

Appendix F Spironolactone

Rationale

- Although a K⁺ sparing diuretic, this drug exerts its beneficial effects in HF through aldosterone antagonism
- Spironolactone decreases mortality and hospitalization and improves symptoms

Beneficial Subsets

- NYHA Class III-IV moderate to severe systolic heart failure

Considerations

- Extreme caution should be used when adding spironolactone to ACE-I and ARBs due to a propensity for hyperkalemia
- Avoid use in patients with renal dysfunction
- Hyperkalemia may develop if K⁺ depleting diuretic dose is decreased

Goal/Dose

- Start at 12.5 mg daily and titrate to 25 mg daily as tolerated (>25 mg rarely indicated)

Monitoring

- Check K⁺, Cr and eGFR at 3-7 days and 1-2 weeks after each dose adjustment

Side-effects

- Gynecomastia is known to occur in up to 5-10% of males