MetoPROLOL

Classification

Beta 1 selective beta blocker

Anti-anginal agent

Antihypertensive

Indications

CCP: Symptomatic atrial fibrillation or flutter with rapid ventricular response

Contraindications

- Hypersensitivity to metoPROLOL or its constituents
- Second- or third-degree AV block
- Sick sinus syndrome or sinus bradycardia
- Cardiogenic shock
- Relatively contraindicated in patients with a history of bronchospastic diseases: generally beta blockers should not be used in individuals with a history of bronchospasm, however due to metoPROLOL's beta-1 selectivity, it may be used with caution and close monitoring.

Adult dosages

CCP: Symptomatic atrial fibrillation or flutter with rapid ventricular response

- 5 mg IV slow push
- May repeat every five minutes to a maximum of 15 mg, or a heart rate < 110/min, or a blood pressure < 100 mmHg

Mechanism Of Action

MetoPROLOL has a preferential inhibitory effect on beta-1 adrenoreceptors, located primarily in the cardiac muscle. At higher doses, metoPROLOL can exert some inhibition on beta-2 receptors in bronchial and vascular tissues.

Pharmocokinetics

Intravenous:

- Onset: rapid
- Duration: dose-dependent.

Adverse Effects

Secondary effects of decreased cardiac output, which can include headache, weakness, dizziness, and lightheadedness. Respiratory symptoms, including shortness of breath, wheezing and bronchospasm, rhinitis, and exertional dyspnea can also occur.

Overdose

Provide supportive care. Review J07: Beta Blockers for specific guidance.

Warning And Precautions

MetoPROLOL should be used with caution in compensated heart failure, and patients must be closely monitored for worsening of their condition.