HFSA
HEART FAILURE SOCIETY OF AMERICA

MODULE
3

Heart Failure Medications

Contents

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HEART FAILURE SOCIETY OF AMERICA

This booklet was developed under the direction of the Heart Failure Society of America. The booklet is designed as an aid to patients/physicians and sets forth current information and opinions on the subject of heart failure. The information in this booklet does not dictate an exclusive regimen of treatments or procedures to be followed and should not be construed as excluding other acceptable methods of practice. Variations taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice may be appropriate.

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

Medications are important in the treatment of heart failure. Research shows that heart failure medications 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 medications indicated for heart failure caused by poor heart function (called reduced ejection fraction or systolic dysfunction)
- New medications indicated to treat heart failure
- Other medications indicated to treat heart failure
- How heart failure medications work
- Common side effects or reactions of heart failure medications
- How to manage common side effects of your medications
- Why it is important to take all of your medications regularly

General Information About Taking Heart Failure Medications

Most people with heart failure require several medications for the best results. It is common for your health care provider to increase the dose of these medications even if you feel better after starting them. That is because most heart failure medications work best at the highest dose that your body can tolerate. 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 medications at the prescribed doses even if you are feeling well.

If you are taking all of your medications and feel unwell, be sure to tell your health care provider. You may be feeling unwell because of your worsening heart failure or another illness. You may also be experiencing side effects from your medications. All medications 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 medications may cause you to feel lightheaded or dizzy. If this happens, discuss these symptoms with your health care provider. Sometimes, adjusting the times that you take the medications can help with this problem.

Heart Failure Medications

The main types of heart failure medications are:

- ARNI (angiotensin-receptor neprilysin inhibitor)
- ACE (angiotensin-converting enzyme) inhibitors
- ARBs (angiotensin receptor blockers)
- Beta-Blockers
- SGLT2i (sodium/glucose cotransporter-2 inhibitors)
- Aldosterone Antagonists
- Diuretics (water pills)
- Isosorbide Dinitrate and Hydralazine
- Vericiguat
- Ivabradine
- Digoxin

They will be described in the following sections.

MODULE 3

Angiotensin-Receptor Neprilysin Inhibitors (ARNIs)

ARNIs are a new drug combination of a neprilysin inhibitor and an angiotensin receptor blocker. ARNIs are very beneficial for people with heart failure. Research has shown that, when compared to angiotensin-converting enzyme inhibitors (ACE inhibitors, see page 11), ARNIs help people live longer and decrease hospitalizations. They can also decrease symptoms of heart failure and increase your ability to be more active.

Sacubitril/valsartan is currently the only drug available in this medication class. It comes in three different tablet strengths and is given twice a day. Take your medication exactly as your health care provider tells you to take it. You will most commonly be started on a low dose, and this will be increased over time.

- This medication works in two ways by:
  - Blocking the harmful effects of stress hormones, which are substances produced by your body that make heart failure worse by narrowing the blood vessels and causing the body to hold salt and water
  - Preventing the breakdown of some helpful hormones, allowing the body to get rid of extra salt and water
- ARNIs also help control high blood pressure and may have beneficial effects on the kidneys. However, ARNIs are effective for heart failure even if you do not have high blood pressure or kidney disease.
- ARNIs should NOT be taken with an angiotensin receptor blocker (ARB, see page 12) or ACE inhibitor. When switching to sacubitril/valsartan, an ACE inhibitor should be stopped at least two days before starting sacubitril/valsartan. It is not necessary to wait two days when switching from an ARB to sacubitril/valsartan.

ARNIs: Management Tips and Common Side Effects

ARNIs usually do not cause a lot of side effects in most people. However, they can lower blood pressure and make some people feel dizzy. Let your health care provider know if you feel dizzy after you start taking an ARNI. Clarify with your provider how often you should check your blood pressure.

