

## Operations Memo No. 12



VA COOPERATIVE STUDIES PROGRAM # 424

### Clinical Outcomes Utilizing Revascularization and Aggressive DruG Evaluation

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Subj: Drug Titration Guidelines for Beta-blockers and ACE Inhibitors

To: Study Personnel

Thru: Trial Leadership

#### **RECOMMENDATION FOR DOSING METOPROLOL XL:**

1) Patients with angina, hypertension, or who are post MI but do not have class II-IV CHF should be started on metoprolol XL 100 mg daily. Those who are post MI should be titrated to 200 mg daily. The dose can be modified according to the judgement of the investigator.

2) For patients with NYHA Class II-IV CHF (taken from MERIT-HF):

- NYHA II start 25 mg once daily
- NYHA III-IV start 12.5 mg (half a 25 mg tablet) once daily

For all patients with CHF, double the dose every 2 weeks as tolerated up to the target dose of 200 mg once daily. The dose can be modified according to the judgement of the investigator. If a patient does not tolerate increases in dose, temporary decrease in the drug or increase in diuretic dose is recommended.

#### **RECOMMENDATION FOR DOSING ENALAPRIL AND LISINOPRIL:**

1) For patients with hypertension:

Enalapril: start 5 mg. BID (2.5 mg BID if already on a diuretic). Dosage should be adjusted according to blood pressure response. Usual range is 10-40 mg in a single or divided doses.

Lisinopril: start 10 mg daily (5 mg if already on a diuretic). Dosage should be adjusted according to blood pressure response. Usual range is 20-40 mg QD.

2) For patients with CHF or LVEF < 40%

Enalapril: start 5 mg. BID (2.5 mg BID if already on a diuretic). Titrate up weekly to 10-20 mg BID.

Lisinopril: start 5 mg. daily. Titrate up weekly to 20-40 mg QD as tolerated.

3) For post-MI patients:

Lisinopril: start 5 mg. daily. Titrate up to 10 mg QD. If CHF is present or BP > 130/85, increase dose to optimum clinical response.