other medicines not mentioned in this leaflet may also be used to manage your heart failure. Ask your doctor, specialist nurse or pharmacist if you have any questions about your medicines.

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t: 020 7188 3514 (complaints)
e: complaints2@gstt.nhs.uk

PALS – King’s College Hospital
t: 020 3299 3601 e: kch-tr.PALS@nhs.net

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**Why are medicines important in heart failure?**

Your medicines have been prescribed for different reasons. Some of your medicines may relieve the symptoms of heart failure such as ankle swelling and shortness of breath. Others will improve the functioning of your heart and slow the progression of your condition.

**What medicines will I be prescribed?**

People vary greatly in how they respond to a particular medicine. Your doctor will choose the medicines and doses most likely to be effective for you. The medicines used most commonly are described in this leaflet. Ask your doctor, heart failure specialist nurse or pharmacist if you are concerned that you are not receiving a particular medicine or if you are not sure why you have been prescribed your medicines.

**What about side effects?**

All medicines can cause side effects but not all patients will experience them. Most medicines used for heart failure are very safe. Dangerous side effects are rare. The leaflet that comes with each of your medicines will list all the known side effects. This leaflet gives details of some of the most common ones. Please speak to your doctor, heart failure specialist nurse or pharmacist if you are worried about side effects or develop any new symptoms after starting a medicine.

**How will my medicines be monitored?**

Whilst you are on heart failure medicines you will require regular monitoring of your blood pressure, heart rate and kidney function. This may be done by your GP, heart failure specialist nurse or consultant cardiologist.

**Common heart failure medicines**

1. **Diuretics** (water tablets) such as **furosemide** and **bumetanide** are used to help relieve symptoms of heart failure such as shortness of breath and ankle swelling. They help your kidneys remove excess fluid, making you pass water more frequently. Therefore you may need to plan the time you take this medicine around your daily schedule, but do not miss a dose as your symptoms may get worse.

   You will need to have regular blood tests to check your kidneys and salt levels. Too much salt in your diet can affect how well diuretics work. Check food labels and do not add salt to food. Avoid salt substitutes such as Lo-Salt™. Checking weight daily at home and limiting fluid intake can also help control symptoms in some patients.

2. **Beta-blockers** such as **bisoprolol**, **carvedilol** and **nebivolol** help control your heart rate and rhythm. By doing so, they prevent your heart from working too hard and becoming weak. Your beta-blocker will usually be started at a low dose and gradually increased over time to an effective and tolerated dose.

   Beta-blockers may make you feel tired and can reduce the blood flow to your fingers and toes, making them feel cold. They can sometimes increase wheezing in patients with breathing problems and hide the signs of low blood sugar in people with diabetes. In some men they can affect sexual function. See your doctor if you experience these problems. As with diuretics, you will need to have regular blood tests to check your kidneys.

3. **ACE inhibitors** such as **ramipril**, **lisinopril** and **enalapril** help reduce blood pressure by relaxing your blood vessels and stopping excess water building up in your blood. This makes it easier for your heart to pump blood around your body. ACE inhibitors will also be started at a low dose and gradually increased to a dose that is appropriate for you.

   ACE inhibitors can affect how well the kidneys work in some people. This will be monitored in hospital and by your GP. Other side effects include a persistent dry cough. See your doctor if this is troublesome. A very small number of people may be allergic to ACE inhibitors which can cause rash or swelling - this requires immediate medical attention. Do not stop taking your ACE inhibitor unless your doctor tells you to.

4. **Angiotension-2 receptor blockers** such as **candesartan**, **losartan** and **valsartan** are useful alternatives in patients who are intolerant to ACE inhibitors. They work in a similar way but are not associated with the same side-effects. Sometimes they are prescribed alongside an ACE inhibitor as they have additive effects.

5. **Aldosterone antagonists** such as **spironolactone** or **eplerenone** work with your kidneys to prevent the build up of salt and water in your blood. This allows your heart to pump blood around your body more easily. In some patients, spironolactone may cause breast enlargement and affect sexual function. See your doctor if you experience these problems. As with diuretics, you will need to have regular blood tests to check your kidneys.

6. **Isosorbide mononitrate** and **hydralazine** are alternative or “add-on” treatments. They lower blood pressure by relaxing different blood vessels in your body. This helps your heart move blood and oxygen around your body more easily. The timing of taking isosorbide mononitrate tablets is important to maintain their effect, so your doctor may advise on specific times. **It is important to follow the instructions on when to take your tablets carefully.**
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Beta-blockers may make you feel tired and can reduce the blood flow to your fingers and toes, making them feel cold. They can sometimes increase wheezing in patients with breathing problems and hide the signs of low blood sugar in people with diabetes. In some men they can affect sexual function and reduce libido (sex drive). If you experience any problems, consult your doctor. Do not stop taking a beta blocker unless advised by your doctor. Stopping suddenly may make your symptoms worse.