Starting with a low dose and increasing the dose slowly over time can reduce the chance that you will have this side effect. Because several heart failure medications can lower blood pressure and cause dizziness, spacing them out at different times throughout 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 from sitting or lying down.
- Are so dizzy that you have trouble walking around.
- Had a fainting spell or felt like you were going to faint

ARNIs can also cause

- Swelling in your lips, tongue, 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 medications that made your lips, tongue, or throat swell up.
- Changes in kidney function and potassium levels. This change can be found with blood tests. Ask your health care provider how often you should have your blood checked for these changes. Usually, you can expect blood tests within 2 weeks of starting an ARNI or after a dose change.
- Your blood tests will indicate your kidney function and often it may worsen temporarily when you first start the ARNI or when the dose is increased. ARNIs can also increase potassium levels. However, these changes are common and can often be safely managed by your health care provider.
- Cough. ARNIs can cause cough but cough may also be due to other reasons. In fact, worsening heart failure can cause a cough. Do not assume that the cough is due to the ARNI. If you have a cough, talk to your health care provider about it.
- Talk to your health care provider if these or other side effects are a problem for you.

What is the most important information you should know about taking sacubitril/valsartan?

- May cause dizziness due to low blood pressure
- Can temporarily decrease kidney function
- May increase potassium levels in your blood—your health care provider will check your potassium levels during your treatment.
- In rare cases, a serious allergic reaction called angioedema (swelling of your face, lips, tongue and throat) may cause trouble breathing and death can occur.

Questions to Ask Your Health Care Provider

Am I on an ARNI?

Reason for asking this question: ARNIs are very important for people with heart failure. Most people should take an ARNI unless they cannot take this medication due to side effects.

Am I taking the right dose of an ARNI for me?

Reason for asking this question: ARNIs are most effective in treating heart failure when the right dose is taken.

Studies have shown that some people with heart failure may not be taking a high enough dose of an ARNI and the medication may not be helping as much as it could. Ask your provider whether your ARNI is at the right dose for you.

ACE (angiotensin-converting enzyme) inhibitors

ACE inhibitors are very beneficial for people with heart failure. The benefits of ACE inhibitors are similar to ARNIs, but research has shown that ARNIs have better outcomes in most people with heart failure.

ACE inhibitors work by blocking the effects of harmful stress hormones, which are substances produced by your body that make heart failure worse.

They also help control high blood pressure. ACE inhibitors have also been shown to protect the kidneys if you have kidney disease. However, ACE inhibitors are effective for heart failure even if you do not have high blood pressure or kidney disease.

ACE inhibitors should NOT be taken with an ARB (see page 12) or ARNI. When switching to sacubitril/valsartan, an ACE inhibitor should be stopped at least two days before starting sacubitril/valsartan.

ACE Inhibitors: Management Tips and Common Side Effects

The common side effects with ACE inhibitors are similar to those of ARNIs. These include:

- Dizziness
- Decrease in blood pressure
- Changes in kidney function and potassium levels
- Cough
- Swelling in your lips or throat.
- Talk to your health care provider if these or other side effects are a problem for you.

ARBs (angiotensin receptor blockers)

ARB medications 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 (see page 11).

ARBs 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).

ARBs should NOT be taken with an ARNI (see page 8) or ACE inhibitor.

Unlike with ACE inhibitors, when switching from an ARB to sacubitril/valsartan, it is not necessary to stop an ARB at least two days before starting sacubitril/valsartan.

ARBs: Management Tips and Common Side Effects

The common side effects with ARBs are similar to those of ARNIs and ACE inhibitors. These include:

- Dizziness.
- Decrease in blood pressure.
- Changes in kidney function and potassium levels. This change can be found with blood tests. Ask your health care provider how often you should have your blood checked for these changes. ARBs can also increase potassium levels. However, these changes are common and can be safely managed by your health care provider.

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

Beta-Blockers

Beta-blockers are another group of medications that are very effective for people with heart failure. The long name for these medications 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 often.

Different types of heart failure medications reduce stress hormones. These are substances produced by your body that make heart failure worse and contribute to your symptoms. Beta-blockers work by blocking the effects of harmful stress hormones.

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 medication 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 feel more tired and dizzy during the first few weeks. Eventually, you will feel 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 buildup in your body. Keep track of your weight and symptoms. Be sure to tell your health care provider if you gain weight or have symptoms of fluid buildup, such as swelling in your legs or bloating. 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 lung disease, such as asthma or chronic obstructive pulmonary disease (COPD). 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. You may feel dizzy due to low blood pressure. Ask how often you should check your blood pressure.
- A slow heart rate. You may feel tired or dizzy due to a slow heart rate. Ask how often you should check your heart rate.

