

## Congestive Heart Failure

more interesting stuff...

### by the end of this lecture

- you should be able to formulate a prioritised treatment plan for an animal with congestive heart failure

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### congestive heart failure

- rest
- low salt diet
- diuretics
- vasodilators
- long acting inotropes
- (antiarrhythmics)

### 7 yr old Doberman

- cough
- lethargy / exercise intolerance
- anorexia
- ascites
- sudden onset 1 week ago

### **examination**

- soft systolic murmur
- heart rate 148
- harsh lung sounds

### **positive inotropes**

- sympathomimetics
- cardiac glycosides
- phosphodiesterase inhibitors

### **cardiac glycosides**

- = digitalis



## cardiac glycosides

- **digoxin**

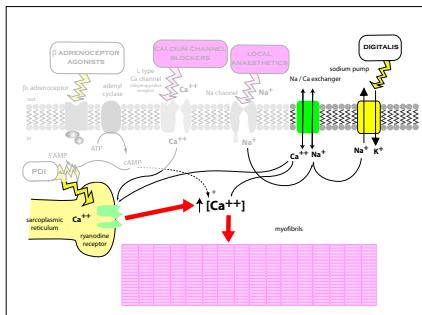
- digitoxin
- ouabain
- lanatoside C
- strophanthin
- squill
- convallatoxin
- some toads' skin

## chemistry

- steroid nucleus
- lactone group
- 3 sugars

## effects

- positive inotropic
- negative chronotropic



### **negative chronotropy**

- vagal stimulation
- potentiation of ACh
- SA & AV node

### **indications**

- congestive heart failure
  - especially DCM
- supraventricular tachycardias
  - atrial fibrillation

### **side effects**

- **cardiac**
  - ventricular tachyarrhythmias
  - heart block
- **generalised**
  - nausea / anorexia
  - vomiting

### **contra-indications**

- ventricular tachycardias
- pericardial disease

## **toxicity**

- **mild**
  - reduce dose / withdraw drug
- **ventricular tachyarrhythmias**
  - lignocaine, phenytoin
  - Ca blockers
- **accidental overdose**
  - cholestyramine
  - digoxin antibodies

## **pharmacokinetics**

- **half life**
  - dog 24 - 36h
  - cat 33 - 58h
- **elimination**
  - 85% renal

## **clinical use**

- **loading dose then maintenance dose**
  - not recommended
- **small dose and work up**

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## **monitoring**

- **nausea / vomiting**
- **plasma levels**

## interactions

- do not use with
  - quinidine
  - verapamil
- care with
  - diuretics
  - altered K<sup>+</sup> concentrations

## positive inotropes

- sympathomimetics
- cardiac glycosides
- phosphodiesterase inhibitors

## phosphodiesterase inhibitors

- methylxanthines
  - caffeine
  - theophylline
    - aminophylline
    - etamiphylline
  - theobromine
- synthetic

## phosphodiesterase inhibitors

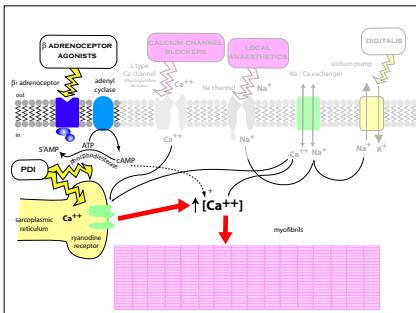
- methylxanthines
- synthetic
  - milrinone
  - oxpentifylline
  - sildenafil
  - pimobendan

## phosphodiesterase

- PDE 3
  - milrinone
  - pimobendan?
- PDE 4
  - xemptifyline
- PDE 5
  - sildenafil
- all & A2
  - theophylline

## PDI effects

- positive inotropy
- vasodilatation
- bronchodilatation
- CNS stimulation
- diuresis



## effects

- pimobendan
  - PDE inhibition
  - "calcium sensitisation"

### indications

- mild - moderate CHF

### side effects

- sudden death in people
- none obvious in dogs

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### overdose

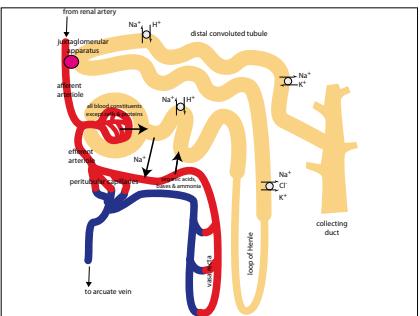
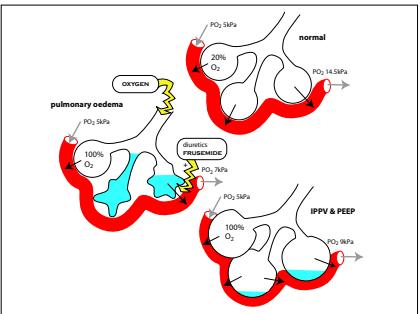
- tachyarrhythmias
- convulsions

