Pharmacist-managed carvedilol
cardiologist failure clinic

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The management of congestive heart failure has

changed significantly over the past several years. In

particular, carvedilol has been shown to reduce mor-

bidity and improve clinical outcomes in patients with

congestive heart failure.1,2

We started a clinic, managed by a clinical pharma-

acist and a registered nurse, to provide continuity in

carvedilol therapy. Patients are referred to the clinic by

one of the 10 physicians in the practice and are in-

structed to bring all their medications with them to

their appointment. Clinic appointments are for one

hour, with the maximum number of patients being

four per hour. More than 175 patients have received

carvedilol therapy and management through the clinic

since it began in August 1997.

At the beginning of each clinic visit, the patient's vi-

tual signs are measured and he or she is weighed. The

patient is then given a dose of carvedilol individualized

according to the manufacturer's guidelines.3 Blood

pressure and pulse are monitored every 15-20 minutes

for an hour.

During the initial visit to the clinic, patients are

counseled on the proper use of carvedilol and are

shown a videotape. They learn about the mechanism of

action of carvedilol and the drug's adverse effects,

including the possibility of "feeling worse" during the

first several weeks of therapy. Patients are advised to

consume a low-sodium diet, to weigh themselves
daily and report any excessive weight gain to the clin-
ic, to monitor their blood pressure and pulse between

clinic visits, and to contact the office if they have any

problems.

Patients are instructed to take their carvedilol doses

with meals to slow the drug's absorption. Patients

who are also taking an angiotensin-converting-

enzyme (ACE) inhibitor or an angiotensin II receptor

blocker are instructed to adjust the administration
times of these agents to avoid taking them within

two hours of carvedilol.3 This can create problems if

the patient is taking an ACE inhibitor that is given

two or three times a day. We often switch these pa-
tients to an equivalent dosage of an ACE inhibitor

that can be taken once daily at bedtime, such as quinapril,

fosinopril, benazepril, or trandolapril. This is conven-
inient for patients and promotes proper administration of

carvedilol.

The carvedilol clinic has been very successful at im-

proving patient outcomes. Physicians' offices and

practices offer new opportunities for instituting clini-

cal pharmacy services.


left ventricular function and symptoms in chronic heart


2. Packer M, Bristow MR, Cohn JN et al. The effect of

carvedilol on morbidity and mortality in patients with


Pharmaceuticals; 1997 May.

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References


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2. Packer M, Bristow MR, Cohn JN et al. The effect of

carvedilol on morbidity and mortality in patients with


Pharmaceuticals; 1997 May.

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to encourage contributions to this column.

The Letters column includes the following types of contributions:
(1) comments, addenda, and minor updates on previously published
work, (2) alerts on potential problems in practice, (3) observations or
comments on trends in drug use, (4) opinions on apparent trends or
controversies in drug therapy or clinical research, (5) opinions on public
health issues of interest to pharmacists in health systems, (6) comments
on ASHP activities, and (7) human interest items about life as a
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should be no more than three, (4) the authors' names, affiliations, and
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