Prescribing Tips for Candesartan

There is a range of candesartan preparations available. An up-to-date listing is available on the Irish Medicines Board website at www.imb.ie.

Therapeutic Indications
- Treatment of essential hypertension in adults.
- Treatment of adult patients with heart failure and impaired left ventricular systolic function (left ventricular ejection fraction ≤40%) as add-on therapy to ACE inhibitors or when ACE inhibitors are not tolerated.

Dosing and Administration
Full prescribing information is available in the Summary of Product Characteristics (SmPC) which may be accessed freely online at www.medicines.ie or www.imb.ie.

Please consult the SmPC for guidance on prescribing in special patient populations, e.g. renal or hepatic impairment.

Table 1. Candesartan dosing and administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Initial Dose</th>
<th>Titration &amp; Maintenance</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>8 mg once daily</td>
<td>Increase the dose to 16 mg and further to 32 mg according to BP response.</td>
<td>Most of the antihypertensive effect is attained within 4 weeks.</td>
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<tr>
<td>Heart failure</td>
<td>4 mg once daily</td>
<td>Double the dose at intervals of at least 2 weeks to target dose of 32 mg</td>
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DOSE
Prescribe the correct dose and frequency for the patient’s condition – see SmPC for details.

- **Hypertension**: start with 8 mg once daily
- **Heart failure**: start with 4 mg once daily
- **Up-titrate** by doubling the dose at intervals of at least two weeks

OPTIMISE
Patients benefit from higher doses when tolerated.
- In heart failure, the target dose of candesartan is 32 mg daily (or the nearest tolerated dose).

MONITOR
- **Renal function** – serum creatinine and electrolytes should be checked before starting treatment, 1-2 weeks after each dose increase and at least annually, thereafter.  
- **BP** – ARBs can cause hypotension, particularly in patients with heart failure and in hypertensive patients with intravascular volume depletion such as those receiving diuretics.

TARGET
- In most patients the target SBP is <140 mmHg. A DBP target of <90 mmHg is generally recommended, except in patients with diabetes, in whom values <85 mmHg are recommended.

Further advice on BP targets is accessible via NICE (www.nice.org.uk) and through the ESC website (www.escardio.org)