

ACE Inhibitors and ARBs

Are FIRST LINE agents to use in chronic HF –they can have an extraordinary impact !!

ACE Inhibitors (ACEI) can alleviate symptoms, improve clinical status, and enhance the overall sense of well-being of patients with heart failure.

In addition, ACE inhibitors can reduce the risk of death or hospitalization.

Because of their favorable effects on survival, ACE inhibitors should be prescribed to ALL patients with heart failure, especially those with LVEF \leq 40%.

Angiotensin receptor blockers (ARBs) are equal in efficacy to ACEI, but are considered when ACEIs are not tolerated due to cough.

Patients should not be given an ACEI or ARB if they have experienced life-threatening adverse reactions (angioedema or anuric renal failure) during previous exposure to the drug or if they are pregnant.

INITIATION AND MAINTENANCE:

Treatment with an ACE inhibitor should be initiated at low doses, followed by gradual increments in dose. Renal function and serum potassium should be assessed within 1 week of initiation and with each dosing change, especially in patients with pre-existing renal insufficiency or hyperkalemia.

Because fluid retention can blunt the therapeutic effects of ACEI, physicians should ensure that patients are being given appropriate doses of diuretics before and during treatment with ACEI.

Starting Dose:

- ⇒ It is best to use an agent that has been shown to reduce morbidity and mortality in clinical trials, such as enalapril (twice daily dosing), lisinopril or ramipril (both daily dosing).
- ⇒ Treatment can be initiated using LISINOPRIL 2.5-5mg daily. The dose is then increased slowly, over 2-4 weeks, to a **target** dose of 20-40mg daily.
- ⇒ For potassium levels 5.0-5.5, the ACEI dose should be reduced. The drug should be discontinued for potassium >5.5 .
- ⇒ In patients with symptoms of lightheadedness or dizziness, offering QHS dosing often helps.

The overall goal is to increase the ACEI dose until the “target dose” is reached. This should be done alongside beta blocker medication increases for complete neurohormonal blockade.

****Nonsteroidal anti-inflammatory drugs can block the favorable effects and enhance the adverse effects of ACEI in patients with heart failure and should be avoided.****