

Table 20.4 Medications Used to Treat Ischemic Heart Disease

Medication	Indications	Dosing	Side effects affecting rehab	Other side effects or considerations
Beta blockers				
Atenolol (Tenormin)	Reduces sympathetic tone, myocardial oxygen demand, and ischemia.	25-50 mg/day; may titrate to maximum dose of 100 mg/day. Decrease dose with renal impairment.	Cog: ++ S: ++ A: 0 Motor: ++ D: ++ Com: + F: ++	Indicated in ischemic heart disease and history of acute myocardial infarction. Cardioselective in low doses. Side effects: Nausea, diarrhea, bronchospasm, cold extremities, exacerbation of Raynaud's syndrome, bradycardia, heart block, orthostasis, fatigue, dizziness, alopecia, abnormal vision, hyperglycemia, hyperlipidemia, sexual dysfunction. Does not allow heart rate to increase with exercise. Avoid abrupt discontinuation; can precipitate a myocardial infarction or arrhythmia. Drug interactions: Avoid administering with medications that increase sympathetic tone (e.g., cocaine, amphetamines, decongestants such as pseudoephedrine); increased heart rate and arrhythmia may occur.
Betaxolol (Kerlone)	Reduces sympathetic tone, myocardial oxygen demand, and ischemia.	5-20 mg/day; may titrate to maximum dose of 20 mg/day.	Cog: ++ S: ++ A: 0 Motor: ++ D: ++ Com: + F: ++	Indicated in ischemic heart disease. Cardioselective in low doses. Side effects: Nausea, diarrhea, bronchospasm, cold extremities, exacerbation of Raynaud's syndrome, bradycardia, heart block, orthostasis, fatigue, dizziness, alopecia, abnormal vision, hyperglycemia, hyperlipidemia, sexual dysfunction. Does not allow heart rate to increase with exercise. Avoid abrupt discontinuation; can precipitate a myocardial infarction or arrhythmia. Drug interactions: Avoid administering with medications that increase sympathetic tone (e.g., cocaine, amphetamines, decongestants such as pseudoephedrine); increased heart rate and arrhythmia may occur.
Bisoprolol (Zebeta)	Reduces sympathetic tone, myocardial oxygen demand, and ischemia.	2.5-10 mg/day; may titrate to maximum dose of 20 mg/day.	Cog: ++ S: ++ A: 0 Motor: ++ D: ++ Com: + F: ++	Indicated in ischemic heart disease. Cardioselective in low doses. Side effects: Nausea, diarrhea, bronchospasm, cold extremities, exacerbation of Raynaud's syndrome, bradycardia, heart block, orthostasis, fatigue, dizziness, alopecia, abnormal vision, hyperglycemia, hyperlipidemia, sexual dysfunction. Does not allow heart rate to increase with exercise. Avoid abrupt discontinuation; can precipitate a myocardial infarction or arrhythmia. Drug interactions: Avoid administering with medications that increase sympathetic tone (e.g., cocaine, amphetamines, decongestants such as pseudoephedrine); increased heart rate and arrhythmia may occur.

