



ARBs (if unable to tolerate ACE's) with evidence in Heart Failure Populations

<i>(Special Authority required: call the below # 1-250-952-1216 (direct) or 1-877-657-1188)</i>	Starting doses	Target dose
Candesartan (Atacand)	4 mg once daily	32 mg once daily
Valsartan (Diovan)	40 mg BID	160 mg BID

ARB Up-Titration Guideline

Signs and Symptoms Assessment	Dose/Drug Changes	Actions	Comments
Step 1	Begin with recommended starting dose	Baseline assessment <ul style="list-style-type: none"> • Vital signs • Renal Function <ul style="list-style-type: none"> ○ Creatinine ○ BUN ○ eGFR 	Reassess blood work every 2-4 weeks especially if you are titrating medications <ul style="list-style-type: none"> ▪ Electrolytes ▪ Renal function
Step 2	Increase by 50-100% every 2-4 wks.	For every medication and dosage change Reassess: <ul style="list-style-type: none"> • Vital signs B/P • , Renal Function <ul style="list-style-type: none"> ○ Creatinine ○ BUN ○ eGFR 	Remember: Patients who are clinically “dry” may be more prone to renal failure when ACE/ARB dose is up-titrated Closer monitoring with CKD and/or diabetes
Step 3	Increase by 50-100% every 2-4 wks.	For every medication and dosage change Reassess: <ul style="list-style-type: none"> • Vital signs B/P • , Renal Function <ul style="list-style-type: none"> ○ Creatinine ○ BUN ○ eGFR 	Closer monitoring with CKD and/or diabetes

ARB Symptom Management Guideline

<p>Considerations:</p> <ul style="list-style-type: none"> ▪ Most of the side effects and rise in creatinine are transient and resolve within 2-4 weeks but can return with each up-titration of ACE I medication ▪ Patients often need support to continue medications through this phase. ▪ Try to titrate to maximum dose tolerated. <ul style="list-style-type: none"> ○ Typical patients difficult to up titrate include those with: <ul style="list-style-type: none"> ▪ Chronic Kidney disease and Diabetes. They require very close monitoring of renal function

	Options for Dose/Drug Changes	Actions	Comments
Symptomatic hypotension	Step 1: Reduce diuretic by 50% (per diuretic guideline) if pt. euvolemic	For every medication change and dosage change Reassess: <ul style="list-style-type: none"> • Vital signs • Electrolytes • Renal function 	Taking other vasodilator medications at alternate times (e.g. BB at noon) Taking ACE I at night (if once daily) Suggest reduction in vasodilators that are not associated with mortality benefit in patients with HF (e.g. CCB) Suggest to patient to rise slowly with position changes
	Step 2: Decrease ARB by 50%		
	Step 3: Consider alternate dosing schedules to minimize symptoms (eg. Morning and bedtime)		
	Step 4 Decrease BB per guidelines :		
Cough	Step 1: Ensure etiology is not Pulmonary edema	For every medication change and dosage change Reassess: <ul style="list-style-type: none"> • Vital signs • Electrolytes • Renal function 	
	Step 2: Reduce ACE-I by 50% OR Consider switching to ARB		
	Step 3: After one week, Consider D/C ACE-I Must Switch to ARB		
Nausea /vomiting	Step 1: Take with food	Assess for: If N/V persists need to assess: <ul style="list-style-type: none"> ▪ B/P, HR,RR ▪ Electrolytes ▪ Hydration 	
	Step 2: Take at night		
	Step 3: D/C if N/V persists And switch to ARB		

Rise in creatinine	Step 1: Consider reducing ACE-I by 50%	Reduce until stable renal function	Monitor creatinine, allow a 30% increase in baseline
	Step 2: After one week If Cr remains increased consider reducing ACE-I by 50%		If diabetic, may have to stop metformin once Cr > 200 umol/ Normal Creatinine levels
	Step 3: If Cr remains elevated ≥200 umol/L consider D/C ACE-I and start Nitrate/Hydralazine		
Hyperkalemia	Step 1: D/C spiro lactone Consider reducing ACE-I by 50%	Assess if patient is taking Na substitute as they can be high in K+ Assess if pt is eating food high in K+	Normal K+ 3.5-5 mmol/L Assess for S&S of Hyperkalemia
	Step 2: after 1 week If K + remains elevated reduce by another 50%	Asses if patient is taking NSAID's and if they are D/C	Caution in clinical conditions which could lead to dehydration (eg. intercurrent sepsis or infection)
	Step 3: D/C ACE	If K+ > 6.0 mmol/L then direct to acute care facility.	