

## **Nebivolol in the Treatment of Heart Failure**

### **Applicable to:**

- All patients diagnosed with heart failure and commenced on nebivolol.
- Nebivolol is specifically indicated for stable mild to moderate heart failure in patients over 70.

### **Patients not discharged on nebivolol 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 nebivolol:**

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

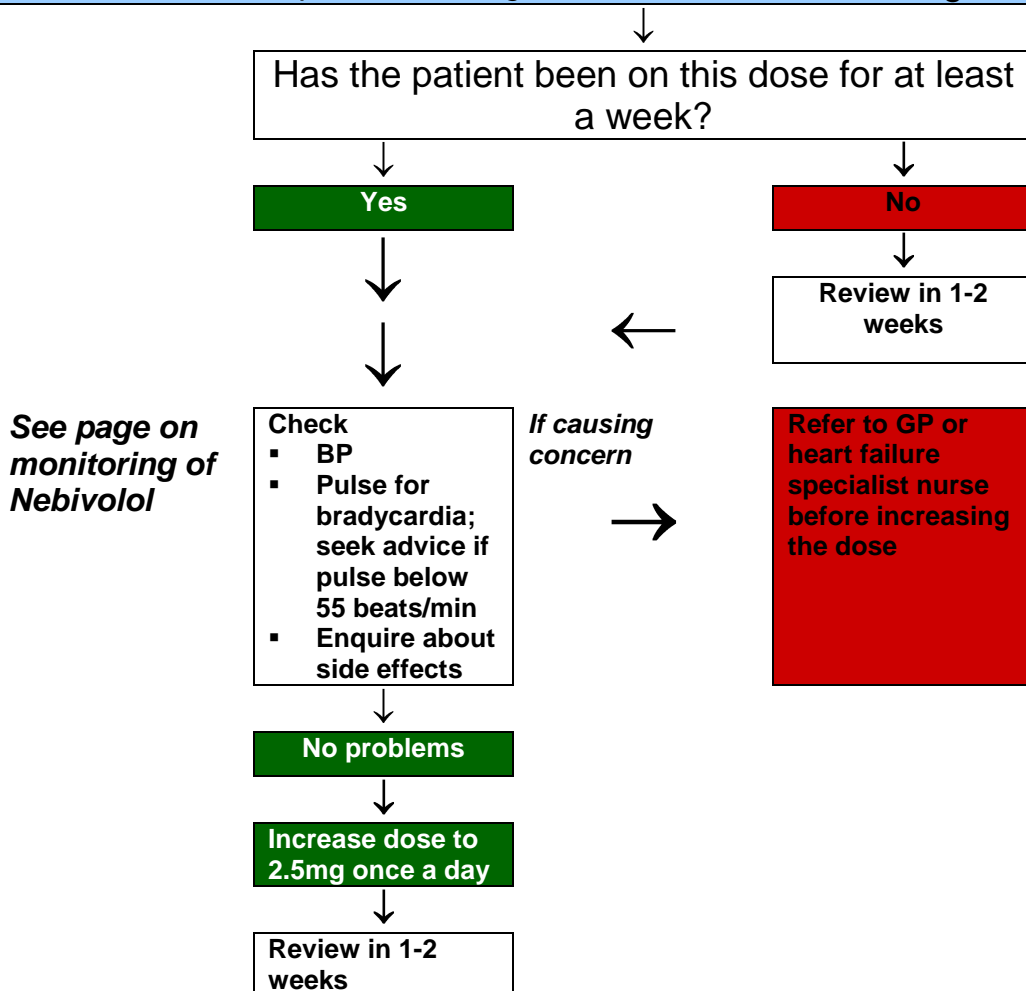
## Nebivolol in the Treatment of Heart Failure