Medication	Indications	Dosing	Side effects affecting rehab	Other side effects or considerations
Metoprolol (Lopressor; Toprol XL)	Reduces sympathetic tone, myocardial oxygen demand, and ischemia.	50-100 mg in 1-2 divided doses; may titrate to maximum dose of 200 mg/day.	Cog: ++ S: ++ A: 0 Motor: ++ D: ++ Com: + F: ++	Indicated in ischemic heart disease and history of acute myocardial infarction. Cardioselective in low doses. Side effects: Nausea, diarrhea, bronchospasm, cold extremities, exacerbation of Raynaud's syndrome, bradycardia, heart block, orthostasis, fatigue, dizziness, alopecia, abnormal vision, hyperglycemia, hyperlipidemia, sexual dysfunction. Does not allow heart rate to increase with exercise. Avoid abrupt discontinuation; can precipitate a myocardial infarction or arrhythmia. Drug interactions: Avoid administering with medications that increase sympathetic tone (e.g., cocaine, amphetamines, decongestants such as pseudoephedrine); increased heart rate and arrhythmia may occur.
Nadolol (Corgard)	Reduces sympathetic tone, myocardial oxygen demand, and ischemia.	40-80 mg/day; maximum dose of 240 mg/day. Decrease dose with renal impairment.	Cog: ++ S: ++ A: 0 Motor: ++ D: ++ Com: + F: ++	Indicated in ischemic heart disease. Cardioselective in low doses. Side effects: Nausea, diarrhea, bronchospasm, cold extremities, exacerbation of Raynaud's syndrome, bradycardia, heart block, orthostasis, fatigue, dizziness, alopecia, abnormal vision, hyperglycemia, hyperlipidemia, sexual dysfunction. Does not allow heart rate to increase with exercise. Avoid abrupt discontinuation; can precipitate a myocardial infarction or arrhythmia. Drug interactions: Avoid administering with medications that increase sympathetic tone (e.g., cocaine, amphetamines, decongestants such as pseudoephedrine); increased heart rate and arrhythmia may occur.
Propranolol (Inderal, Inderal LA)	Reduces sympathetic tone, myocardial oxygen demand, and ischemia.	40-120 mg in 2 divided doses; may titrate to maximum dose of 240 mg/day.	Cog: +++ S: +++ A: ++ Motor: ++ D: ++ Com: + F: +++	Lipophilic; has higher incidence of effects on central nervous system (i.e., hallucinations, decreased concentration, insomnia, nightmares, and depression). Indicated in ischemic heart disease. Side effects: Nausea, diarrhea, bronchospasm, cold extremities, exacerbation of Raynaud's syndrome, bradycardia, heart block, orthostasis, fatigue, dizziness, alopecia, abnormal vision, hyperglycemia, hyperlipidemia, sexual dysfunction. Does not allow heart rate to increase with exercise. Avoid abrupt discontinuation; can precipitate a myocardial infarction or arrhythmia. Drug interactions: Avoid administering with medications that increase sympathetic tone (e.g., cocaine, amphetamines, decongestants such as pseudoephedrine); increased heart rate and arrhythmia may occur.
Timolol (Blocadren)	Reduces sympathetic tone, myocardial	10-40 mg/day; may titrate to maximum dose	Cog: ++ S: ++ A: 0	Indicated in ischemic heart disease. Side effects: Nausea, diarrhea, bronchospasm, cold extremities, exacerbation of Raynaud's syndrome,

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	oxygen demand, and ischemia.	of 60 mg/day.	Motor: ++ D: ++ Com: + F: ++	bradycardia, heart block, orthostasis, fatigue, dizziness, alopecia, abnormal vision, hyperglycemia, hyperlipidemia, sexual dysfunction. Does not allow heart rate to increase with exercise. Avoid abrupt discontinuation; can precipitate a myocardial infarction or arrhythmia. Drug interactions: Avoid administering with medications that increase sympathetic tone (e.g., cocaine, amphetamines, decongestants such as pseudoephedrine); increased heart rate and arrhythmia may occur.
Calcium channel blockers: These agents are better tolerated than the beta blockers with fewer side effects.				
Diltiazem (Cardizem, Cardizem CD—extended release; Dilator SR—extended release)	Used to reduce angina by controlling heart rate and by increased vasodilation.	180-240 mg/day; may titrate to maximum dose of 360 mg/day.	Cog: 0 S: 0 A: 0 Motor: + D: + Com: 0 F: +	Side effects: Bradycardia, nausea, peripheral edema, hypotension. Food interactions: Grapefruit juice (>200 ml) can increase levels of this medication and should not be consumed within 2 hr before or 4 h after administration. Drug interactions: Decreases liver metabolism of carbamazepine (Tegretol), simvastatin (Zocor), atorvastatin (Lipitor), and lovastatin (Mevacor); can lead to rhabdomyolysis or liver toxicity with these drugs.
Verapamil (Calan, Isoptin, Calan SR, Isoptin SR, Covera-HS)	Used to reduce angina by controlling heart rate and by increased vasodilation.	80-360 mg/day in 2 divided doses; may titrate to maximum dose of 480 mg/day.	Cog: 0 S: 0 A: 0 Motor: + D: +++ Com: 0 F: +	Side effects: Severe constipation very common with this medication (add laxative with this medication), bradycardia, nausea, peripheral edema, hypotension. Food interactions: Grapefruit juice (>200 ml) can increase levels of this medication and should not be consumed within 2 hrs before or 4 hrs after administration. Drug interactions: Decreases liver metabolism of carbamazepine (Tegretol), simvastatin (Zocor), atorvastatin (Lipitor), and lovastatin (Mevacor); can lead to rhabdomyolysis or liver toxicity with these drugs.
Calcium antagonists (dihydropyridines): These agents are better tolerated than the beta blockers with fewer side effects.				
Amlodipine (Norvasc)	Used to reduce angina by causing vasodilation without controlling heart rate; should be combined with another agent that controls heart rate.	2.5-5 mg/day; may titrate to maximum dose of 10 mg/day.	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	Side effects: Dizziness, flushing, headache, gingival hyperplasia, peripheral edema, mood changes, gastrointestinal side effects. Food interactions: Grapefruit juice (>200 ml) can increase levels of this medication and should not be consumed within 2 h before or 4 h after administration.
Felodipine (Plendil)	Used to reduce angina by causing vasodilation without controlling heart	5-10 mg/day; may titrate to maximum dose of 20 mg/day.	Cog: + S: 0 A: + Motor: + D: ++	Side effects: Dizziness, flushing, headache, gingival hyperplasia, peripheral edema, mood changes, gastrointestinal side effects. Food interactions: Grapefruit juice (>200 ml) can increase levels of this medication and should not be

