

Beta Blockers

Are very important agents to use in chronic HF –they can have an extraordinary impact !!

Beta Blockers are a key addition to chronic HF therapy and they are still not widely used. A mortality reduction of 34 –65% has been reported when beta blockers are added.

When to use a beta blocker?

Patient is not acutely volume overloaded

Patient does not have any contraindications, such as acute bronchospasm or marked heart block without an implanted pacemaker or defibrillator

Along with other evidence-based HF therapies, such as ACE-Inhibitors

WHICH ONE TO USE?? This is not a class effect. Only three beta blockers have been shown to be effective.

- Carvedilol (Coreg ®)
- Metoprolol (Toprol XL ®)
- Bisoprolol (Zebeta ®)

HOW TO USE AND ADVANTAGES OF EACH:

Carvedilol – Begin therapy at 3.125mg twice a day, increase dose every 2-4 weeks, depending on patient status. The target dose is 25mg twice a day (50 mg bid if >80 kg). A once daily formulation, Coreg CR, is also available and should be initiated at 10 mg daily with a target dose of 80 mg once daily. Advisable to give with food to reduce orthostatic effect.

Metoprolol Succinate (Toprol XL)- Metoprolol succinate is a cardio selective beta blocker. Dose should be taken with food. Initiate therapy with 25mg once daily; increase dose gradually every 2 –4 weeks to target dose of 200 mg daily. Short acting metoprolol tartrate has not been shown to have the same benefit.

Bisoprolol- Bisoprolol is a cardio selective beta blocker. Dose should be taken with food. Initiate therapy with 2.5mg once daily; increase dose every 2 –4 weeks to target dose of 10 mg daily.

General Recommendations for Beta Blocker use in CHF patients:

- ⇒ If the patient is on a non-recommended beta blocker, it is recommended to switch to one of the recommended beta blockers.
- ⇒ Lung disease is not an absolute contraindication to beta blockers. If lung function tests do not indicate reactive airway disease, and if the patient is not actively wheezing, beta blockers should not pose a problem. If concerned about lung disease, choose metoprolol succinate or bisoprolol since they are cardio selective.
- ⇒ Continuous up titration to target dosing is a key mainstay of CHF treatment even if the patient is feeling fine and should only be limited by SBP < 90 mmHg or symptoms (e.g. dizziness).