Heart Failure Prescribing Guidelines
Beta-Blocker Dose Titration Schedule

NHS Rotherham

Appendix 2A

Bisoprolol in the Treatment of Heart Failure

Applicable to:

- All patients diagnosed with heart failure and commenced on bisoprolol.

Patients not discharged on bisoprolol or an alternative beta-blocker:

- Confirm that there is a contraindication to beta-blocker therapy
- If no contraindication refer to the PCT heart failure specialist service for assessment.

Patients discharged on a beta-blocker other than bisoprolol:

- If discharged on carvedilol, or nebivolol, ensure that they are on the appropriate, or maximum tolerated dose for heart failure.
    - Carvedilol 25-50mg Twice daily
    - Nebivolol 10mg Daily

- Patients initiated on a beta-blocker prior to developing heart failure, may be continued on their original beta-blocker even if it is not specifically indicated for heart failure. If concerned contact the PCT heart failure specialist service for advice.

- Maintain discharge medication and refer to the PCT heart failure specialist service if patient's symptoms are uncontrolled.

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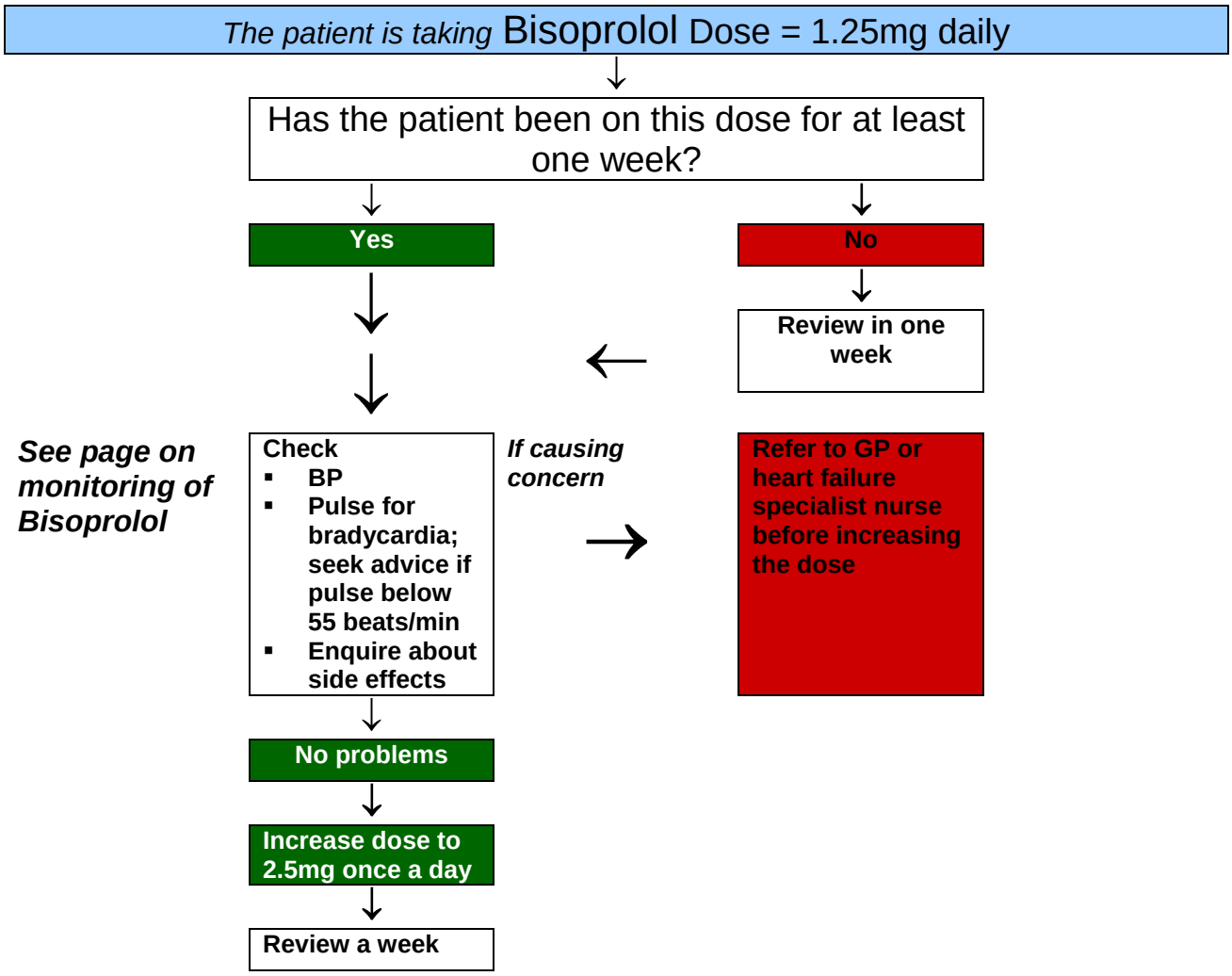
Bisoprolol in the Treatment of Heart Failure