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	rate; should be combined with another agent that controls heart rate.		Com: + F: ++	consumed within 2 h before or 4 h after administration. Drug interactions: Decreases liver metabolism of carbamazepine (Tegretol), simvastatin (Zocor), atorvastatin (Lipitor), and lovastatin (Mevacor) and can lead to rhabdomyolysis or liver toxicity with these drugs.
Isradipine (Dynacirc)	Used to reduce angina by causing vasodilation without controlling heart rate; should be combined with another agent that controls heart rate.	2.5-5 mg; may titrate to maximum dose of 10 mg/day.	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	Side effects: Dizziness, flushing, headache, gingival hyperplasia, peripheral edema, mood changes, gastrointestinal side effects. Food interactions: Grapefruit juice (>200 ml) can increase levels of this medication and should not be consumed within 2 h before or 4 h after administration. Drug interactions: Decreases liver metabolism of carbamazepine (Tegretol), simvastatin (Zocor), atorvastatin (Lipitor), and lovastatin (Mevacor) and can lead to rhabdomyolysis or liver toxicity with these drugs.
Nicardipine (Cardene SR long acting)	Used to reduce angina by causing vasodilation without controlling heart rate; should be combined with another agent that controls heart rate.	60-90 mg in 2 divided doses; may titrate to maximum dose of 120 mg/day.	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	Side effects: Dizziness, flushing, headache, gingival hyperplasia, peripheral edema, mood changes, gastrointestinal side effects. Food interactions: Grapefruit juice (>200 ml) can increase levels of this medication and should not be consumed within 2 h before or 4 h after administration. Drug interactions: Decreases liver metabolism of carbamazepine (Tegretol), simvastatin (Zocor), atorvastatin (Lipitor), and lovastatin (Mevacor) and can lead to rhabdomyolysis or liver toxicity with these drugs.
Nifedipine (Adalat CC, Procardia XL)	Used to reduce angina by causing vasodilation without controlling heart rate; should be combined with another agent that controls heart rate.	30-60 mg (maximum of 90 mg daily).	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	Side effects: Dizziness, flushing, headache, gingival hyperplasia, peripheral edema, mood changes, gastrointestinal side effects. Food interactions: Grapefruit juice (>200 ml) can increase levels of this medication and should not be consumed within 2 hrs before or 4 hrs after administration. Drug interactions: Decreases liver metabolism of carbamazepine (Tegretol), simvastatin (Zocor), atorvastatin (Lipitor), and lovastatin (Mevacor) and can lead to rhabdomyolysis or liver toxicity with these drugs.
Nisoldipine (Sular)	Used to reduce angina by causing vasodilation without controlling heart rate; should be combined with another agent that controls	10-40 mg; may titrate to maximum dose of 60 mg/day.	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	Side effects: Dizziness, flushing, headache, gingival hyperplasia, peripheral edema, mood changes, gastrointestinal side effects. Food interactions: Grapefruit juice (>200 ml) can increase levels of this medication and should not be consumed within 2 hrs before or 4 hrs after administration. Drug interactions: Decreases liver metabolism of carbamazepine (Tegretol), simvastatin (Zocor),

