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DAMIAN RASCH, D.O.

ENCINITAS · LA JOLLA, CALIFORNIA



Which Beta Blocker Fits

Beta blockers were designed for slightly different jobs. The right one depends on what's being treated.

3
beta blockers with proven track records for a weakened heart

50 to 60
resting heart rate that is often the target on a beta blocker

1 to 2 wk
taper your doctor uses when you need to come off one

IF YOUR HEART'S PUMPING IS WEAKENED

The proven three

Carvedilol
Most studied of the three in very low pumping function. It also relaxes blood vessels, so it tends to lower blood pressure a bit more. Twice a day.

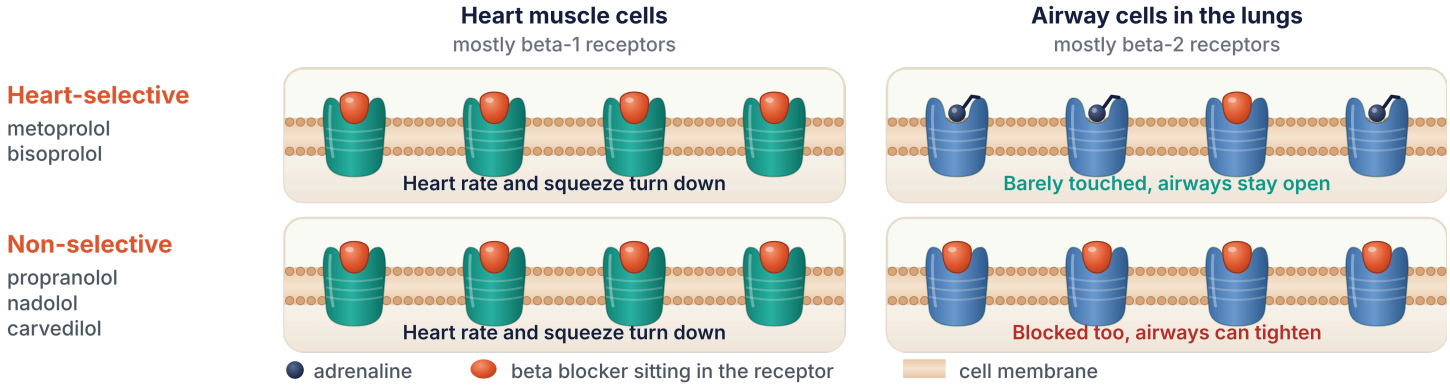
Metoprolol succinate
The long-acting once-a-day form (Toprol XL). This is the metoprolol with the heart failure trial data.

Bisoprolol
Once a day, heart-selective and well tolerated, for a simpler dosing schedule.

Other beta blockers failed in heart failure trials or were never studied there. **Metoprolol tartrate**, the short-acting twice-daily form, lacks heart failure outcome evidence. With a weakened heart, ask your cardiologist whether you should be on succinate instead.

HEART-SELECTIVE OR NOT

Why some are safer for your lungs



Adrenaline speeds the heart, makes it squeeze harder and relaxes the airways open. A beta blocker turns that signal down. With asthma or COPD, heart-selective options are safer and are often used at low doses without trouble.

Keep taking it

If you're tolerating your beta blocker, the right move is almost always to keep taking it. The benefit builds over months and years. If you have side effects, talk to your prescriber. There's almost always a version that works.

MATCHING THE DRUG TO THE JOB

Which one, side effects and when to call

WHICH ONE FOR WHICH JOB

Weakened heart	Carvedilol, metoprolol succinate or bisoprolol, since the class isn't interchangeable here.
Atrial fibrillation	Most beta blockers can slow the heart. The usual picks are metoprolol (either form), atenolol or bisoprolol, and carvedilol if the heart is also weakened. A once-daily long-acting drug is often easier, since a short-acting one can wear off overnight.
After a heart attack	Depends on your pumping function (EF). At 50% or higher, newer trials no longer support a routine beta blocker. From 40 to 49% it helps, and below 40% it's standard. Most cardiologists use carvedilol or metoprolol succinate.
Tremor, stage fright, migraine	Propranolol. Some performers take it an hour before an event to blunt a racing heart, trembling and sweating.
Didn't tolerate others	Nebivolol tends to cause fewer cold fingers and less trouble with exercise. It's sometimes a good fit, especially for blood pressure or angina.
Pregnancy or the hospital	Labetalol for high blood pressure that needs careful lowering. Esmolol is an IV drug used only in the hospital.

COMMON SIDE EFFECTS

usually mild

Fatigue	Most common, especially in the first weeks, and most people adjust within a few weeks.
Cold hands and feet	Less likely with nebivolol and carvedilol than with older beta blockers.
Sexual side effects	More often with older non-selective drugs, and switching to a more heart-selective one sometimes helps.
Vivid dreams	More with propranolol and metoprolol, less with bisoprolol and atenolol.
Diabetes	Can blunt the racing heart that warns of low blood sugar, though sweating and shakiness still show up.

WHEN TO GET HELP

Call 911	Severe lightheadedness, fainting or feeling about to pass out, especially with a very slow pulse.
Call the same day	Heart rate consistently below 50 with lightheadedness, dramatic fatigue after a dose increase, or sudden wheezing or shortness of breath if you have asthma.
Routine visit	Ongoing fatigue, sexual side effects, cold hands and feet, or vivid dreams. Most can be addressed with a dose change, new timing or a different beta blocker.

NEVER STOP SUDDENLY

Stopping abruptly can make the heart race and blood pressure spike, sometimes causing chest pain or a heart attack in people with coronary disease. Your doctor will taper the dose over one to two weeks. If you missed a couple of days, restart your usual dose and let your doctor know.

READ THE FULL ARTICLE

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beta-blocker-selection-guide

For education only, and not a substitute for advice from your own physician. Sources include MERIT-HF, CIBIS-II, a 2001 carvedilol survival trial in severe heart failure, CAPRICORN, COMMIT, the 2022 AHA/ACC/HFSA heart failure guideline, the 2017 ACC/AHA blood pressure guideline and the 2020 ESC atrial fibrillation guideline.

DR. DAMIAN RASCH, D.O. · BOARD-CERTIFIED INVASIVE CARDIOLOGIST · ENCINITAS AND LA JOLLA, CA

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