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Antihypertensive drugs \$7J7r<rL + BACKGROUND† NBP 120-90/90-60mmHg, Affecting factors: Volume of blood, Cadiac Out, resistance of Arterioles HBP SBP>140/ DBP>90 mmHg Morbidity 30% CLASSES OF HYPERTENISON Essential hypertension Secondary hypertension h ZJJ &5CJJLrGJJL &J / "; rL J77r CLASSES OF DRUGS† hDRUGS Targets

Diuretics Agents act on ANS. Direct Vasodilators CCB RAS blockers Li|† 9\$7 Diuretics {Agents Furoseimide (Lasix) thiazides Mechanism Blood Volume Na Na Ca Ca Na PGE2, Kinin Z #rJ G vL # ↑J I

Diuretics ZClinic uses Alone: Mild hypertension United: Mediate & serious ADR K Na CE TG LDL Renin j 5 vL7 vL ↑J 5J↑J U|rLr RAS blockers \$7 ACEI (& pril) Captopril Mechanism Angiotensin Renin AI ACE AII Bradykinin NO Proliferation !R vLJJ J7\$▲ J7\$▲7 j

RAS blockers \$7 uClinic uses: hypertension & CHF ADR Hypotension Dry Cough Hyperkalaemia Antagonists of AT1 Losartan AII: AT1-R, AT2-R \$7 vL< ↓ L^J ↓ \$7L!! L L^J7L >\$ rL rLq rL↑

ANS Blockers b7Antagonists of -R Propranolol, Metoprolol, atenolol Mechanism Heart Rate Cardiac Output - Rinin, positive feedback-NA Clinic uses Mild-mediate hypertension ADR f \$7 ! ↑J J ↑J P!! rLr rL7 rL8|rLA ANS Blockers

:7 sympathetic nerve inhibitor 1. Central hypotensive drugs: clonidine 2. Ganglion blockers: mecamlamine 3. Drugs affecting NA stores or release " Reserpine; Quanehidine 4. Adrenoceptor blokers " Antagonists of -R: Prazosin, Urapidil " Antagonists of , R: Labetalol "r7Z Z4Z-&7 &7L| "7Lq&7L| "7L'&7L||&7L "7L↑&7L| &7L &7L &7L "7Lr&7L &7L "7L^&7L ' rL

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nitroprusside Mechanism NO Pharmacokinetics (P.K.) P.E. Directly on a. & v. Clinic uses Serious hypertension ADR : hypotension, thiocyanate toxicity € Z₁[↓]

Direct Vasodilators \$₁ Potassium Channel Openers
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Antihypertensive drugs \$₁[↓] r₁[↓] r₁^L +
BACKGROUND† NBP 120-90/90-60mmHg, Affecting factors: Volume of blood, Cardiac
Out, resistance of Arterioles HBP SBP>140/ DBP>90 mmHg Morbidity 30% CLASSES OF
HYPERTENSION Essential hypertension Secondary hypertension h Z[↓] &5C[↓]L₁G[↓]L₁

&[↓] / "; r^L [↓] r₁ r₁ CLASSES OF DRUGS† wDRUGS Targets
Diuretics Agents act on ANS. Direct Vasodilators CCB RAS blockers (ACEI, AT1B)
vh† r₁ |† 崎\$₁ ,₁ \$₁ Diuretics
{Agents Furosemide (Lasix) thiazides Mechanism Blood Volume Na Na Ca Ca
Na PGE2, Kinin Z # r₁ G v^L # ↑[↓] I

Diuretics cClinic uses Alone: Mild
hypertension United: Mediate & serious ADR K Na CE TG LDL Renin activity j
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ACEI (& pril) Captopril Mechanism Angiotensin Renin AI ACE AII Bradykinin
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hypertension & CHF ADR Hypotension Dry Cough Hyperkalaemia Antagonists of AT1 Losartan
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Propranolol, Metoprolol, atenolol Mechanism Heart Rate Cardiac Output Rinin, positive
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Calcium antagonists

Target at vascular smooth muscle " nifedipine " amlodipine " tetrandrine

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Vasodilators \$1 Sodium nitroprusside Mechanism NO Pharmacokinetics

(P.K.) P.E. Directly on a. & v. Clinic uses Serious hypertension ADR : hypotension, thiocyanate toxicity € ZL7J

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Potassium Channel Openers Pinacidil Mechanism K hyperpolarization Ca

Clinic use mild-midiate hypertention ADR edema

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of antihypertensive Agents & main mechanisms of each. Serious hypertension use ____ first. Common ADR of them is ____.

Mild hypertension use ____ first, if no use, add ____ /-----.

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Cardiac Output Resistance of Vessel Arterioles RAS Neuroregulation (r

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Secondary hypertension h ZJJ &9CJJLrGJJL c use mild-midiate
hypertention ADR edema rJ ' rJ >>
rL↑rL¶¶rL¶¶ Review & questions+ Classes of antihypertensive
Agents & main mechanisms of each. Serious hypertension use ____ first. Common ADR of
them is _____. Mild hypertension use ____ first, if no use, add ____ /-----.

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5 v□▼ v^L ↑^J 5^J↑^J U r^L RAS blockers \$7

ACEI (& pril) Captopril Mechanism Angiotensin Renin AI ACE AII Bradykinin

NO, EDHF !H v^L^J^J J7\$▲^J J7\$▲- j

RAS blockers \$7 uClinic uses:

hypertension & CHF ADR Hypotension Dry Cough Hyperkalaemia Antagonists of AT1 Losartan

AII: AT1-R, AT2-R \$7 v^L- ↓ L□↓ \$7L!! L L^L↓7L >\$ r^L r^L^J

r^L↓ ANS Blockers l^rAntagonists of -R

Propranolol, Metoprolol, atenolol Mechanism Heart Rate Cardiac Output Rinin, positive

feedback-NA Clinic uses Mild-mediate hypertension ADR &7L L !7L ↓

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Blockers :7 sympathetic nerve inhibitor 1. Central hypotensive

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' r^L . r^Lr r^L r^Lr^L r^Lr^L r^Lr^L r^Lr^L Calcium antagonists

Target at vascular smooth muscle " nifedipine " amlodipine "

tetrandrine n"8r^L^L"&7\$ \$7 \$7 !7L\$7 >)7r^L77r^L77r^L7

Direct Vasodilators \$7 Sodium nitroprusside Mechanism NO

Pharmacokinetics (P.K.) P.E. Directly on a. & v. Clinic uses Serious hypertension ADR :

hypotension, thiocyanate toxicity € Z^L^J " r^J7

(▲ X T r^Lr r^Lr Direct Vasodilators \$7

Potassium Channel Openers Pinacidil Mechanism K hyperpolarization Ca

Clinic use mild-midiate hypertention ADR edema r^J , Classes

of antihypertensive Agents & main mechanisms of each. Serious hypertension use ____

first. Common ADR of them is ____ . Mild hypertension use ____ first, if no use, add

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