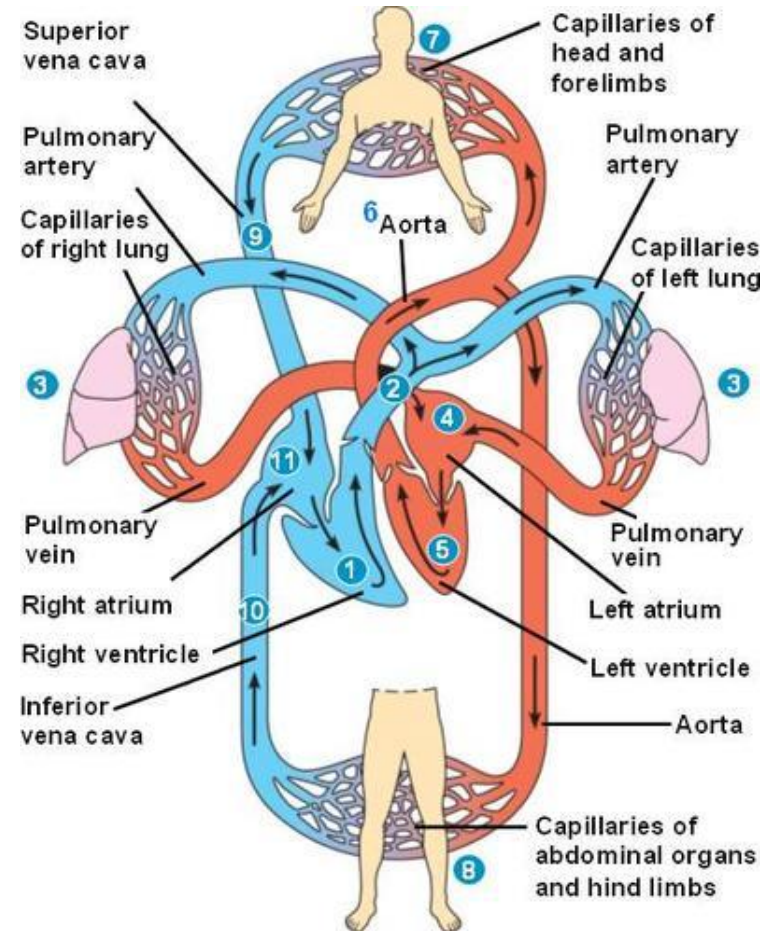


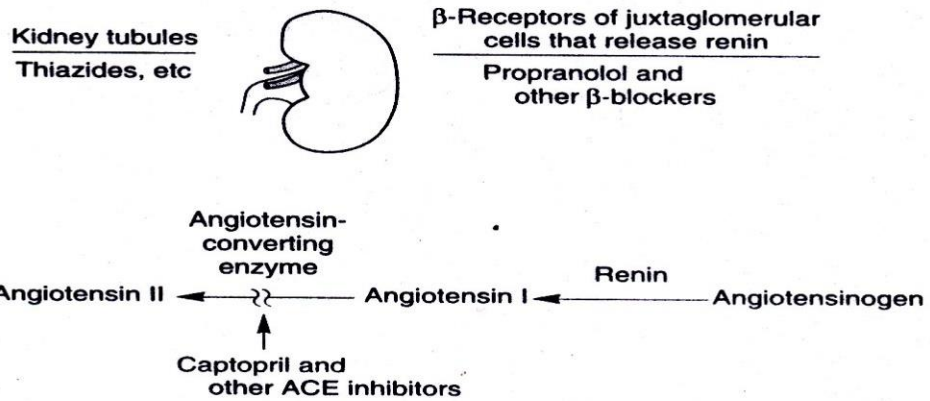
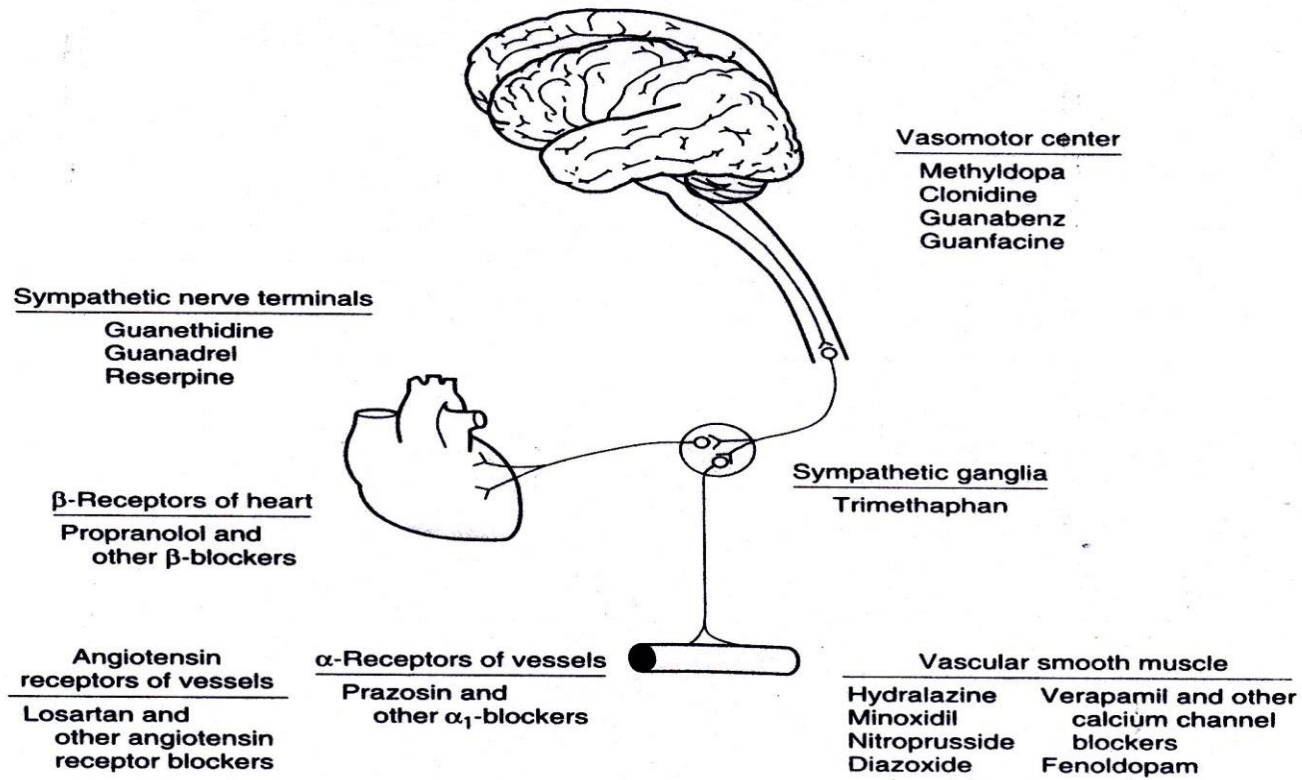
Common Heart Medications

DR GEORGIOS KARAGIANNIS



Physiology of the heart





HYPERTENSION

Management of HF with reduced EF

Drugs that improve survival

Beta blockers

ACEI/ARB/ARNI

Aldosterone antagonists

SGLT2i

Hydralazine and nitrates

Ivabradine

Drugs that don't improve survival but can improve symptoms

Diuretics

Digoxin

Amlodipine

Antiarrhythmics



Drugs that worsen survival or can cause harm

Thiazolidinediones (glitazones)

NSAIDs or COX-2 inhibitors

Diltiazem or verapamil

STEMI

LMWH i.e. Enoxaparin 1mg/kg BD or Fondaparinux 2.5mg OD

Clopidogrel 300mg loading dose (or Ticagrelor 180mg)

Aspirin (300mg chewed)

Statin (high dose) i.e. Atorvastatin 80mg



Treatment of
ACS

TIME IS MUSCLE

Percutaneous coronary intervention (Primary PCI)

- 'Call to balloon time' of 120 minutes

Thrombolysis

- Streptokinase / alteplase / tenecteplase...
- Contraindications

Hypolipidemic drugs

Statins

Fibrates

Ezetimibe

PCSK9 inhibitors

Inclisiran

Antiarrhythmic drugs

Class	Action	Drugs
I	SODIUM CHANNEL BLOCKADE	
Ia	Moderate phase 0 depression and conduction slowing, prolonging of action potential duration	Quinidine, procainamide, disopyramide
Ib	Minimal effect on phase 0 upstroke No change or shortening of APD	Lidocaine, mexiletine, tocainide
Ic	Marked phase 0 depression and conduction slowing, little effect on repolarization	Flecainide, propafenone, moricizine
II	B - ADRENERGIC BLOCKADE	Propranolol, metoprolol, atenolol, esmolol, acebutolol
III	POTASSIUM CHANNEL BLOCKADE	<i>d,l</i> -Sotalol, dofetilide, amiodarone, bretylium, ibutilide
IV	CALCIUM CHANNEL BLOCKADE	Verapamil, diltiazem