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 medication 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. Ask whether you are taking the right beta-blocker dose for heart failure.

Sodium/Glucose Cotransporter-2 (SGLT2) Inhibitors

SGLT2 inhibitors are a relatively new and beneficial medication for patients with heart failure. Research has shown that SGLT2 inhibitors decrease hospitalizations and improve the functionality of patients. They can help with symptom control and general preservation of heart function.

SGLT2 inhibitors work by blocking the natural re-uptake of sodium and glucose in the kidneys. By doing this, the body will naturally excrete water, which will help to lower blood pressure and reduce stress on the heart.

SGLT2 Inhibitors: Management Tips and Common Side Effects

SGLT2 inhibitors usually do not cause a lot of side effects in most people. However, a notable one is yeast or urinary tract infections. Due to the excretion of glucose (sugar) in the urine, bacterial growth has been noted, thus it is best to take this medication with a full glass of water.

Side effects include:

- Urinary tract infection. This may include blood in the urine, burning or pain when passing urine, feeling the need to pass urine frequently, lower stomach or pelvic pain. If this occurs, it is usually mild to moderate in severity and can be easily managed.
- Genital fungal infection. This may occur near the vagina or penis and includes pain, swelling, rash, itching, or discharge.
- Dizziness or dehydration
- Decrease in blood pressure
- Low blood sugar. SGLT2 inhibitors typically do not cause large drops in blood sugar. However, if this occurs you may experience dizziness, headache, shaking, fast heartbeat, confusion, hunger, or sweating.
- Euglycemic Diabetic Ketoacidosis with blood glucose (sugar) levels that are usually less than 250 mg/dL, which may make it difficult to recognize. If this occurs, you may experience nausea, vomiting, or general discomfort, illness, or lack of well-being. You should NOT take your SGLT2 inhibitor if you have prolonged periods of fasting (not eating), including during illness or before surgeries/procedures. Persons with type 1 diabetes should NOT take SGLT2 inhibitors due to an increased risk of diabetic ketoacidosis.

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

Aldosterone Antagonists

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

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

Make sure you tell your health care provider if you are taking potassium. If you are on an aldosterone antagonist medication, your health care provider will decide whether you should continue taking your 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.

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 medications you are probably taking can also cause the body to hold onto potassium. Therefore, 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 and become dehydrated. While taking a diuretic, it is a good idea to weigh yourself daily. Go over your weight log with your health care provider to make sure you are not losing too much fluid. Dehydration can make you feel thirsty or dizzy. If you have these symptoms, call your health care provider.

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 me 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. But if you take a diuretic two times a day, do not take the second dose too late in the day. For example, if you take your first dose at 8 a.m., then take the second dose no later than 2 p.m. 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 medication is working or if you need a different dose or kind of medication.

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 holding onto fluid. You should call your health care provider, and 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 also.

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.

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, feel better and go to the hospital less often.

These medications come as a combination tablet or they may be prescribed as two separate medications. These medications are usually taken three to four times a day.

Isosorbide Dinitrate and Hydralazine: Management Tips and Common Side Effects

Commonly reported side effects (reactions) are:

- Headaches. This can especially occur right after you start taking the medication. They may become less intense as you continue to take the medication. Taking acetaminophen can help with headaches.
- 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. These medications should be considered in addition to other heart failure medications. 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 medication with a combination of isosorbide dinitrate and hydralazine help me?

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


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Ivabradine

Ivabradine is a medication used in patients with stable heart failure to decrease hospitalizations. Ivabradine works by lowering the heart rate so your heart doesn't have to work as hard. Your health care provider will adjust your dose based on your heart rate. Ivabradine can be used in patients who are already taking beta-blockers OR in patients who are not able to take beta-blockers.

It is taken twice a day with meals, such as at breakfast and with your evening meal. Take your medication exactly as your health care provider tells you to take it.

What is the most important information you should know about taking Ivabradine?

Side effects include:

- Fatigue and dizziness due to a slow heart rate
- Increased blood pressure
- Temporary changes in vision (halos, increased brightness) usually during the first two months of treatment and most of the time will return to normal with continued therapy

Drug interactions:

- Many drugs interact with ivabradine and some should not be taken together. This includes prescription and over-the-counter medications, vitamins, and herbal products. These can affect the way the medication works and can cause serious side effects.
- Avoid drinking grapefruit juice and taking St. John's wort during your treatment with ivabradine.

