Advice on the monitoring of Ivabradine in patient with angina

Treatment is indicated for symptomatic treatment of chronic stable angina HR >70bpm. The starting dose of ivabradine is 5 mg twice daily, with the maximum maintenance dose of 7.5 mg twice daily.

Patients should be carefully monitored for bradycardia or its symptoms (eg, dizziness, fatigue, hypotension). Heart rate should be monitored monthly for first 3 months after i nitiation or dosage change, then 6 monthly thereafter.

Dosage Adjustments

- Down-titrate the dose if resting heart rate is persistently below 50 bpm or if the patient experiences symptoms of bradycardia. The dose can be down-titrated to 2.5 mg twice daily if necessary.
- Stop ivabradine treatment if the resting heart rate remains below 50 bpm or symptoms of bradycardia persist.
- Only increase the dose to 7.5 mg twice daily after 3 to 4 weeks of treatment and if the 5 mg dose is well tolerated but resting heart rate is consistently >60bpm. Carefully monitor the effect of a dose increase on heart rate as above.
- Stop ivabradine if there is no benefit from treatment after 3months.
- Patients on a combination of beta-blocker and ivabradine who are found to be bradycardic should always have the ivabradine titrated down and/or stopped **before** beta-blocker therapy.

Other Considerations

Age

Patient >75years start at 2.5mg BD

Renal Function

CrCl <15mls/min treatment is contra-indicated

Drug Interactions

Avoid concomitant use of ivabradine with heart rate-reducing calcium channel blockers such as verapamil or diltiazem, 'azoles, macrolides and HIV protease inhibitors

Avoid with drugs which prolong the QT interval

Atrial Fibrillation

If a patient is found to be in AF stop ivabradine

Further information on the drug can be found at www.medicines.org.uk

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