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ǒ Antianginal drugs Angina pectoris is the
severe chest pain that occurs when coronary blood flow is inadequate to supply the
oxygen required by the heart. The primary cause of angina pectoris is an imbalance
between the oxygen requirement of the heart and the oxygen supplied to it.

Backgrounds of angina pectoris (

3 zrClassification: stable; unstable;variant Mechanism: Methods for
treatment: To improve perfusion: To reduce metabolic demand Drugs organic nitrates;
calcium antagonists -Receptor blockers L+Z1 Z Z: Zǒr
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nitrates+ Pharmacological effects and mechanism: dilate peripheral vein
preload dilate peripheral artery afterload Dilate coronary artery perfusion of ischemic
myocardium ' v^L7 v^Lr&r L€€ L雙 L€€ L L€€ €€ =

L P -"r^L0r^L r Mechanism of action in VSM+ NO
(EDRF) activate GC increase c-GMP activate cGMP- dependent kinase decrease Ca induce de-
phosphorylation of the myosin light chain relaxation Pharmacokinetics: very low
bioavailability per os Sublingual Rapid onset(2~5min) Acute adverse effects: postural
hypotension, throbbing headache Tolerance : because of depletion of free !! SH groups
Clinic use: to treat and prevent all of the angina Z;r^LǒZ Z0 L 3 L3檉
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blockers Pharmacological effects: Myocardial constriction Heart
rate Clinic use : stable and unstable angina Propranolol not for variant angina because
of coronary artery contraction due to its -receptor blocked and -receptor
relatively activated. Propranolol + nitroglycerin #
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