

0:00:02.000,0:00:08.800

My name is Renil. I'm 48 years old,
a nurse at a health care facility.

0:00:11.360,0:00:16.960

I've got 5 kids, a full
schedule, and heart failure.

0:00:20.080,0:00:25.440

I had noticed I had shortness of breath after
walking just a short distance. Then one day,

0:00:25.440,0:00:27.920

I woke up, I had trouble breathing

0:00:27.920,0:00:31.280

and said, "There is something
seriously wrong here. I shouldn't

0:00:31.280,0:00:36.240

be feeling like this." So, I went to the hospital.
My blood pressure was extremely

0:00:36.240,0:00:39.440

high, I had fluid
in my lungs. They told

0:00:39.440,0:00:43.840

me I had congestive heart failure. They

even thought I might need a pacemaker.

0:00:44.480,0:00:48.880

Renil came to my heart failure clinic
after being hospitalized for heart failure.

0:00:48.880,0:00:53.920

When I first met Renil, she was so overwhelmed
and exhausted. When she told me her story,

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I could see why.

0:00:55.600,0:00:55.920

Here I was

0:00:55.920,0:01:00.640

with 5 kids, high blood
pressure, and now I have heart failure.

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I was overwhelmed. Sandy calmed

0:01:02.960,0:01:07.840

me down and explained to me my diagnosis,
what treatment was available to me,

0:01:08.400,0:01:10.880

and gave me advice

on how to take care of myself.

0:01:11.600,0:01:15.120

The first thing Renil and I did was
to sit down together and make a plan.

0:01:16.160,0:01:21.120

It's important to find out what's important to
a patient and how we can create a treatment plan

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that covers lifestyle changes and medications.

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We talked about life goals—what
do you want to do? How

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are you feeling about things?

0:01:30.000,0:01:34.160

I had been diagnosed with high blood
pressure about 14 years ago. I was

0:01:34.160,0:01:37.200

very noncompliant with my medication.

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Now, after my heart failure diagnosis, I know

I need to take my medication every single day.

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One of the medications I recommend
to my appropriate patients is BiDil.

0:01:47.600,0:01:51.920

BiDil is indicated specifically for
African Americans with with heart failure.

0:01:51.920,0:01:54.160

It is used with standard heart failure treatments.

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Renil is like a lot of my
heart failure clinic patients.

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They are often resistant to taking medications.
But I find once I talk to them about BiDil,

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about what they can expect and how it
may benefit them they're open to it.

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Renil and I talked about the African
American Heart Failure Trial, also called A-HeFT.

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That study was the first heart failure study to include only self-identified African Americans with heart failure.

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I showed her all the benefits of BiDil that were seen in the A-HeFT trial when BiDil was added to standard therapy:

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a 43% improvement in survival,

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a 39% reduction in the risk of a first hospitalization for heart failure.

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BiDil also demonstrated an improvement in functional status.

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Of course, BiDil isn't right for everyone.

Patients who shouldn't take BiDil

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include those who are allergic to organic nitrates,

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or who take a phosphodiesterase type 5 inhibitor,

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as taking the two together may cause severe hypotension, syncope, and myocardial ischemia.

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When Sandy first talked to me about BiDil, I thought “well, okay.” This is

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something studied in patients like me.” I took her recommendation to heart and I’m glad I did.

0:03:11.680,0:03:16.880

If I had one thing to say to someone, it’s this: if you’re on a medication, make

0:03:16.880,0:03:22.160

sure you take your medication. I didn’t, and my condition got worse. I’ve learned

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how important it is to follow my doctor’s advice about medication, diet, and exercise.

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Listen to your healthcare provider—that’s the most important thing I can tell you. Just listen.

0:03:36.640,0:03:42.560

Please see the full prescribing
information for BiDil at www.BiDil.com

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INDICATIONS AND USAGE

BiDil® (isosorbide dinitrate/hydralazine HCl) is

0:03:46.160,0:03:51.760

indicated for the treatment of heart failure as
an adjunct to standard therapy in self-identified

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black patients to improve survival, to prolong
time to hospitalization for heart failure, and to

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improve patient-reported functional status. There
is little experience in patients with NYHA class

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IV heart failure. Most patients in the clinical
trial supporting effectiveness (A-HeFT) received

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a loop diuretic, an angiotensin converting enzyme
inhibitor or an angiotensin II receptor blocker,

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and a beta blocker, and many also received a cardiac glycoside or an aldosterone antagonist.

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BiDil is contraindicated in patients who are allergic to organic nitrates,

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or who take a phosphodiesterase type 5 (PDE5) inhibitor,

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such as avanafil, sildenafil, tadalafil, or vardenafil, or soluble guanylate

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cyclase (sGC) stimulator (riociguat).

Concomitant use can cause hypotension.

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Hydralazine hydrochloride has been reported to cause a drug-induced systemic lupus erythematosus

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(SLE) syndrome. Symptoms and signs usually regress when hydralazine hydrochloride is discontinued.

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Symptomatic hypotension, particularly with upright posture, may occur with even small doses of BiDil.

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Hypotension is most likely to occur in patients who have been volume or salt depleted;

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correct prior to initiation of BiDil. Hydralazine hydrochloride

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can cause tachycardia and hypotension potentially leading to myocardial ischemia

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and angina, particularly in patients with hypertrophic cardiomyopathy.

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Hydralazine hydrochloride has been associated with peripheral neuritis,

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evidenced by paresthesia, numbness, and tingling, which may be related to an antipyridoxine effect.

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Pyridoxine should be added to BiDil

therapy if such symptoms develop.

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Most common adverse reactions (> 5% more on BiDil than on placebo) were headache and dizziness.

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