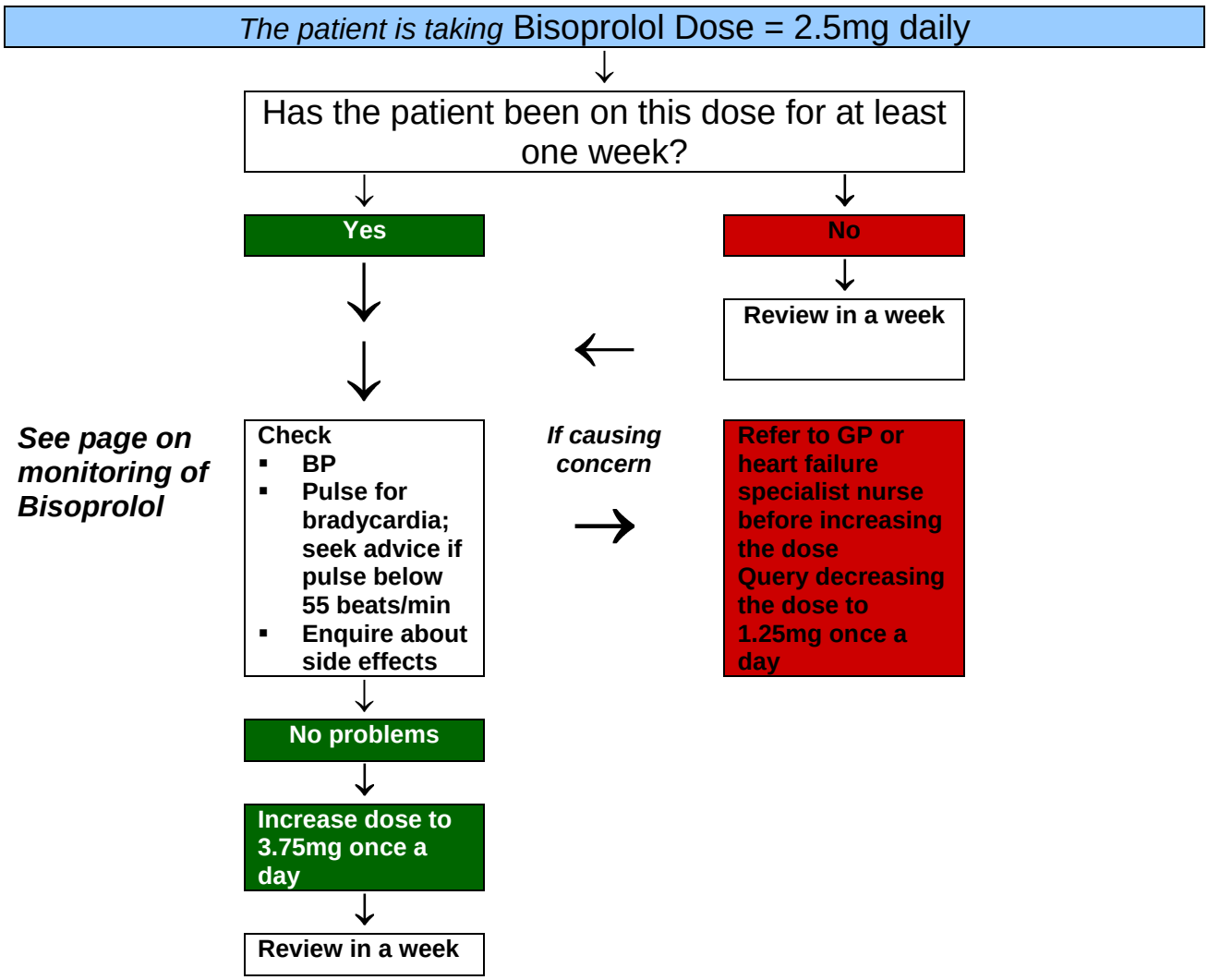
Initiation dose 1.25mg once a day (Patients may be discharged on higher doses)