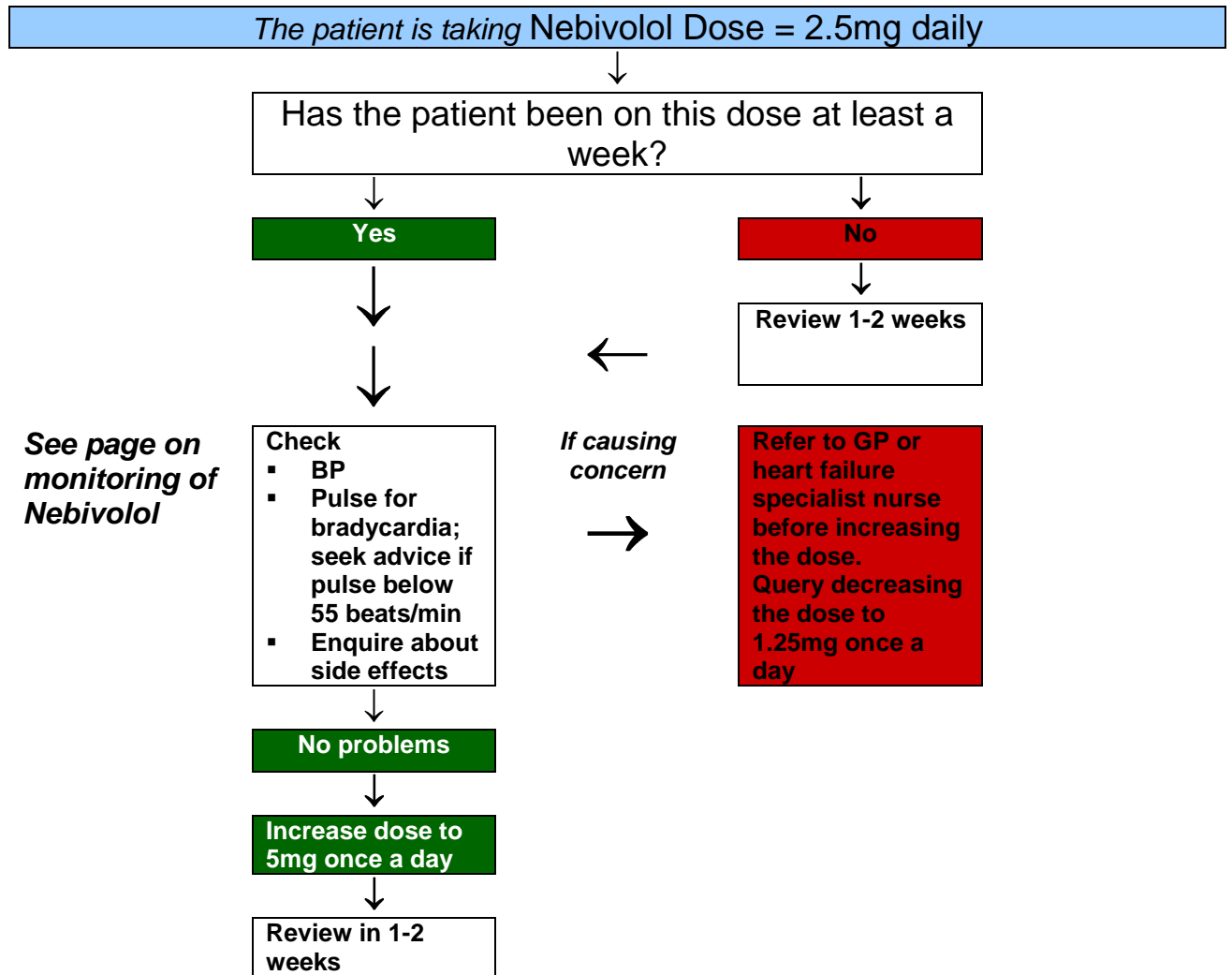
Initiation dose 1.25mg once a day (Patients may be discharged on higher doses)

