# 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

- 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)

Beta-adrenergic receptor blockers

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
- Vasoconstriction venous constriction and arteriolar constriction
- Aldosterone production retention of sodium and water

#### Pathophysiological role of RAAS in CHF (continued)

- · Angiotensin 2 contributes to progression of disease by
- Ventricular hypertrophy
- 2. Ventricular remodelling
- Myocyte apoptosis
- Myocyte fibrosis
- 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
- 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
- Left Ventricular Hypertrophy (LVH)
- 2. Ventricular remodelling
- Myocyte apoptosis
- Myocardial fibrosis
- 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



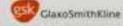




### Olmesartan **Medoxomil Tablets**



7 Tablets





# 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
- Enhancing ventricular stress
- Myocyte apoptosis
- 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
- 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

30 componate

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APP No. 15000701





# Carvedilol 6.25mg Tablets

28 tablets

SANDO

# 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 Epleronone

 Doses higher than the recommended doses can be dangerous because of hyperkalemia



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Stay healthy

Thank you