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	heart rate.			atorvastatin (Lipitor), and lovastatin (Mevacor) and can lead to rhabdomyolysis or liver toxicity with these drugs.
Angiotensin converting enzyme (ACE) inhibitors: These agents are extremely well tolerated with few side effects.				
Benazepril (Lotensin)	Reduces blood pressure, improves exercise tolerance in patients with congestive heart failure and reduces ventricular hypertrophy; reduces the risk of diabetic nephropathy in diabetics with hypertension.	10-20 mg/day in 1-2 divided doses; maximum dose of 40 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Side effects: Hypotension, cough, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Reduce dose with renal impairment. Drug interactions: Hold diuretics for several days before initiating these agents to avoid acute hypotension. Diuretics can increase the risk of acute renal failure with ACE inhibitors. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment. Contraindications: May cause acute renal failure with renal artery stenosis.
Captopril (Capoten)	Reduces blood pressure, improves exercise tolerance in patients with congestive heart failure and reduces ventricular hypertrophy; reduces the risk of diabetic nephropathy in diabetics with hypertension.	12.5-100 mg/day in 2 divided doses; may titrate to maximum dose of 150 mg/day.	Cog: + S: + A: 0 Motor: + D: ++ Com: 0 F: +	Side effects: Allergic reactions, taste loss, and taste disturbances are more common with captopril and are believed to be associated with its sulfhydryl group. Hypotension, cough, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Reduce dose with renal impairment. Drug interactions: Hold diuretics for several days before initiating these agents to avoid acute hypotension. Diuretics can increase the risk of acute renal failure with ACE inhibitors. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment. Contraindications: May cause acute renal failure with renal artery stenosis.
Enalapril (Vasotec)	Reduces blood pressure, improves exercise tolerance in patients with congestive heart failure and reduces ventricular hypertrophy; reduces the risk of diabetic nephropathy in diabetics with hypertension	2.5-20 mg/day in 1-2 divided doses; may titrate to maximum dose of 40 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Side effects: Hypotension, cough, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Reduce dose with renal impairment. Drug interactions: Hold diuretics for several days before initiating these agents to avoid acute hypotension. Diuretics can increase the risk of acute renal failure with ACE inhibitors. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment. Contraindications: May cause acute renal failure with renal artery stenosis.
Fosinopril	Reduces blood	10-20 mg/day;	Cog: +	Side effects: Hypotension, cough, hyperkalemia,

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(Monopril)	pressure, improves exercise tolerance in patients with congestive heart failure and reduces ventricular hypertrophy; reduces the risk of diabetic nephropathy in diabetics with hypertension.	maximum dose of 40 mg/day.	S: + A: 0 Motor: + D: + Com: 0 F: +	headache, dizziness, fatigue, nausea, angioedema, renal impairment. Reduce dose with renal impairment. Drug interactions: Hold diuretics for several days before initiating these agents to avoid acute hypotension. Diuretics can increase the risk of acute renal failure with ACE inhibitors. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment. Contraindications: May cause acute renal failure with renal artery stenosis.
Lisinopril (Prinivil, Zestril)	Reduces blood pressure, improves exercise tolerance in patients with congestive heart failure, and reduces ventricular hypertrophy; reduces the risk of diabetic nephropathy in diabetics with hypertension.	5-20 mg; maximum dose of 40 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Side effects: Hypotension, cough, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Reduce dose with renal impairment. Drug interactions: Hold diuretics for several days before initiating these agents to avoid acute hypotension. Diuretics can increase the risk of acute renal failure with ACE inhibitors. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment. Contraindications: May cause acute renal failure with renal artery stenosis.
Moexipril (Univasc)	Reduces blood pressure, improves exercise tolerance in patients with congestive heart failure and reduces ventricular hypertrophy; reduces the risk of diabetic nephropathy in diabetics with hypertension.	Start with 7.5 mg once daily; may titrate to maximum of 30 mg/ day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Side effects: Hypotension, cough, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Reduce dose with renal impairment. Drug interactions: Hold diuretics for several days before initiating these agents to avoid acute hypotension. Diuretics can increase the risk of acute renal failure with ACE inhibitors. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment. Contraindications: May cause acute renal failure with renal artery stenosis.
Quinapril (Accupril)	Reduces blood pressure, improves exercise tolerance in patients with congestive heart failure and reduces	5-40 mg/day; may titrate to maximum dose of 80 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Side effects: Hypotension, cough, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Reduce dose with renal impairment. Drug interactions: Hold diuretics for several days before initiating these agents to avoid acute hypotension. Diuretics can increase the risk of acute renal failure with ACE inhibitors.

