

MEDICATIONS

INTRODUCTION

Was there anything in yesterday’s teaching that you did not understand or was not clear? If yes, write down your question(s) to ask the nurse or doctor on your next visit.

My question(s):	Reason why I am asking:

Let’s talk about Medications today. Refer to <https://mbacsnetwork.ca/education> (or scan the QR Code on the last page) or see Chapter 2, page 22, in *The Living Well With Heart Disease* book: <https://tinyurl.com/yeuycsbf>

MEDICATIONS AFTER A HEART ATTACK

After a heart attack, you will need to take medications to lower your risk of having another one. Some of these medications will be needed for the rest of your life, and it's important to keep taking them unless otherwise advised by your nurse or doctor. These medications are safe, usually have no side effects, most are taken once or twice a day **AND** they have been proven to save lives. Each medication works to protect your heart. You may be on some or all these medications. Let’s see how they work:

1. ANTIPLATELET DRUGS

Most common:

ASA (Aspirin®, Asaphen®, Entrophen®, Novasen®), clopidogrel (Plavix®), ticagrelor (Brilinta®), prasugrel (Effient®)

How they work:

These drugs make blood less sticky. This prevents blood clots that cause heart attacks from blocking your heart arteries or stents. Most people will need to be on low dose Aspirin the rest of their life. If you had a stent, usually a second antiplatelet drug is needed for a period of time. Your doctor will tell you how long the second drug is needed. Do not stop taking antiplatelet medications unless you are told to do so by your nurse practitioner or doctor.

Possible Side Effects:

You might notice some bruising or minor bleeding. This is usually harmless. Rarely, you may see a large amount of blood or black stool (poop). If that happens, call 911 (or your emergency number) for help. Sometimes a skin rash, upset stomach, stomach burning, or shortness of breath can happen while on these drugs. Report such problems to your nurse or doctor.

2. CHOLESTEROL-LOWERING DRUGS (“STATINS”)

Most common:

Atorvastatin (Lipitor®), Rosuvastatin (Crestor®), Simvastatin (Zocor®), pravastatin (Pravachol®)

How they work:

Cholesterol buildup in heart arteries is the main cause of heart attacks. Statin drugs safely lower blood cholesterol, usually by half. This lowering is much more than any diet can do. Statins are needed lifelong to stop and even shrink cholesterol buildup. They prevent heart attacks, strokes and help people live longer.

Possible Side Effects:

Statins are safe and serious side effects are rare. Don't be fooled by myths, worries or advice that these drugs frequently cause problems, they don't. Muscle aches are often mentioned, but the truth is mostly these aches are not caused by the statin. If you notice unusual aches let your nurse or doctor know on the next visit. Lowering the dose or switching to a different statin often solves the problem.

Some statins should be taken in the evening. Atorvastatin and rosuvastatin may be taken in the morning if it is easier for you. Some statins don't mix with grapefruit or grapefruit juice (rosuvastatin is usually okay). Other citrus fruits (like oranges and lemons) are safe to have with any statin.

3. BETA-BLOCKERS

Most common:

Metoprolol (Lopressor®, Betaloc®), Bisoprolol (Monacor®)

How they work:

After a heart attack, your heart needs to be protected from stress. Beta blockers reduce the effects of stress hormones on the heart. Beta blockers reduce abnormal heartbeats, strengthen weakened heart muscle, prevent angina (chest pain or discomfort), lower blood pressure, and slow your pulse. These are all good things after heart damage from a heart attack.

Possible Side Effects:

Watch for tiredness or fatigue, but this usually gets better with time. Talk to your nurse or doctor if you develop dizziness, fainting, trouble breathing, swelling of the feet or ankles, depression, or nightmares. If your heart attack was small, beta blockers can often be stopped by your doctor after 6 months or a year. After a large heart attack, lifelong beta blockers are best.

4. ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND ANGIOTENSIN RECEPTOR BLOCKERS (ARBs)

Most common: Perindopril (Coversyl®), Ramipril (Altace®), Telmisartan (Micardis®), Valsartan (Diovan®)

How they work:

ACE inhibitors and ARB drugs lower your blood pressure and make it easier for the heart to pump blood. This protects weakened heart muscle and reduces stress on your blood vessels. These drugs are usually continued for the rest of your life.

Possible Side Effects:

Watch for dizziness or feeling faint. ACE inhibitor drugs can cause a dry cough or tickle in the throat. If this happens speak to your doctor or nurse. Often switching to an ARB solves the problem. Rarely, ACE inhibitors may cause swelling of the face, mouth, or throat. If that happens, call 911 (or your emergency number) and ask for help.

5. NITRO SPRAY OR PILLS

Most common: Nitroglycerin, glyceryl trinitrate (Nitrolingual Pump Spray®)

How they work:

Nitroglycerin works by relaxing arteries to allow more blood to feed the heart muscle and make it easier for the heart to pump. Always check the expiry date before you use nitroglycerin to make sure it is not expired.

If you are having chest pain or discomfort, take a dose of nitroglycerin to see if it helps:

- a) Get the bottle ready by spraying into the air a few times.*
- b) Take 1 spray UNDER the tongue and leave it there.*
- c) DO NOT inhale or swallow the spray, or it will not work.*
- d) If the chest pain or discomfort is not relieved after 5 minutes, repeat the dose.*
- e) If the chest pain or discomfort continues 5 minutes after the 2nd dose, call 911 (or your local emergency number) for help, do not drive yourself.*
- f) If alone, you may consider calling a family member or friend to let them know what is happening.*

Possible Side Effects:

You may experience a headache or dizziness after taking nitroglycerin. This will only last for a short time. To reduce dizziness or risk of fainting, take nitroglycerin when you are sitting or lying down. You should not use nitroglycerine if you have taken sildenafil (Viagra® or Revatio®), vardenafil (Levitra® or Staxyn®) in the last 24 hours or tadalafil (Cialis® or Adcirca®) in the last 48 hours.

If you are needing nitroglycerin from time to time, this is important information for your nurse or doctor. Tell them this at your next visit.

Medication can save your life!

LEARN MORE ABOUT MEDICATION

At the MB ACS Network website: <https://mbacsnetwork.ca/education> or scan the QR Code.

