Publicado: Jueves, 04 Noviembre 2021 00:00

El *NPS MedicineWise* australiano ha publicado una guía práctica para la titulación progresiva de los medicamentos para la insuficiencia cardíaca, dirigida a los médicos de atención primaria; con el objetivo de ayudarles a optimizar la dosis de los fármacos recomendados en esta patología, en particular, en pacientes con insuficiencia cardíaca con fracción de eyección reducida (IC-FEr).

Se presenta una tabla que incluye la dosis inicial y la dosis objetivo de cada uno de los fármacos recomendados: IECA, ARA-II, betabloqueantes, antagonistas del receptor mineralocorticoide e inhibidores de neprilisina del receptor de angiotensina (sacubitrilo/valsartán) (ver Tabla 1 reproducida al final); y las diferentes formas de llevar a cabo la titulación ascendente de la dosis, en función del volumen del paciente al iniciar el tratamiento farmacológico (euvolémico o congestionado) (Ver figura 1 reproducida al final).

También se incluyen varias tablas con recomendaciones para modificar la dosis durante el proceso de titulación cuando se considere necesario, en pacientes que experimentan determinados efectos adversos, especialmente cuando estos son sintomáticos: hipotensión, bradicardia, insuficiencia renal, hiperpotasemia, etc. (ver ejemplo en Tabla 2 reproducida al final).

En relación con este tema, cabe señalar que recientemente se han actualizado las recomendaciones para el tratamiento de la IC de: *European Society of Cardiology (ESC)*, *American College of Cardiology (ACC)* y Canadian Cardiovascular Society / Canadian Heart Failure Society (CCS / CHFS).

Phoca PDF

TABLE 1

Start and target doses for heart failure medicines for people with HFrEF[7]

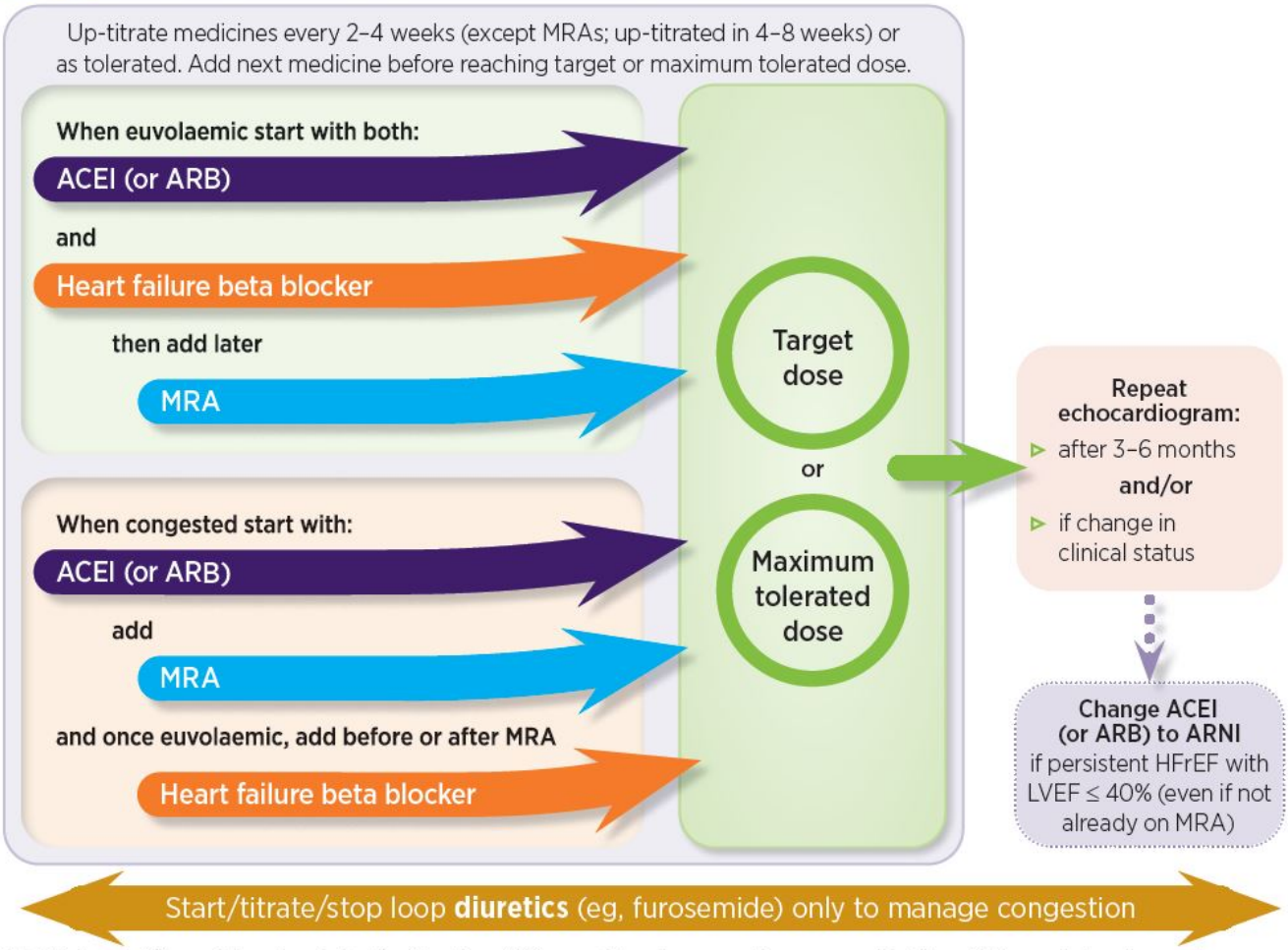
CLASS	MEDICINE	START DOSE	TARGET DOSE
ACEI	captopril	6.25 mg TDS	75 mg BD
	enalapril	2.5 mg D	20 mg D
	fosinopril	5 mg D	40 mg D
	lisinopril	2.5 mg D	50 mg D
	perindopril arginine	2.5 mg D	10 mg D
	perindopril erbumine	2 mg D	8 mg D
	quinapril	5 mg D	20 mg D
	ramipril	2.5 mg BD	5 mg BD
	trandolapril	0.5 mg D	4 mg D
ARB	candesartan	4 mg D	32 mg D
	eprosartan	400 mg D	600 mg D
	irbesartan	75 mg D	300 mg D
	losartan	25 mg D	100 mg D
	olmesartan	10 mg D	40 mg D
	telmisartan	40 mg D	80 mg D
	valsartan	40 mg BD	160 mg BD
Heart failure beta blocker	bisoprolol	1.25 mg D	10 mg D
	carvedilol	3.125 mg BD	50 mg BD
	metoprolol succinate MR	23.75 mg D	190 mg D
	nebivolol	1.25 mg D	10 mg D
MRA	eplerenone	25 mg D	50 mg D
	spironolactone	25 mg D	50 mg D
ARNI	sacubitril/valsartan	49/51 mg BD	97/103 mg BD