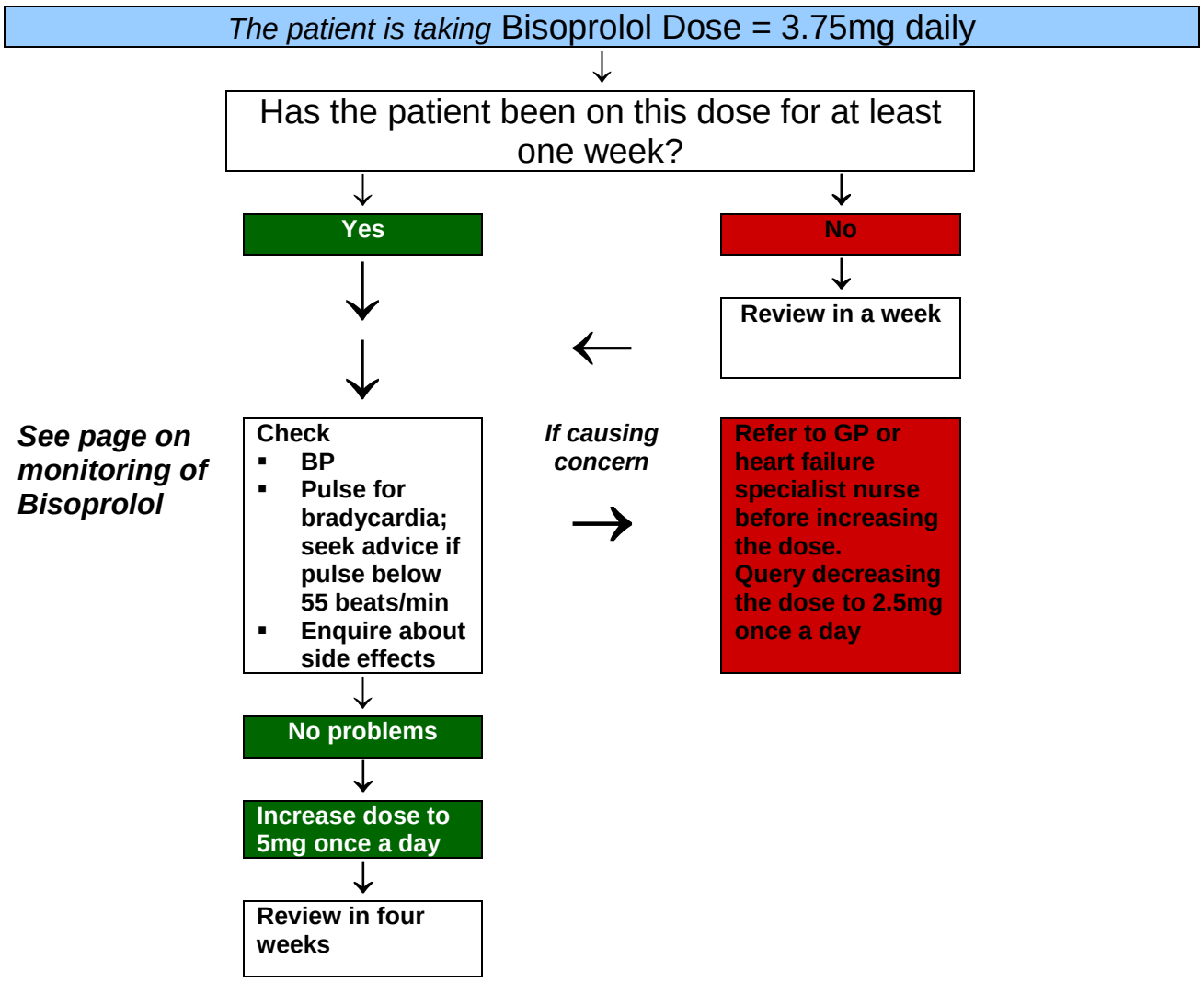
Treatment dose = 10mg once a day

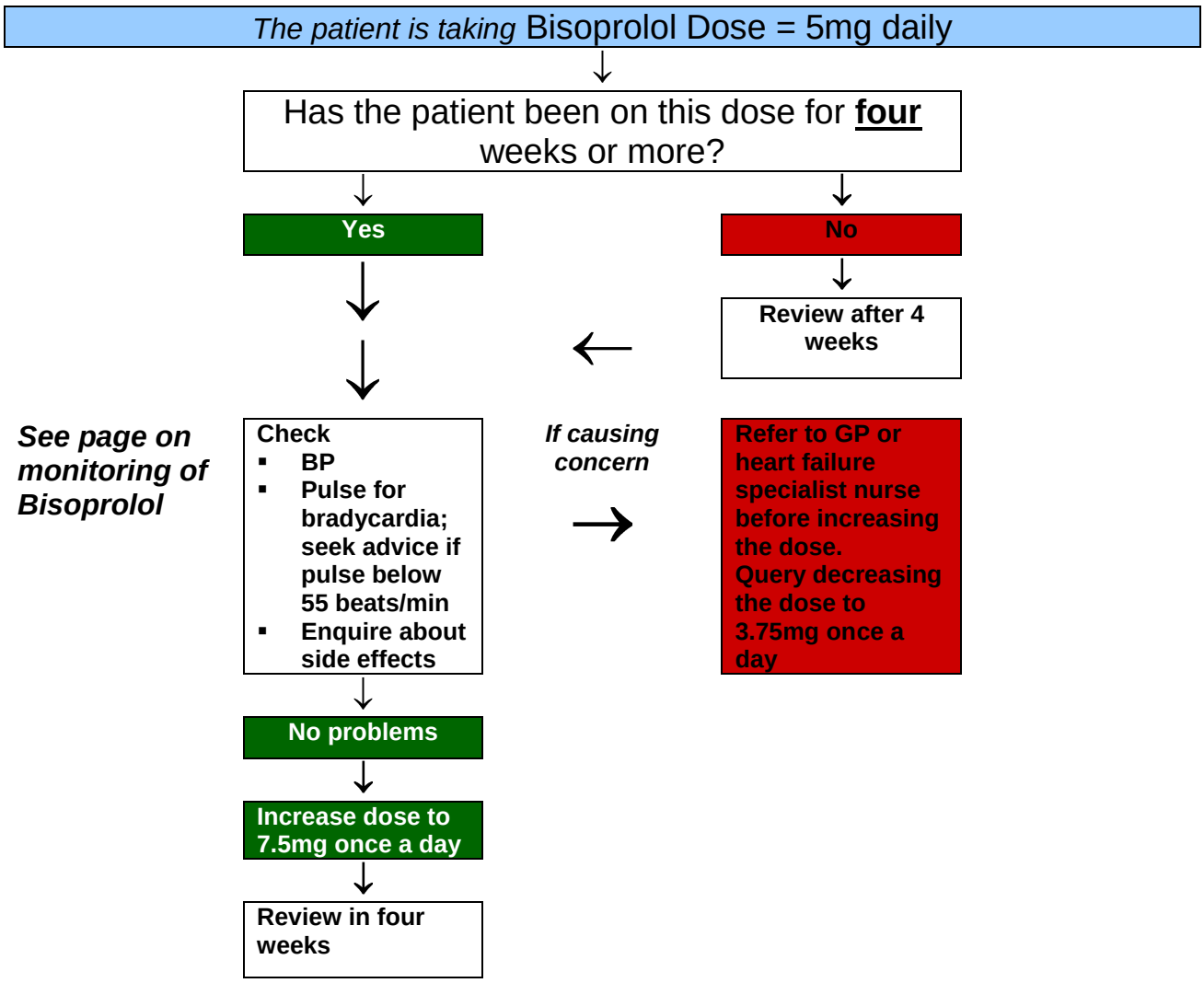
Patients should be have their dose titrated to 10mg daily or to the maximum tolerated dose.



