

# Optimise Me: Optimise My Medications



**Help us make Heart Failure clearer for everyone**

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LET'S  
**B.E.A.T**  
HEART FAILURE  
TOGETHER

# Why Is this Booklet Important?

Your Heart Failure team has informed you that you have Heart Failure with Reduced Ejection Fraction. This booklet does not cover all the treatments and support for your Heart Failure, but it will help you start on the most important medications promptly. Please take note of the following text:

Heart Failure is a medical condition in which the heart is unable to pump blood efficiently to meet the body's needs. It can happen when the heart muscle becomes weakened or stiffened, making it difficult for the heart to fill with blood or pump blood effectively.

This booklet may not provide as comprehensive an explanation of Heart Failure as some of our other publications. However, these weblinks and QR codes will allow you to access further reading:

## Pocket Guide to Heart Failure

What Heart Failure is, and the fundamental principles of care.



## Know Your Type

The meaning of the term "Ejection Fraction" or "EF".



## Guide to Medicines for Heart Failure

A deeper dive into medications for Heart Failure.



# Optimise Me: Optimise My Medications (Titration Guide)

My team has told me that my Heart Failure is due to a Reduced Ejection Fraction.

Optimisation means putting you on the best dose appropriate for you.

This booklet is to help with one aspect of your treatment – medications for Reduced Ejection Fraction Heart Failure.

Four groups of medicines underpin tablet treatment for this type of Heart Failure. These medicines are like pillars that support all of the other treatments for Heart Failure, which is why they are called the four pillars.

The four pillars can be started in any order, and your team will pick the most appropriate order for these medicines to be started. **The four pillars are:**

## RAAS Inhibitors



- ACE or
- ARB or
- ARNI (Sacubitril Valsartan)



## Beta Blockers



- Carvedilol
- Bisoprolol
- Nebivolol



## SGLT2 Inhibitors Receptor



- Dapagliflozin
- Empagliflozin



## Mineralocorticoid Antagonists (MRA)



- Spironolactone
- Eplerenone



## Why Are These Drugs Essential?

Scientific trials have shown that these medications may improve your quantity and quality of life. That means they could increase your life expectancy with Heart Failure and how much better you can feel.

## What Should Happen to Me When They Are Started?

Your treatment team will discuss with you a schedule for starting medications and the order in which they will be introduced. They will also inform you of the target dose for certain medications, which is the dose they will aim to reach if you do not experience any side effects from the starting or increased doses. **If you are unable to reach the target dose because it's the most you can tolerate, that's OK - this is referred to as the maximum tolerated dose. Our goal is to reach the target dose or the maximum tolerated dose for each medication.** While some medications have only one dose, (which is the dose you start on) others will be gradually increased to reach these targets or maximum tolerated doses. The sooner we reach these doses, the sooner your heart will receive the maximum protection from the medications.

In other words, your treatment team will discuss a medication schedule with you, and they will aim to reach target doses or maximum tolerated doses for the medications. This will provide your heart with the maximum protection.



# How Do My Team Work Out Whether The Dose Can Be Increased?

Your team will typically consider at least three criteria before increasing your medication dosage. These are:

Criteria	Examples of what your team will consider
1. How are you?	Are the medications making you feel better, worse, or the same? Have you had any side effects, if so what were they?
2. Measurements of blood pressure and pulse	Your team will review any changes to your blood pressure and heart rate since starting your medication. This could include taking your blood pressure. This could be taken whilst sitting or standing up.
3. Blood tests	These could include blood tests to look at some minerals in your blood such as sodium and potassium. This could include kidney function blood tests.

# Why I Need to Record My Four Pillar Medicines and Take Them with Me When I See Any of My Clinical Team (Not Necessarily My Heart Failure Team)

The four pillars are essential medications for treating Heart Failure with Reduced Ejection Fraction (HFrEF). Getting these medications to a target or maximally tolerated dose is important. The skills needed to help get you to these levels are also possessed by many clinical teams who help with your health. This is because some of the four pillars can also be used for other conditions such as in treating blood pressure, angina, diabetes, and kidney problems.

The team that you are seeing about other problems may be able to help optimise your Heart Failure treatments by getting you to target or maximum tolerated doses when you share your four pillar medication aims with them.

Please ask the medical team to inform your GP of any changes they make to your medications. This will allow your GP to update your medication list for repeat prescriptions.



# My Team

Your Carer's Name:

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Your GP's Name:

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Your Cardiologist's Name:

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Your Specialist Nurse's Name:

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Your Practice Nurse's Name:

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Your Pharmacy's Name:

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Other Team Details

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Your Carer's Telephone Number:

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Your GP's Telephone Number:

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Your Cardiologist's Telephone Number:

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Your Specialist Nurse's Telephone Number:

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Your Practice Nurse's Telephone Number:

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Your Pharmacy's Telephone Number:

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**THIS IS IMPORTANT - ENCOURAGE YOUR MEDICAL TEAM TO KEEP IT UP TO DATE**

MEDICATION	DATE STARTED	TARGET DOSE	
<i>Ramipril 2.5mg twice a day</i>	<i>01/01/2024</i>	<i>5mg twice a day</i>	
<i>Bisoprolol 1.25mg once a day</i>	<i>05/01/2024</i>	<i>10mg once a day</i>	



POTENTIAL INCREMENTAL DOSE	WHEN INCREASED	WHAT WAS IT INCREASED TO	WHO INCREASED IT
1.25mg, 2.5mg, 5mg	10/01/2024	5mg bd	Dr H Blood Pressure
1.25, 2.5, 5mg	15/01/2024	2.5mg once a day	Dr Diabetes

## THIS IS IMPORTANT - ENCOURAGE YOUR MEDICAL TEAM TO KEEP IT UP TO DATE

MEDICATION	DATE STARTED	TARGET DOSE	

POTENTIAL INCREMENTAL DOSE	WHEN INCREASED	WHAT WAS IT INCREASED TO	WHO INCREASED IT

**THIS IS IMPORTANT - ENCOURAGE YOUR MEDICAL TEAM TO KEEP IT UP TO DATE**

MEDICATION	DATE STARTED	TARGET DOSE	

POTENTIAL INCREMENTAL DOSE	WHEN INCREASED	WHAT WAS IT INCREASED TO	WHO INCREASED IT

# One Step at a Time

We hope that this guide has triggered thoughts around some of the questions you may have. We know that this is not a position you want to be in but it's about taking small steps, which is a good thing. You may never have had to deal with something like this but if you so wish, then self-management can be the key to a better life and enable you to find your normal again.

This may be the start of your journey so if you need help do seek out further advice from your Healthcare Professional or visit our website: [www.pumpingmarvellous.org](http://www.pumpingmarvellous.org)

## Other Marvellous Guides in the Series

All guides are written by patients and clinically validated for accuracy by leading UK Heart Failure specialists.

Please scan this QR code with your smartphone:  
Or visit [pumpingmarvellous.org](http://pumpingmarvellous.org)



If you have any concerns or questions, get in touch with the  
**Pumping Marvellous Foundation.**



*Another Mini Toolkit by the Pumping Marvellous Foundation  
Crowdsourced information from REAL patients.*

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**Dr Dargoi Satchi**, Consultant Cardiologist, Midlands Partnership Foundation Trust  
**Nick Hartshorne-Evans**, CEO and Founder of the Pumping Marvellous Foundation  
**Jenny Brough**, Heart Failure Clinical Lead - Midlands Partnership Foundation Trust

# Contact Us



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