HFrEF = heart failure with reduced ejection fraction; ACEI = angiotensin-converting enzyme inhibitor; ARB = angiotensin receptor blocker; ARNI = angiotensin receptor neprilysin inhibitor; MRA = mineralocorticoid receptor antagonist; D: daily; BD: twice daily; TDS: three times a day; MR: modified release

* From the National Heart Foundation of Australia 2018. Clinical factsheet: pharmacological management of chronic heart failure with reduced left ventricular ejection fraction (HFrEF). Copyright 2019 by National Heart Foundation of Australia. Reprinted with permission.

Phoca PDF

FIGURE 2: Initial pharmacological management for people with HFrEF[1,7,8]



HFrEF = heart failure with reduced ejection fraction; ACEI = angiotensin-converting enzyme inhibitor; ARB = angiotensin receptor blocker;
ARNI = angiotensin receptor neprilysin inhibitor; MRA = mineralocorticoid receptor antagonist
* Adapted from the National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the prevention, detection, and management of heart failure in Australia 2018. Copyright 2018 by National Heart Foundation of Australia. Reprinted with permission. https://doi.org/10.1016/j.hlc.2018.06.1042
Adapted from Tomlinson S, Atherton JJ. Heart failure - The crucial role of the GP. Medicine Today 2018; 19:19-27 with permission. https://medicinetoday.com.au/2018/march/feature-article/heart-failure-crucial-role-gp

Phoca PDF

TABLE 2

Guidance for managing blood pressure adverse effects

Blood pressure (BP) – including orthostatic BP (postural drop):[11,13] Review 1–2 weeks after each medicine initiation / each medicine dose increase[1,7]

ADVERSE EFFECTS	ACTIONS[a]		
	ACEI / ARB / ARNI	HEART FAILURE BETA BLOCKER	MRA
Asymptomatic hypotension[7,11]	Continue therapy	Continue therapy	Continue therapy
Symptomatic hypotension eg dizziness, light-headedness and/or confusion[1,7,11]	1. Assess volume status, consider reducing or stopping diuretic if there are no signs or symptoms of congestion 2. Review other medicines that can reduce blood pressure (eg calcium channel blockers, nitrates, diuretics) 3. If still symptomatic: a. temporarily decrease dose of either ACEI/ARB, ARNI or heart failure beta blocker b. review patient within 1 week and if still symptomatic continue dose reduction (or cease) and seek specialist advice		Continue therapy Only consider decreasing dose if, after implementing actions for ACEI/ARB/ARNI and/ or heart failure beta blocker to address symptomatic hypotension, the patient is still symptomatic.
Severe symptomatic hypotension / cardiogenic shock eg cold and sweaty skin, dyspnoea, blue skin tone or weak and rapid pulse[1,11,12]	Immediate referral to an emergency department		

[a] Diuretic dose may be reduced at any time if euvolaemic (unless this has previously exacerbated symptoms)