Review date August 2013


The patient is taking Bisoprolol Dose = 2.5mg daily
Has the patient been on this dose for at least one week?
Yes
No
Review in a week
If causing concern
See page on monitoring of Bisoprolol
Check
BP
Pulse for bradycardia; seek advice if pulse below 55 beats/min
Enquire about side effects
Refer to GP or heart failure specialist nurse before increasing the dose
Query decreasing the dose to 1.25mg once a day
No problems
Increase dose to 3.75mg once a day
Review in a week


The patient is taking Bisoprolol Dose = 3.75mg daily
Has the patient been on this dose for at least one week?
Yes
No
Review in a week
If causing concern
Refer to GP or heart failure specialist nurse before increasing the dose. Query decreasing the dose to 2.5mg once a day
See page on monitoring of Bisoprolol
Check
BP
Pulse for bradycardia; seek advice if pulse below 55 beats/min
Enquire about side effects
No problems
Increase dose to 5mg once a day
Review in four weeks



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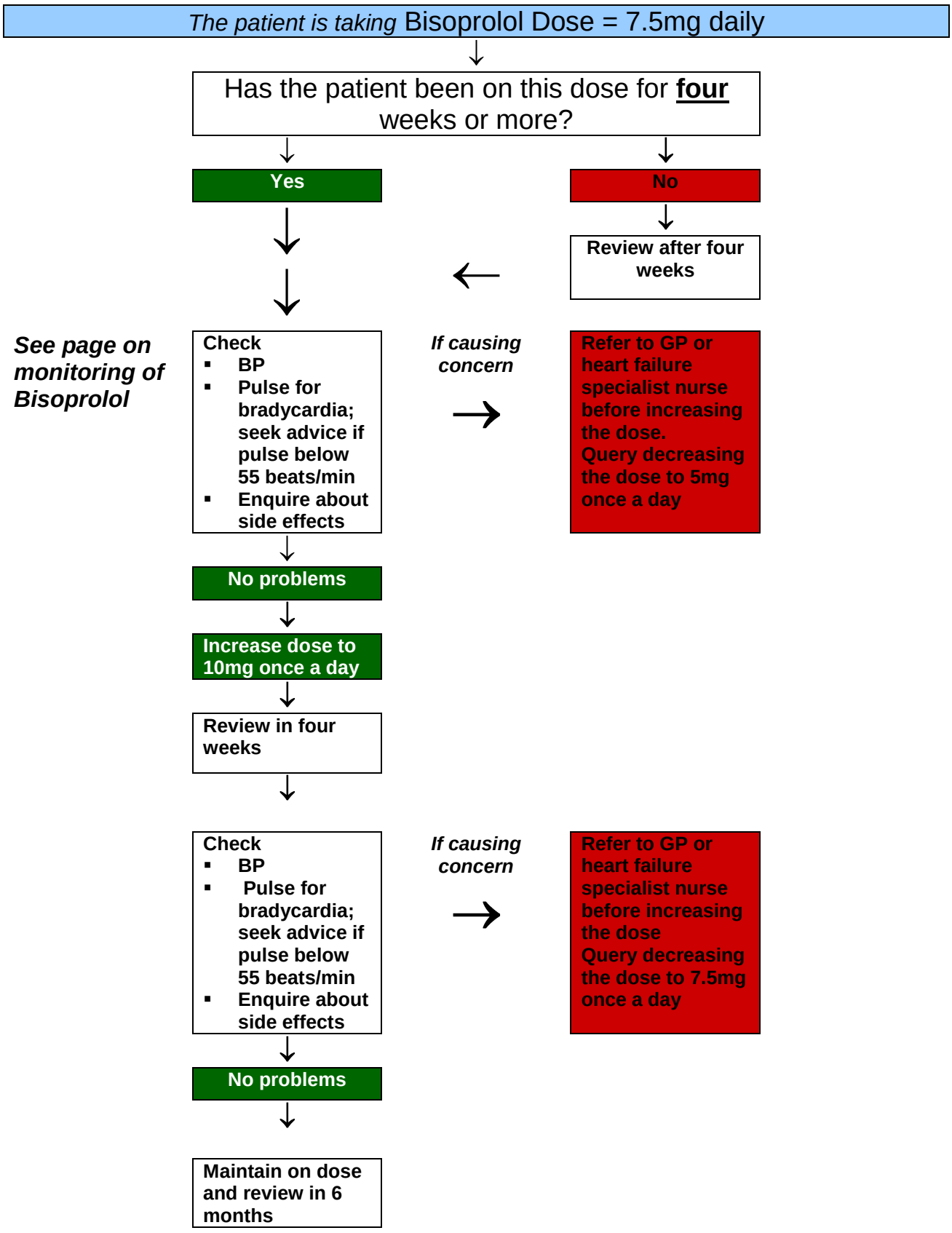
The patient is taking Bisoprolol Dose = 7.5mg daily
Has the patient been on this dose for **four** weeks or more?
Yes
No
Review after four weeks
See page on monitoring of Bisoprolol
Check
BP
Pulse for bradycardia; seek advice if pulse below 55 beats/min
Enquire about side effects
If causing concern
Refer to GP or heart failure specialist nurse before increasing the dose.
Query decreasing the dose to 5mg once a day
No problems
Increase dose to 10mg once a day
Review in four weeks
Check
BP
Pulse for bradycardia; seek advice if pulse below 55 beats/min
Enquire about side effects
If causing concern
Refer to GP or heart failure specialist nurse before increasing the dose
Query decreasing the dose to 7.5mg once a day
No problems
Maintain on dose and review in 6 months

