

Pharmacotherapy of Congestive Heart Failure

Drugs providing both symptomatic and survival benefit

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NYHA Functional Classification of Heart Failure

- **Class I** : No limitations of physical activity. **Ordinary physical activity** does not cause undue fatigue, palpitation or dyspnea (**asymptomatic LV dysfunction**)
- **Class II** : Slight limitation of physical activity. **Ordinary physical activity** results in fatigue, palpitation, dyspnea or angina pectoris (**mild CHF**)
- **Class III** : Marked limitation of physical activity. **Less than ordinary activity** leads to symptoms (**moderate CHF**)
- **Class IV** : Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest (**severe CHF**)

Two approaches in pharmacotherapy of CHF

1. **Drugs which provide only symptomatic benefits:** (Overcome low output, overcome congestive symptoms and restore cardiac performance).

E.g. Furosemide, Digoxin, Dobutamine etc.,

2. **Drugs with both symptomatic and survival benefits:** (In addition to above effects, they prevent the disease progression)

E.g. Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin Receptor Blockers (ARBs), Beta-adrenergic receptor blockers and Aldosterone antagonists

Drugs with both symptomatic and survival benefits

1. Angiotensin Converting Enzyme Inhibitors (ACEIs)
2. Angiotensin Receptor Blockers (ARBs)
3. Beta-adrenergic receptor blockers
4. Aldosterone antagonists

Angiotensin Converting Enzyme Inhibitors (ACEIs)

Ramipril, Lisinopril, Enalapril

Why are they explained first?

Pathophysiological role of RAAS in CHF

- Initially contributes to perfusion of major organs by
 1. Vasoconstriction (Angiotensin 2)
 2. Fluid retention (Angiotensin 2 and aldosterone)

- Angiotensin 2 contributes to symptoms by
 1. Vasoconstriction – venous constriction and arteriolar constriction
 2. Aldosterone production – retention of sodium and water

Pathophysiological role of RAAS in CHF (continued)

- Angiotensin 2 contributes to progression of disease by
 1. Ventricular hypertrophy
 2. Ventricular remodelling
 3. Myocyte apoptosis
 4. Myocyte fibrosis
 5. Intercellular matrix changes

Role of ACEIs in CHF (symptomatic benefits)

- Symptomatic benefits or haemodynamic benefits
 1. Reduce the load on the heart
 2. Improves the stroke volume
 3. Renal perfusion improves: diuresis occurs
 4. Prevents fluid retention: by reducing aldosterone

Role of ACEIs in CHF (survival benefits)

- Survival benefit ?
- Robust multi-centric trials ---> interfere with progression of Left Ventricular Systolic dysfunction
- Reduce episodes of decompensation, sudden death and MI

Role of ACEIs in CHF (survival benefits continued)

- Retard or reverse
 1. Left Ventricular Hypertrophy (LVH)
 2. Ventricular remodelling
 3. Myocyte apoptosis
 4. Myocardial fibrosis
 5. Intercellular matrix deposition

Role of ACEIs in the pharmacotherapy of CHF

- First line drug in CHF
- Afford both symptomatic and survival benefits
- Can be used for any class of CHF (Class I to IV of NYHA)
- Improve the functional class of CHF

Role of ACEIs in the pharmacotherapy of CHF (continued)

- Can be used in any grade of CHF (asymptomatic, mild, moderate and severe)
- Only class beneficial in asymptomatic heart failure
- Start with a low dose
- Titrate to the maximal tolerated dose







Olmesartan
Medoxomil Tablets

 **Benitec™ - 40**

7 Tablets



GlaxoSmithKline



Danco Laboratories

Beta-adrenergic receptor blockers

Why second?

Bisoprolol, Carvedilol, Metoprolol, Nebivolol

Pathophysiological role of sympathetic overactivity in CHF

- Initially aids in maintaining perfusion
- Later contributes to progression of disease by
 1. Enhancing ventricular stress
 2. Myocyte apoptosis
 3. Ventricular remodelling

Can also cause dangerous arrhythmias

Role of Beta blockers in CHF: Hemodynamic benefits of Beta blockers

- Initially reduce cardiac contractility
- Ejection fraction (EF) increases in a couple of months
- EF improves with gradual increase in the dose
- Hemodynamic benefits remain consistent

Role of Beta blockers in CHF : Disease modifying actions (Survival benefits)

- Antagonize harmful sympathetic over activity on heart
- Prevent
 1. Ventricular stress enhancing effect of catecholamines
 2. Myocyte apoptosis
 3. Ventricular remodelling
 4. Arrhythmias

Role of Beta blockers in pharmacotherapy of CHF

- Indicated as add-on to ACEIs in mild to moderate CHF
- Not indicated in asymptomatic CHF
- Contraindicated in symptomatic/decompensated CHF
- Start with low dose
- Some patients worsen with Beta blockers – so withdraw them



METOPROLOL 50 mg

tartrat de metoprolol 50 mg

30 comprimate

Celula de administrare: orală

A.P.R. Nr. 152007/01



**Carvedilol 6.25mg
Tablets**

28 tablets

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Aldosterone antagonists

Spironolactone and Epleronone

Pathophysiological role of Aldosterone in CHF

- Increases Sodium and water retention, hence increases preload
- Fibroblast proliferation in myocardium
- Fibrotic transformation of myocardium
- Ventricular remodelling
- Contributes to symptoms and progression of disease
- Hypokalemia and hypomagnesemia can cause cardiac arrhythmias

Role of aldosterone antagonists in CHF

- Provide symptomatic and disease modifying benefits
- Indicated in mild to moderate HF as add-on to ACEIs + Beta blockers
- Randomized trials show evidence of survival benefit over and above that provided by ACEIs + Beta blockers

Role of aldosterone antagonists in CHF

- Spironolactone may cause gynecomastia in some patients where it may be replaced by Eplerenone
- Doses higher than the recommended doses can be dangerous because of hyperkalemia



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Thank you

Stay healthy