

# CVS-Pharmacology

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Archive

Lecture 5+6

Drug therapy of  
congestive HF

Medical card

Name \_\_\_\_\_

Date of b \_\_\_\_\_

Gender \_\_\_\_\_

Address \_\_\_\_\_

Date of call \_\_\_\_\_

Sign \_\_\_\_\_

# CVS-Pharmacology Lecture 5+6

- A 55-year-old patient with hypertension and a history of asthma is being considered for beta-blocker therapy. Due to her asthma, the physician is seeking an alternative medication with comparable antihypertensive effects. Which of the following
  - would be the MOST appropriate substitute for a beta-blocker in this patient?
    - A) Furosemide
    - B) Sacubitril/Valsartan
    - C) Digoxin
    - D) Telmisartan
    - E) Canagliflozin
- Answer: D

- ARNI new class of drugs indicated in **patients not responding to ACEIs or B blockers**

Phosphens caused by which of medication?

## Ivabredine

- **The First Selective and Specific  $I_f$  Inhibitor**
- Blocks the channel responsible for the cardiac pacemaker spontaneous firing (funny channel),  $I(f)$ , which regulates heart rate.
- Without affecting any other cardiac ionic channels (including calcium or potassium).
- **This results in reduced heart rate.**
- **Indications:**
- **patients of CHF not responding or intolerant to B blockers**
- **Adverse effects:**
- Bradycardia
- Atrial fibrillation
- **Phosphenes (vision disorder).**