



Clinical Champion Update

Date: *3/20/23* *Subject: Congestive Heart Failure*

Meds to avoid or use with caution in HF

- Avoid NSAIDs
 - May cause edema, increase BP, raise risk of kidney injury
 - Use Tylenol or topical NSAID instead
- Avoid CCBs in HFrEF
 - Reduce contractility, especially diltiazem, verapamil, and nifedipine
 - Amlodipine generally OK to use as it doesn't significantly reduce contractility.
 - OK to use any CCB in HFpEF since reduced contractility is not the issue.
- Diabetes meds
 - Avoid pioglitazone
 - Edema, increased risk of HF exacerbation
 - -gliptins (DPP-4 inhibitors)
 - May worsen HF. If one is needed, the risk is less with Januvia (sitagliptin) or Tradjenta (linagliptin)
 - CONTINUE metformin
 - Lactic acidosis extremely rare in stable HF
 - Consider adding an SGLT2i (-flozins, e.g. Farxiga / canagliflozin / dapagliflozin / empagliflozin)
 - Reduce risk of HF hospitalization
 - If needed, consider insulins, SU, GLP-1 agonist (Victoza, Trulicity, Ozempic), but be warned that evidence in HF is limited.
- OTCs / supplements
 - Check for sodium on labels
 - E.g. some effervescent tabs can contain over 500mg sodium per tab
 - Energy drinks with high caffeine doses can increase BP.
 - St. John's Wort
 - May interact with digoxin, eplerenone, and some other CV meds.

Credit: Prescriber's Letter, October 2022, Steer Away From Meds That Can Exacerbate Heart Failure

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