Atenolol (Tenormin) Considerations for Use*

US/FDA Approved Indication: Heart Rate Control for Atrial Fibrillation

Black box warning*	**Abrupt cessation may exacerbate angina pectoris and MI.**
Mechanism of Action	Blocks binding of catecholamines to beta-1 receptors; Beta-1 selective
Dosing†	Non-acute setting or maintenance: 25 to 100 mg PO daily Elderly: Start at 25 mg PO daily; titrate to desired heart rate Hepatic Impairment: No dosage adjustment needed Renal Impairment: CrCl > 35 ml/min: No dosage adjustment needed CrCl 15- 35 ml/min: Maximum recommended dose is 50 mg/day PO CrCl < 15 ml/min: Maximum recommended dose is 25 mg/day PO
Contraindications	• AV block • Bradycardia • cardiogenic shock • decompensated heart failure
Major Side Effects	Hypotension, heart block, bradycardia, asthma, heart failure
Dosage forms and Strengths	PO: 25 mg, 50 mg, 100 mg tablets
Special Notes	Abrupt cessation my precipitate angina, MI, arrhythmias, or rebound HTN; discontinue by tapering over 1-2 weeks. Concomitant amiodarone, digoxin, disopyramide, or non-dihydropyridine calcium channel blockers may increase the risk of bradycardia. Monitor closely for HF exacerbation and hypotension when titrating dose.
Counseling	Do not abruptly discontinue without physician's advice.

*Refer to prescribing information for more complete information.

†Dosages given in the table may differ from those recommended by the manufacturers.

Sources:

1. American College of Cardiology (ACC), American Heart Association (AHA), and the European Society of Cardiology (ESC). *ACC/AHA/ESC 2006 Guidelines for the Management of Patients With Atrial Fibrillation*. Washington, DC: American College of Cardiology.
2. Heart Rhythm Society. *AF360 Pocket Guide: Practical Rate and Rhythm Management of Atrial Fibrillation*. 2010, Washington, DC: Heart Rhythm Society.
3. *Tarascon Pocket* Pharmacopoeia®2012.