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	ventricular hypertrophy; reduces the risk of diabetic nephropathy in diabetics with hypertension.			Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment. Contraindications: May cause acute renal failure with renal artery stenosis.
Ramipril (Altace)	Reduces blood pressure, improves exercise tolerance in patients with congestive heart failure and reduces ventricular hypertrophy; reduces the risk of diabetic nephropathy in diabetics with hypertension.	1.25-10 mg/day; may titrate to maximum dose of 20 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Side effects: Hypotension, cough, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Reduce dose with renal impairment. Drug interactions: Hold diuretics for several days before initiating these agents to avoid acute hypotension. Diuretics can increase the risk of acute renal failure with ACE inhibitors. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment. Contraindications: May cause acute renal failure with renal artery stenosis.
Trandolapril (Mavik)	Reduces blood pressure, improves exercise tolerance in patients with congestive heart failure and reduces ventricular hypertrophy; reduces the risk of diabetic nephropathy in diabetics with hypertension.	Start with 1 mg once daily; may titrate to maximum dose of 4 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Side effects: Hypotension, cough, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Reduce dose with renal impairment. Drug interactions: Hold diuretics for several days before initiating these agents to avoid acute hypotension. Diuretics can increase the risk of acute renal failure with ACE inhibitors. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment. Contraindications: May cause acute renal failure with renal artery stenosis.
Angiotensin II receptor blockers (ARBs): These agents are extremely well tolerated with few side effects.				
Candesartan (Atacand)	Used in patients with congestive heart failure or diabetics who cannot tolerate ACE inhibitor-associated cough.	Start with 8 mg once daily; may titrate to maximum dose of 32 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Side effects: Hypotension, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Drug interactions: Diuretics can increase the risk of acute renal failure with angiotensin II receptor blockers. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment.
Irbesartan (Avapro)	Used in patients with congestive heart failure or diabetics who cannot tolerate	Start with 150 mg once daily; may titrate to maximum dose of 300 mg/day.	Cog: + S: + A: 0 Motor: + D: +	Side effects: Hypotension, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Drug interactions: Diuretics can increase the risk of acute renal failure with angiotensin II receptor

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	ACE inhibitor-associated cough.		Com: 0 F: +	blockers. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment.
Losartan (Cozaar)	Used in patients with congestive heart failure or diabetics who cannot tolerate ACE inhibitor-associated cough.	Start with 25 mg once daily; may titrate to maximum dose of 100 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Side effects: Hypotension, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Drug interactions: Diuretics can increase the risk of acute renal failure with angiotensin II receptor blockers. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment.
Telmisartan (Micardis)	Used in patients with congestive heart failure or diabetics who cannot tolerate ACE inhibitor-associated cough.	Start with 40 mg once daily; may titrate to maximum dose of 80 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Side effects: Hypotension, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Drug interactions: Diuretics can increase the risk of acute renal failure with angiotensin II receptor blockers. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment.
Valsartan (Diovan)	Used in patients with congestive heart failure or diabetics who cannot tolerate ACE inhibitor-associated cough.	Start with 80 mg once daily; may titrate to maximum dose of 320 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Side effects: Hypotension, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Drug interactions: Diuretics can increase the risk of acute renal failure with angiotensin II receptor blockers. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment.
Nitrates used in angina				
Nitroglycerin Sublingual, intravenous, topical paste, and patch	Vasodilates coronary arteries and veins, reduces cardiac preload, and improves angina symptoms.	Sublingual: 0.2-0.4 mg every 5 min to maximum of 3 doses for acute chest pain. Topical patch: 0.1-0.4 mg patch applied for 12 h daily. Nitroglycerin ointment: 1-1.5 inches applied every 4-6 h. IV: Given by continuous infusion for acute chest pain.	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	Dizziness, flushing, headache, gingival hyperplasia, peripheral edema; tolerance develops with continuous use. Allow a nitrate free interval (8-12 h) to reduce tolerance with chronic use.

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Isosorbide dinitrate (Isordil) Isosorbide mononitrate (Ismo)	Vasodilates coronary arteries and veins, reduces cardiac preload, and improves angina symptoms.	Isordil: 2.5-5 mg by mouth every 6 h. Ismo: 20 mg orally in morning and 7 h later each 24 h.	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	Dizziness, flushing, headache, gingival hyperplasia, peripheral edema; tolerance develops with continuous use.

Cog = cognition; S = sedation; A = agitation or mania; Motor = discoordination; D = dysphagia; Com = communication; F = falls; ACE = angiotensin-converting enzyme; ARB = angiotensin II receptor blocker.

The likelihood rating scale for encountering the side effects is as follows: 0 = Almost no probability of encountering side effects. + = Little likelihood of encountering side effects. +/++ = Low probability of encountering side effects; however, probability increases with increased dosage. ++ = Medium likelihood of encountering side effects. +++ = High likelihood of encountering side effects, particularly with high doses. ++++ = Highest likelihood of encountering side effects; best to avoid in at-risk patients.