

**Batch 18/19**  
**Pharmacology Tutorial – CVS II**

**Date**  
**28.10.2022 (Friday)**

**Time**  
**03.30 p.m. – 04.30 p.m.**

<b><u>Groups</u></b>	<b><u>Venue</u></b>	<b><u>Lecturer</u></b>
<b>M/18/106 – M/18/158</b>	<b>Pharmacology Auditorium</b>	<b>Dr. UD</b>
<b>M/18/160 – M/18/205 M/17/018, M/16/FQ/003 M/18/FQ/001, M/18/FQ/002 M/18/FQ/003, M/16/083</b>	<b>Psychiatry Tute Room 1</b>	<b>Dr. SF</b>
<b>M/18/001 – M/18/053</b>	<b>Psychiatry Tute Room 2</b>	<b>Dr. TS</b>
<b>M/18/054 – M/18/105</b>	<b>Physiology Tute Room 2</b>	<b>Dr. YI</b>

**2018/19 Batch**  
**Pharmacology Tutorial**  
**CVS II**

**28.10.2022**

**03.30 p.m. – 04.30 p.m.**

A 75-year-old male, with a history of hypertension for 20 years and a ST-segment elevation myocardial infarction 5 years ago, has dyspnoea and fatigue on exertion for 6 months. On examination, his pulse rate is 76 beats/min, regular, and blood pressure 150/90 mmHg. Other physical signs include bilateral basal crepitations and pitting ankle oedema.

An echocardiogram shows left ventricular dilatation with global hypokinesia and an ejection fraction of 35%

Describe the drug treatment of this patient.