



Beta-blockers

Beta-blockers are medicines that are sometimes used to treat people with high blood pressure. Most of these medicines have names that end in "olol".

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How do they work?

Beta-blockers lower your blood pressure by blocking the effect of hormones called adrenaline and noradrenaline. By blocking these hormones, beta-blockers slow down your heart rate and reduce the force at which blood is pumped round your body.

Beta-blockers also block your kidneys from producing a hormone called angiotensin II. Reducing the amount of angiotensin in your body allows your blood vessels to relax and widen, making it easier for blood to flow through.

Who might be given a beta-blocker?

Beta-blockers are not usually used as a first choice medicine for high blood pressure. They are usually given to people who cannot tolerate other blood pressure medicines, or whose blood pressure is not being lowered enough by other medicines.

If you have previously had a heart attack, have angina, heart failure or an irregular heart beat, you may be given a beta-blocker. They may help to prevent attacks of angina and reduce your risk of having a further heart attack.

Women who have high blood pressure but who might become pregnant may be given a beta-blocker.

Beta-blockers used in the UK

Medicine name Brand names

Acebutolol	Sectral
Atenolol	Atenolol, Atenolol BP, Beta-Adalat, Co-Tenidone, Co-Tenidone BP, Tenif, Tenoret, Tenoretic, Tenormin, Tenormi LS
Bisoprolol	Cardicor, Emcore, Monacor
Carvedilol	Eucardil
Celiprolol	Celectol, Celiprolol
Labetalol	Trandate
Metoprolol	Betaloc SA, Co-Betaloc, Lopresor, Lopresor SR, Metaprolol
Nadolol	Corgard
Nebivolol	Nebilet
Oxprenolol	Slow Trasicor, Trasicor
Pindolol	Viskaldix, Visken
Propranolol	Inderal LA, Propranolol
Timolol	Betim, Prestim

Who would not be given a beta-blocker?

If you have asthma, or lung problems such as chronic obstructive pulmonary disease (COPD), you

For more information, please contact:

Blood Pressure UK

Wolfson Institute, Charterhouse Square, London EC1M 6BQ

(020) 7882 6255

www.bloodpressureuk.org



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Possible side-effects of beta-blockers include:

- tiredness, dizziness and lethargy, or sleep problems (including vivid dreams)
- low heart beat rate
- cold hands and feet
- diarrhoea and nausea.

And, less commonly:

- problems with erections in men
- depression.

would not usually be given a beta-blocker. This is because they can narrow your airways which could trigger or worsen an asthma attack. If you do need to take a beta-blocker, you will need to be monitored closely.

Other people who may not be given a beta-blocker include people with a second or third degree heart block, people with worsening or unstable heart failure, or anyone with severe peripheral arterial disease.

Some people who are given a beta-blocker will require close monitoring. These include people who have a low heart rate, people with diabetes or a phaeochromocytoma (tumour of the adrenal gland), or people who have high levels of acid in the blood (metabolic acidosis) or a certain kind of angina known as Prinzmetal's angina.

Your doctor will not give you a beta-blocker if they feel that it could affect other conditions that you have or other medicines that you are taking.

Do they have side-effects?

Most people will have no side-effects from their blood pressure medicines. They usually only happen when you start to take a new medicine, or a higher dose of your medicine. If you do experience a side-effect it may lessen over time as your body gets used to the medicine. If not, your doctor may change your dosage or your medicine if they feel it is appropriate.

Other things to be aware of

If you are taking a beta-blocker with another type of blood pressure medicine, called a thiazide diuretic, you can have an increased long-term risk of developing diabetes. If you already have diabetes and need to take a beta-blocker, you should be aware that they can dull the warning signs of a low blood sugar level.

You should not stop taking your beta-blocker medicine suddenly – unless your doctor has specifically told you to do so. If you need to be switched to a different medicine, your doctor would normally reduce your dosage gradually.

When to contact your doctor

If your breathing is affected, or you start to develop asthma when you take your beta-blocker, you should contact your doctor immediately.

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This is because stopping a beta-blocker suddenly could trigger palpitations, an attack of chest pain (angina) or a rise in your blood pressure.

Beta-blockers can cause dizziness in some people; therefore if you operate heavy machinery, or drive for a living you should be aware of this before you start taking them. If you experience any dizziness you should tell your doctor (and your employer) immediately.

If you are taking a beta-blocker you should avoid alcohol. This is because it can enhance the blood pressure lowering effects of your medicine and could lower your blood pressure too much. Similarly, if you are about to have surgery that requires an anaesthetic you may be asked to come off of your beta-blockers for a while, for the same reason.

Check with your doctor or pharmacist before taking any other medicines in combination with your beta-blocker – this includes over-the-counter treatments.

As with other blood pressure lowering medicines, once you start taking a beta-blocker, be prepared to stay on it for the long term. Some people stop

Related Factsheets

- Diuretics
- ACE inhibitors
- Calcium channel blockers

taking their blood pressure medicines when they think their blood pressure is under control, but doing this can put your health at risk.

If you have any concerns about your medicines, speak to your doctor or pharmacist.

About this information sheet

This information sheet was produced by the Information & Support team at the Blood Pressure Association. It is intended for people who have high blood pressure, or who are interested in high blood pressure. For more about how we make our information, go to www.bloodpressureuk.org/AboutUs

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