

CONGESTIVE HEART FAILURE THERAPY

CATEGORY	DOSE	COMMENTS
A.C.E. inhibitors – primary drug of choice, also used to treat edema w/o CHF diagnosis		
Benazepril (Lotensin)	10-80mg	pro-drug, long-acting,
Captopril (Capoten)	12.5-150mg in 2-3 doses	initial product, give AC, short acting
Enalapril (Vasotec)	2.5-40mg in 1-2 doses	intermediate acting, first line therapy
Fosinopril (Monopril)	10-40mg in 1-2 doses	long-acting, pro-drug,
Lisinopril (Prinivil, Zestril)	5-40mg in 1 dose	staple in CHF, long-acting
Moexipril (Univasc)	7.5-30mg in 1-2 doses	long-acting, minimal use
Perindopril (Aceon)	4-8mg in 1-2 doses	long-acting, minimal use
Quinapril (Accupril)	5-80mg in 1-2 doses	similar to ramipril, prodrug
Ramipril (Altace)	1.25-20mg in 1-2 doses	long-acting, similar to quinapril
Spirapril (Renormax)	12-48mg in 1 dose	long-acting, minimal use. Pro-drug
Trandolapril (Mavik)	1-4mg in 1 dose	long-acting, pro-drug, like enalapril
beta-blockers – previously thought to be contraindicated, now growing use,		
IS-intrinsic (decreased risk of bronchospasm, heart failure, or peripheral vasoconstriction);		
CS-cardioselective (decreased CNS effect); NS-non-selective		
Acebutolol (Sectral)	200-1200 in 1-2 doses	IS/CS; low CNS effects,
Atenolol (Tenormin)	5-100mg in 1-2 doses	CS; long-acting, tolerated well
Betaxolol (Kerlone, Ziac)	5-40mg in 1 dose	CS; most potent, used also as eye drop
Bisoprolol (Zebeta)	5-20mg in 1 dose	CS; similar to betaxolol
Carteolol (Cartrol)	2.5-10mg in 1 dose	IS/NS; low lipid, moderate intrinsic
Carvedilol (Coreg)	6.25-25mg in 2 doses	NS; some alpha effect, sim. to labetalol
Labetalol (Normodyne, Trandate)	100-400mg 1-3 doses	IS/NS; alpha effects, low renal effect
Metoprolol (Lopressor)	50-20mg in 1-2 doses	CS; more lipid soluble than atenolol
Nadolol (Corgard)	20-320mg in 1 dose	NS; like propranolol, but more renal excr
Penbutolol (Levatol)	20mg in 1 dose	IS/NS; high lipid effect, hepatic elim.
pindolol (Visken)	10-30mg in 1-2 doses	IS/NS; largest vasodilatory effect
propranolol (Inderal)	40-240mg in 2 doses	NS; initial product, myriad of indications
sotalol (Betapace)	80-320mg in 2 doses	CS; strong arrhythmic effect
timolol (Blocadren)	10-40mg in 2 doses	NS; like propranolol, eye drop also
digitalis – previous gold standard, now used perhaps as 4th-5th line agent		
digoxin (Lanoxin)	0.0625-0.5mg qd	narrow therapeutic window
diuretics – loops were standard, but now with lower doses; spironolactone gaining popularity,		
furosemide (Lasix)	20-120mg qd-bid	loop, less effective in w/low renal function
bumetanide (Bumex)	0.5-2 qd	loop, more potent than furosemide
chlorthalidone (Hygroton)	25-100 qd	Less effective in low renal states
metolazone (Zaroxolyn, Diulo)	2.5-10 qod-qd	large k+ loss, very potent diuresis
spironolactone (Aldactone)	25-100mg in 1-2 doses	rebound effectiveness
torseamide (Demadex)	5-100mg qd	loop, longer acting than furosemide
nitroglycerin – used in combination with hydralazine, increases cardiac contractility		
isoroddbide dinitrate (Isordil)	5-40 tid-qid	combined w/hydralazine
isosorbide mononitrate (Imdur)	10-40 qd	long-acting, do not crush
transderm nitro (various)	0.1-0.4mg/hr	topical, often on 24 hours
vasodilation – amiodarone appears to be replacing digoxin, hydralazine used with NTG products		
amiodarone (Cordarone)	100-400mg qd-bid	vasodilator, increased use
hydralazine (Apresoline)		often combined with NTG