

# Your medications after a heart attack

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## Information for patients

After a heart attack, it is normal to be started on a number of medications. This leaflet will explain the commonly prescribed medications, however please consult your prescriber or pharmacist if you have any questions or concerns.

### Blood thinning medications

#### Low dose aspirin

- Aspirin helps prevent blood clots to reduce the risk of further blockages in the vessels of your heart which cause heart attacks. It is usually continued long term.
- It should be taken after meals to prevent damage to the lining of your stomach.
- Aspirin occasionally causes wheezing or worsens asthma (though this is less likely with low dose). If this occurs, please discuss with your GP.

#### Additional antiplatelets (clopidogrel, prasugrel or ticagrelor)

- These medications also prevent blood clots in a similar way to aspirin.
- One of these will be given in combination with aspirin, usually for the first year after your heart attack when your risk of blood clots is higher (though this can vary depending on other procedures or medications you are taking).

It is important to take these medications regularly and not miss doses, in order to prevent further heart attacks. Both medications should be taken after food to prevent damage to the lining of your stomach. As these medications can thin the blood it is important to be aware of signs of a bleed: black or tarry stools, dark coffee coloured vomit, coughing up blood, nosebleeds, pink tinged urine and/or unexplained bruising. If any of these occur, please consult your doctor urgently.

### Stomach protection

#### Proton pump inhibitors (lansoprazole or omeprazole)

- Proton pump inhibitors (PPIs) are used to protect your stomach lining while on blood thinning medications.
- They should be taken 30 to 60 minutes before food. They are usually continued while you are taking aspirin in combination with another blood thinning medication.
- Once the second blood thinning medication has stopped, unless you have another reason for being on the PPI, it can usually be stopped.

## **Cholesterol reducing medications**

### **Statins (atorvastatin)**

- Statins help to lower your cholesterol in order to prevent narrowing and blockages of your heart's blood vessels. They have also shown benefit in reducing risk of future heart attacks, even in people without high cholesterol. They are usually continued long term.
- It is important to consult your doctor if you notice any unexplained muscle pain or weakness, as this could indicate a rare side effect of muscle injury.
- Your doctor should also check your liver function and cholesterol three months after starting and then yearly thereafter while on a statin.

## **Heart and blood pressure medications**

### **Beta blockers (bisoprolol)**

- Beta blockers help to control your heart rate and prevent further damage after your heart attack by helping it pump more efficiently and so reduce risk of further heart attacks. These are usually continued long term.
- They will be started at a low dose and your GP will look to increase the dose to the highest dose that you tolerate, in order to be the most effective in improving your health.
- They can cause tiredness, your hands and feet to feel cold, increase wheeziness in people with asthma, alter blood glucose readings in people with diabetes and affect sexual function in some men.
- Please consult with your doctor if you experience side effects you are unable to tolerate. Do not stop taking your beta blocker unless advised to.

### **ACE inhibitors (ramipril)**

- ACE inhibitors help to protect your heart after your heart attack by preventing further damage to the heart muscle and by controlling your blood pressure. These will usually be continued long term.
- They will be started at a low dose and your GP will look to increase the dose to the highest tolerated dose for you, in order to be the most effective in improving your health.
- Your doctor should check your kidney function, blood pressure and electrolyte (sodium and potassium) levels while your dose is being increased and then yearly thereafter.
- ACE inhibitors can occasionally cause a dry cough – if this becomes intolerable, please discuss with your doctor who may switch you to an alternative.
- In rare cases, ACE inhibitors can cause a serious allergic reaction, causing swelling of the mouth, face, lips, tongue or throat. If this occurs please seek urgent medical attention.

### **ARBs (losartan)**

- ARBs work in a similar way to ACE inhibitors (see above) and are usually given to patients who cannot tolerate ACE inhibitors due to side effects/allergies/intolerances.

## Chest pain medications

### GTN spray

- GTN spray is to be used if you develop chest pain only. It is sprayed under the tongue and works quickly to widen your blood vessels to relieve pain caused by narrowed vessels. If after five minutes, your chest pain has not resolved, the spray(s) can be repeated. If after another five minutes, the chest pain has still not resolved, please seek urgent medical attention.
- A spray of GTN may also be recommended before undertaking any exercise, such as before climbing stairs in order to prevent chest pain, due to angina.
- As GTN spray can drop your blood pressure quickly and cause dizziness, it is important to use it while sitting down, to prevent a fall. It can also commonly cause a headache and flushing.
- You should carry your GTN spray with you at all times.
- The effects of GTN spray last about 20 to 30 minutes. If you are having to use your GTN spray more frequently, please contact your GP.

### Nitrates (isosorbide mononitrate)

- Nitrates are tablets that are taken regularly if chest pain is still persisting after recovering from your heart attack.
- They work in the same way as GTN spray (they have the same side effects) but are given regularly to prevent chest pain rather than to relieve it. The side effects are usually most severe when first starting the medication and tend to lessen with time.
- Please take your nitrates at the time(s) of day advised – this may not be evenly spaced throughout the day.

There may be other medications that you are prescribed after your heart attack that are not on this leaflet. If you are unsure, please consult with your prescriber or a pharmacist or check the medication leaflet.

## PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

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**If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email [kch-tr.accessibility@nhs.net](mailto:kch-tr.accessibility@nhs.net)**