

Appendix E Direct-Acting Vasodilators

Rationale

- Hydralazine and nitrates in combination are effective at reducing afterload and preload with a mortality benefit that is inferior to ACE-I. For this reason ACE-I are generally preferred
 - May have greater benefit in patients of African-Canadian descent
 - Not associated with renal failure or hyperkalemia

Beneficial Subsets

- ACE-I intolerant patients
- Of note: nitrates can also be useful to relieve orthopnea, paroxysmal nocturnal dyspnea, exercise-induced dyspnea or angina (tablet, spray or transdermal patch)

Considerations

- Hydralazine results in a tachyphylaxis and may worsen myocardial oxygen demand
- Nitrates require a “drug free” interval, usually 12 hours, to decrease resistance

Goal/Dose

- Hydralazine and nitrates should be used concurrently

	STARTING DOSE	GOAL DOSE
Hydralazine	37.5 mg TID	75 mg TID
Isosorbide Dinitrate	20 mg TID	40 mg TID
or Nitropatch	0.2-0.4 mg/h x 12h/day	0.6-0.8 mg/h x 12h/day