### diuretics

- act on the kidney to increase urine flow
- most block reabsorption of ions from tubules
- water kept in tubules by osmotic pressure

## diuretics & CHF

- reduce pulmonary oedema
- reduce preload

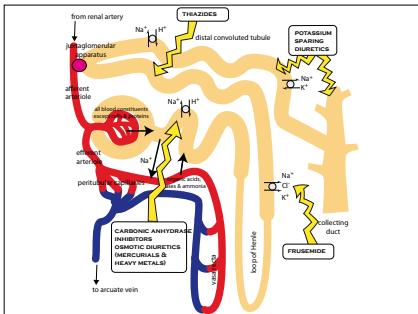


## groups of drugs

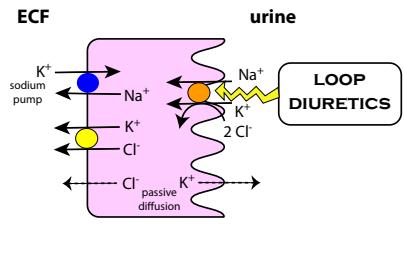
- loop diuretics
- thiazides
- osmotic diuretics
- potassium sparing diuretics
- carbonic anhydrase inhibitors  
(mercurials)

## common drugs

- frusemide
- (hydrochlorothiazide)
- (mannitol)



## loop of Henle



## frusemide

- **potent**
  - up to 20% of filtered  $\text{Na}^+$  excreted
- **cheap**
- **very widely used**

### **frusemide indications**

- reduce oedema
- reduce cardiac preload
- (acute renal failure)

### **minor indications**

- hyperkalaemia
- hypercalcaemia
- uraemia
- epistaxis
- hypertension

### **abuse**

- speeding up / slowing racehorses

### **pharmacokinetics**

- **iv**
  - onset minutes
  - peak 30 mins
  - duration 2 hours
- **po**
  - onset 30 - 60 mins
  - peak 2 hours
  - duration 4 - 6 hours

## pharmacokinetics

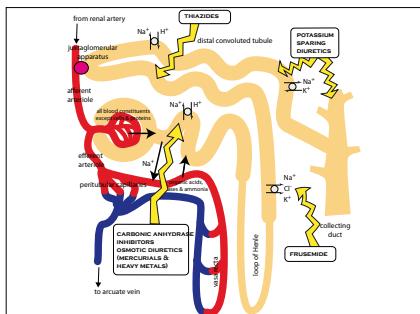
- metabolism
  - negligible
- elimination
  - secreted into PCT by anion pump
  - passes out in urine
    - horses which eat their bedding may take it again

## side effects

- hypovolaemia
  - reduced glomerular filtration
  - reduced excretion of other drugs
  - collapse
  - direct vasodilatation?
- hypokalaemia
- metabolic alkalosis
- hypocalcaemia / hypomagnesaemia
- tolerance

## side effects

- hypovolaemia
- hypokalaemia
  - digoxin!!!
- metabolic alkalosis
- hypocalcaemia / hypomagnesaemia
- tolerance



## side effects

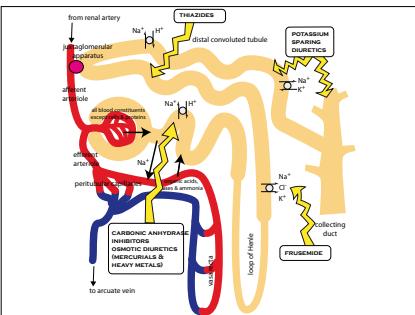
- hypovolaemia
- hypokalaemia
- metabolic alkalosis
- hypocalcaemia / hypomagnesaemia
- tolerance

## interactions

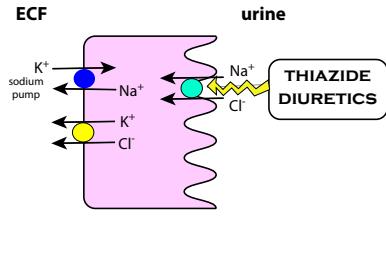
- increased PCT toxicity
  - aminoglycosides
  - out of date tetracyclines
  - some obsolete cephalosporins
- potentiates digoxin
- ACE inhibitors?