3. ACE inhibitors such as ramipril, lisinopril and enalapril help reduce blood pressure by relaxing your blood vessels and stopping excess water building up in your blood. This makes it easier for your heart to pump blood around your body. ACE inhibitors will also be started at a low dose and gradually increased to a dose that is appropriate for you.

ACE inhibitors can affect how well the kidneys work in some people. This will be monitored in hospital and by your GP. Other side effects include a persistent dry cough. See your doctor if this is troublesome. A very small number of people may be allergic to ACE inhibitors which can cause rash or swelling - this requires immediate medical attention. Do not stop taking your ACE inhibitor unless your doctor tells you to.

4. Angiotension-2 receptor blockers such as candesartan, losartan and valsartan are useful alternatives in patients who are intolerant to ACE inhibitors. They work in a similar way but are not associated with the same side-effects. Sometimes they are prescribed alongside an ACE inhibitor as they have additive effects.

5. Aldosterone antagonists such as spironolactone or eplerenone work with your kidneys to prevent the build up of salt and water in your blood. This allows your heart to pump blood around your body more easily. In some patients, spironolactone may cause breast enlargement and affect sexual function. See your doctor if you experience these problems. As with diuretics, you will need to have regular blood tests to check your kidneys.

6. Isosorbide mononitrate and hydralazine are alternative or “add-on” treatments. They lower blood pressure by relaxing different blood vessels in your body. This helps your heart move blood and oxygen around your body more easily. The timing of taking isosorbide mononitrate tablets is important to maintain their effect, so your doctor may advise on specific times. It is important to follow the instructions on when to take your tablets carefully.
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You will need to have regular blood tests to check your kidneys and salt levels. Too much salt in your diet can affect how well diuretics work. Check food labels and do not add salt to food. Avoid salt substitutes such as Lo-Salt™. Checking weight daily at home and limiting fluid intake can also help control symptoms in some patients.

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Sometimes these medicines can cause headaches and dizziness, but this feeling should soon pass. If you experience these effects do not drive or operate heavy machinery. In some people, hydralazine can make the heart beat faster, which might cause you to feel your heartbeat i.e. palpitations. If you have any problems, talk to your doctor.

7. **Ivabradine** helps slow down your heart rate. This allows more blood to fill into your heart, making it work effectively. Ivabradine can make you sensitive to bright lights and temporarily affect your eyesight. If this happens do not drive or operate heavy machinery. Other side effects include dizziness and headaches.

8. **Digoxin** helps slow down and strengthen your heart beat. Side effects may include nausea, vomiting and diarrhoea. Do not take St John’s Wort or drink cranberry juice if you are prescribed digoxin as these will affect how well the medicine works. You may need to have a blood test to ensure you have the right levels of digoxin in your body.

9. **Sacubitril/valsartan** is a combination of two medicines. It lowers blood pressure and helps your kidney remove excess fluid which reduces strain on your heart. It can only be started by your heart failure team because your blood pressure and kidney function need to be closely monitored.

Common side-effects include dizziness, headache, cough and nausea. If you experience any of these, please let your consultant know. As it contains an angiotensin-2 receptor blocker (valsartan), your GP should stop any other ACE inhibitors or angiotensin-2 receptor blockers that you may have been taking before you start this medicine.

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**t:** 020 7188 8748 9am to 5pm, Monday to Friday

**Your comments and concerns - Guy’s and St Thomas’ NHS Foundation Trust**

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)
**e:** pals@gstt.nhs.uk
**t:** 020 7188 3514 (complaints)
**e:** complaints2@gstt.nhs.uk

**PALS – King's College Hospital**

**t:** 020 3299 3601  **e:** kch-tr.PALS@nhs.net

Remember

Never share your medicines with anyone, even if your symptoms appear to be the same as someone else’s. **Keep all medicines out of the reach of children.**

Some medicines that you were taking before your admission may have been changed or stopped while you were in hospital. We will try and make this clear before you go home.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets
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**Your medicines for heart failure**

This leaflet provides information about some of the medicines that you may be given to manage your heart failure.

Always read the leaflet that comes with your medication and speak to your doctor or pharmacist if you have any questions or concerns.