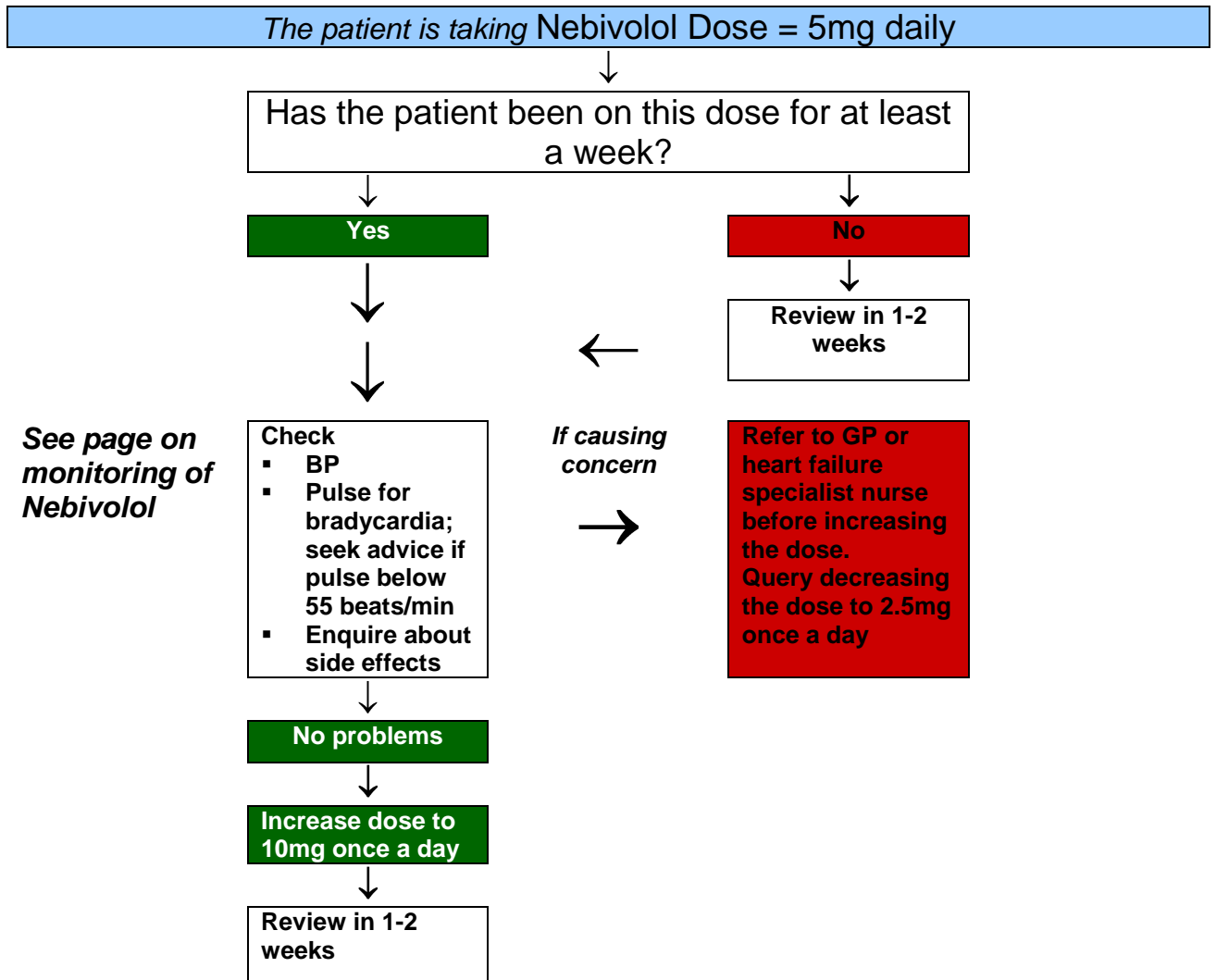
Treatment dose = 10mg once a day

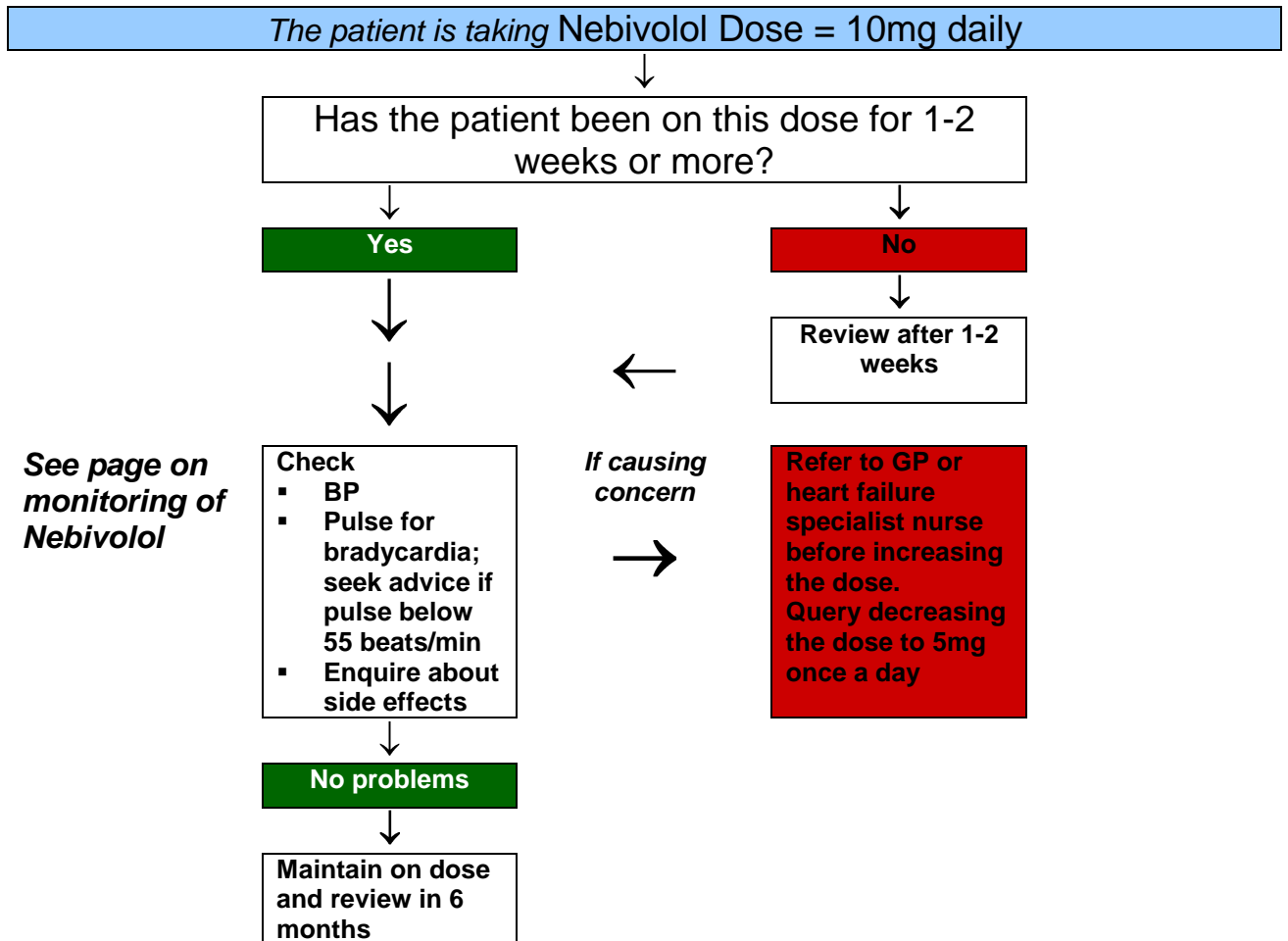
Patients should be have their dose titrated to 10mg daily or to the maximum tolerated dose.

*The patient is taking Nebivolol Dose = 1.25mg daily*









## Monitoring of Nebivolol 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 nebivolol 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 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 patient 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 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.