## common drugs

- frusemide
- (hydrochlorthiazide)
- (mannitol)



### early DCT



### thiazides

- many drugs available
  - hydrochlorothiazide
  - bendrofluazide, etc
- moderately potent
- cheap

### thiazide side effects

- hypokalaemia
  - digoxin!!
- metabolic alkalosis
- increased plasma uric acid
- hyperglycaemia

### kinetics

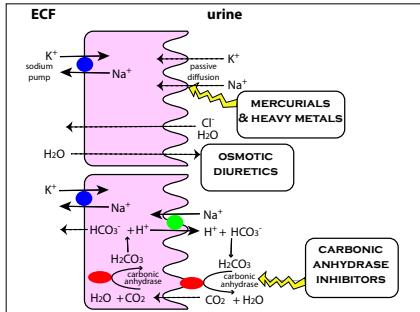
- always given po
- onset 1 - 2 hours
- peak effect 4 - 6 h
- duration 8 - 12 h

## indications

- mild / moderate heart failure
- (diabetes insipidus)

## osmotic diuretics

- mannitol
- glycerol
- glucose

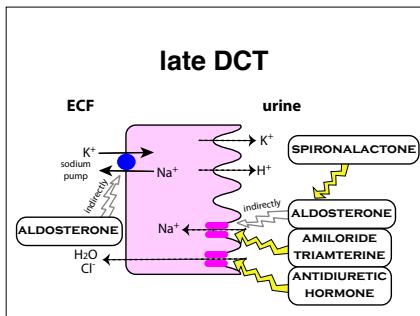


## mannitol

- **indications**
  - glaucoma
  - cerebral oedema
  - acute renal failure
- **contraindications**
  - heart disease
- **caution**
  - must be given iv

## K<sup>+</sup> sparing diuretics

- amiloride
- triamterene
- spironalactone

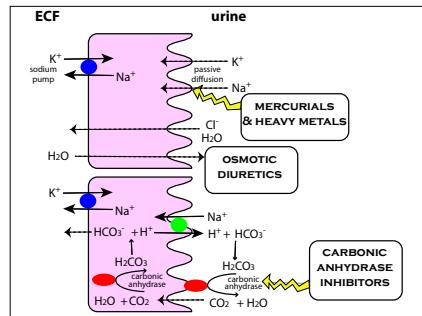


## K<sup>+</sup> sparing diuretics

- weak diuretics
- expensive
- caution with ACE inhibitors
- rarely used in animals

## CA inhibitors

- acetazolamide
- (dorzolamide - eye drops only)



### CA inhibitors

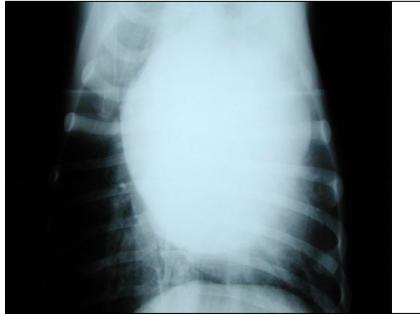
- weak diuretics
- rarely used as diuretics
  - used for glaucoma
- cause mild metabolic acidosis

### 7 yr old Doberman

- cough
- lethargy / exercise intolerance
- anorexia
- ascites
- sudden onset 1 week ago

### examination

- soft systolic murmur
- heart rate 148
- harsh lung sounds

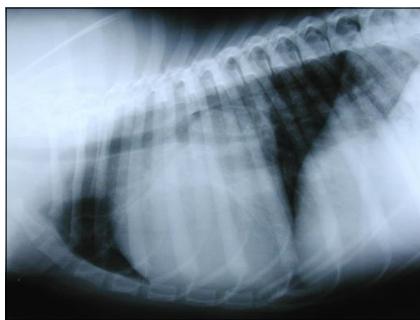


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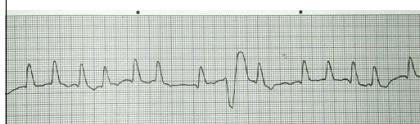
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#### ECG lead II



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#### diagnosis

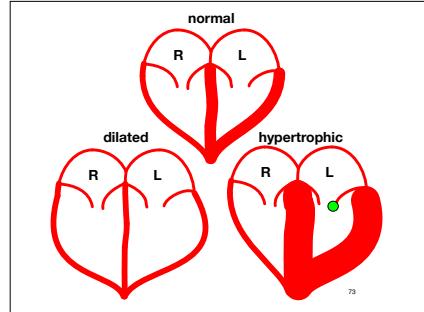
- dilated cardiomyopathy

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### Dobermann DCM

- frusemide
- digoxin
- pimobendan?
- beta blocker?

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### congestive heart failure

- digoxin binds competitively to potassium binding site of sodium pump
- low potassium increases effect
- positive inotrope, negative chronotrope
- side effects - vomiting & anorexia, ventricular tachycardia
- indications - atrial fibrillation with tachycardia, congestive heart failure
- phosphodiesterase inhibitors are useful and safe in mild / moderate CHF