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.

Review date July 2010
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.

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

Has the patient been on this dose for at least a week?

- **Yes**
  - No problems
  - Increase dose to 2.5mg once a day
  - Review in 1-2 weeks

- **No**
  - Review in 1-2 weeks

**See page on monitoring of Nebivolol**

- **Check**
  - BP
  - Pulse for bradycardia; seek advice if pulse below 55 beats/min
  - Enquire about side effects

**If causing concern**

- Refer to GP or heart failure specialist nurse before increasing the dose

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Review date July 2010
The patient is taking Nebivolol Dose = 2.5mg daily

Has the patient been on this dose at least a week?

- **Yes**
  - Check
    - BP
    - Pulse for bradycardia; seek advice if pulse below 55 beats/min
    - Enquire about side effects
  - No problems
  - Increase dose to 5mg once a day
  - Review in 1-2 weeks

- **No**
  - Review 1-2 weeks

If causing concern
- Refer to GP or heart failure specialist nurse before increasing the dose. Query decreasing the dose to 1.25mg once a day.

See page on monitoring of Nebivolol
The patient is taking Nebivolol Dose = 5mg daily

Has the patient been on this dose for at least a week?

- Yes
  - Check
    - BP
    - Pulse for bradycardia; seek advice if pulse below 55 beats/min
    - Enquire about side effects
  - No problems
  - Increase dose to 10mg once a day
  - Review in 1-2 weeks

- No
  - Review in 1-2 weeks
  - If causing concern
    - Refer to GP or heart failure specialist nurse before increasing the dose. Query decreasing the dose to 2.5mg once a day

See page on monitoring of Nebivolol
The patient is taking Nebivolol Dose = 10mg daily

Has the patient been on this dose for 1-2 weeks or more?

- Yes
  - Check
    - BP
    - Pulse for bradycardia; seek advice if pulse below 55 beats/min
    - Enquire about side effects
  - No problems
    - Maintain on dose and review in 6 months

- No
  - Review after 1-2 weeks

If causing concern

- Refer to GP or heart failure specialist nurse before increasing the dose. Query decreasing the dose to 5mg once a day

See page on monitoring of Nebivolol

Review date July 2010
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.