Monitoring of Bisoprolol prior to increasing dose.

The information given here is incomplete please refer to the current BNF for comprehensive details.

1. BP

- < 120/80 Do not increase bisoprolol dose refer to GP or heart failure specialist nurse.
- > 160/100 Refer to doctor for advice
- For hypertensive patients continue to monitor blood pressure until the patient is stabilised at the maintenance dose 5 – 10mg daily or the maximum tolerated dose.
- If the patient remains hypertensive at this dose refer for advice or consult the Rotherham PCT Hypertension Guidelines.

2. Side Effects

- Bradycardia

  Seek advice if pulse below 55 beats/min

- Respiratory

  Enquire about any respiratory symptoms; review/seek advice if the patient reports any respiratory problems (shortness of breath/ wheezing).

- Pain in hands/fingers etc

  Beta-blockers can cause a peripheral vasoconstriction; review/seek advice if the patient reports pain in fingers hands etc.

- Other Side Effects

- Fatigue
- Nausea, vomiting, , headache, diarrhoea these are rarely a problem
- See BNF

3. Drug Interactions

- NSAIDS
  - Avoid if possible. Confirm with GP that it is necessary to continue this treatment. NSAID use in heart failure patients results in a deterioration of symptom control and higher admissions rate.

- Anti-arrhythmics
    - Avoid will cause increased myocardial depression.
    - Seek further advice before increasing the dose if the patients is also taking an anti-arrhythmic.
- Calcium-channel blockers
    - Avoid diltiazem and verapamil due to increased risk of severe bradycardia heart block and possibility of worsening of heart failure.
- Thiazide diuretics
    - Avoid can precipitate diabetes when used in conjunction with a beta-blocker.
- Respiratory medication
    - Confirm beta-blocker has not caused or exacerbated symptoms.