Vericiguat

Vericiguat is used in certain people to lower the risk of death and having to go to the hospital because of heart failure.

Vericiguat works by enhancing processes in the body that lead to dilation of the blood vessels, which helps decrease the amount of work done by the heart.

Vericiguat: Management Tips and Common Side Effects

Some of the common side effects of vericiguat are:

- Decrease in blood pressure
- Dizziness
- Pale skin
- Feeling very tired or weak

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

Tell your health care provider if you:

- Are dizzy for more than 1-2 minutes after you get up from sitting or lying down.
- Are so dizzy that you have trouble walking around.
- Had a fainting spell.

Vericiguat should be taken with food. It may NOT be used in people who are taking any of these drugs: avanafil, riociguat, sildenafil, tadalafil, or vardenafil.

Digoxin

Digoxin 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 medication. However, not all people with heart failure need digoxin.

Digoxin: Management Tips and Common Side Effects

Taking too much digoxin may cause:

- Nausea or vomiting.
- Blurred or yellow-green vision.
- Abnormal heart rhythm, which may cause a racing heart beat or fainting.

If you notice any of these problems, call your health care provider right away. They may choose to check the amount of digoxin in your blood and can 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 Medications That May Be Used in Patients Who Have Heart Failure

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

Anticoagulant Medications

Some people with heart failure need anticoagulant medications (commonly called blood thinners). These medications 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.

If patients are taking an aldosterone antagonist or an ACEI, ARB or ARNI, along with their regular diuretic, they may not need extra potassium.

Note that some heart failure patients who have kidney problems may have higher levels of potassium and may not need to take potassium pills.

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.

Medications 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 medications that you are taking, even the over-the-counter ones that do not require a prescription.

Certain medications 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 medications (NSAIDs)
- Certain calcium channel blockers EXCEPT amlodipine or felodipine
- Many antiarrhythmic medications (used to treat an irregular heart beat)

These medications are covered below.

Non-Steroidal Anti-Inflammatory Medications (NSAIDs)

Non-steroidal anti-inflammatory medications, sometimes called NSAIDs, are typically used for pain management. You can buy some NSAIDs over-the-counter, while others require a prescription. NSAIDs include medications such as aspirin, ibuprofen, indomethacin, naproxen, and a number of others. These medications 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 disorders, 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 Medications

Antiarrhythmic medications are used to control an irregular heart rhythm. Several antiarrhythmics are harmful for people with heart failure and generally should be avoided. Your health care provider will probably want you to avoid certain antiarrhythmics, such as quinidine, disopyramide, procainamide, dronedarone, and flecainide. These medications are available only by prescription. If you have an irregular heart rhythm, your health care provider can use other medications to manage it.

Interactions with Alternative/ Complementary Medications

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 many ingredients in some alternative therapies interfere with the action of heart failure medications and may be harmful.

Some natural or man-made products containing certain substances, which may interfere with certain heart failure medications, can harmfully affect the intended effects of these medications. These include:

- 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
- Gingko
- 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 medications?
- 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 medications or alternative or herbal therapies that you are taking. Beware of exaggerated claims about the benefits of alternative or herbal therapies.

Never take alternative or herbal medications in place of your regular medications.

Keeping Track of Your Medications

To keep track of all of the medications 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 medication 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 medications, their doses, and number of times each day you take each medication on your cards.

Name:		
Drug Name	Dose	Times Per Day
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 Medications

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 medications, 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 medications. 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 medications.
- Ask family members or friends who live with you or near you to remind you to take your medications, if that will help you.
- Take your medications 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 medication with you so you don't miss a dose. Pack your medications 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 medications.

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

Yes. Take your medications all of the time to stay healthy. Remember that some of these medications 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 medications.

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.

Complimentary HFSA Patient Resource Available!

Heart Failure Storylines mobile app allows patients and caregivers to track appointments, mood, symptoms, and more on the same timeline as their treatment. It gives an accurate, shareable record of patient experiences between physician visits and helps care teams collaborate on treatment strategies. The app is useful for someone living with Heart Failure as well as a caregiver. Learn more today visit www.hfsa.org.

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