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Speaking from Experience
Cardiomyopathy/Heart Failure

Transcript for chapter 5 of 10: Management: Medication

Jerome, 60 (13 years since diagnosis): Well, at the moment I'm taking a diuretic. I'm taking heart assistance tablets. Um, that's it, basically. They're all related to assisting the heart.

Hylton, 69, & Eileen (10 years since Hylton's diagnosis): I'm on the anticoagulant. I'm on an aspirin. And two others.

Kathy, 55 (2 years since diagnosis): I'm taking a lot of medication, a lot of natural... supplements, daily.

Alistair & Joan, 66 (13 years since Joan's diagnosis): When I was first diagnosed, I went to a naturopath. And I was very lucky – his brother was a cardiologist. So he was able to consult with my cardiologist, find out what I was taking. And initially he had me on a whole lot of potions. One of the things, when I was first diagnosed, the stress of the whole thing caused tinnitus, which is ringing in the ears. Now, I went through a stage where that was worse than the actual cardiomyopathy. And that I've been left with. But I just get... you know, that's just another thing I've got. So I can put that on the backburner unless I'm really stressed, and then it will scream. But, you know, for the first 12 months, I was on what looked like water. But it did sort of help settle things down and probably settled me down. But I became more interested in natural therapies and what I could use that was not going to be harmful to any of the medication I was taking. And I still take a couple of natural therapies now.

Kathy: With my medication, instead of having to make them up weekly, I do it in 5-week batches so that I'm not constantly thinking about the pill box. So I do five weeks at a time.

Kathryn, 41 (7 years since diagnosis): Medication are all designed to do things like slow down my heart rate and... lower the pressure in the heart – not that I've ever had high blood pressure, but it can help. I have potassium, because my potassium levels, when they get low, tend to cause more events.

Gaylynn, 62 (Had cardiomyopathy for 2 years; 8 years since heart transplant): With the medication, it is very important to take the anti-rejection medication. If you don't do that, you will not survive. [Anti-rejection medication is given to the vast majority of transplant patients]. And as well as that, we take a range of other medication including steroids if it's necessary, but that can affect your bones, so you would be required to take calcium as a supplement. I also need to take cholesterol medication and blood pressure tablets as well.

Kathryn: Some of the medications do cause side effects. I had to lower one of them because I was getting muscle cramps. But I talked to the doctor about it and he said, "Yeah that can happen." So he's reduced the dose. One of the drugs I'm on means that I get sunburnt very, very easily, very quickly, so I need to wear sunscreen ever day in summer. And other than that, just the general... I mean, the drugs are designed to slow down my heart and keep everything going normally, but that can make you feel more tired. And when you do try and exercise, it won't let your heart rate get higher, so you get very tired when you do exercise. Yeah, there's a lot of changing drugs to try and get the right combination.

Kathy: I actually see my GP once a month and go through... if I've got any problems with medication. I mean, that's all I need to do. The hospital really fine-tuned the medication... to begin with, at the start of the diagnosis. Because I was very light, I was, um, the medication... It took about three months to fine-tune my medication. Once it was fine-tuned, it's fine. I've been great.