# **Antihypertensive Drugs**

By Ahmed Shubbar

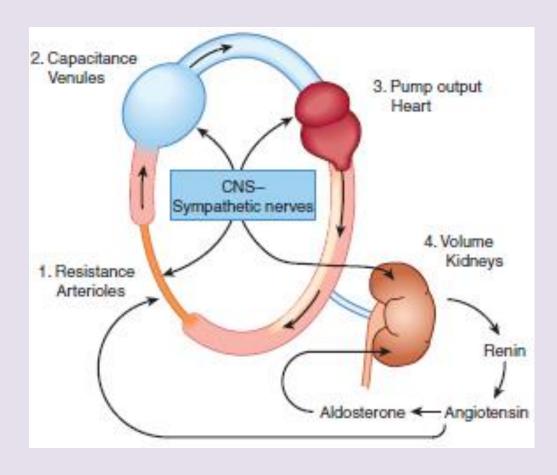
# Hypertension

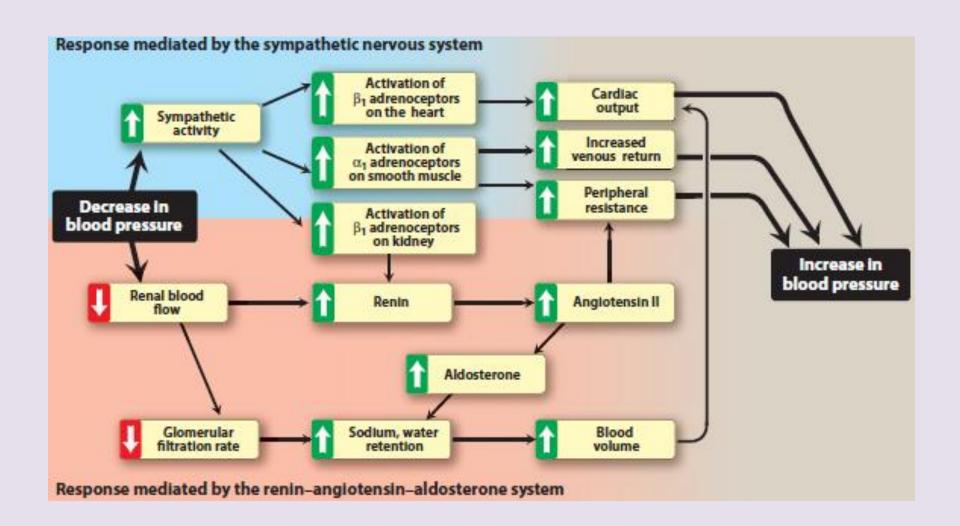
 Hypertension (HTN) is defined as either a sustained systolic blood pressure of greater than 140 mm Hg or a sustained diastolic blood pressure of greater than 90 mm Hg.

Systolic/Diastolic Pressure (mm Hg)	Category
< 120/80	Normal
120-135/80-89	Prehypertension
≥ 140/90	Hypertension
140-159/90-99	Stage 1
≥ 160/100	Stage 2

# Normal regulation of blood pressure

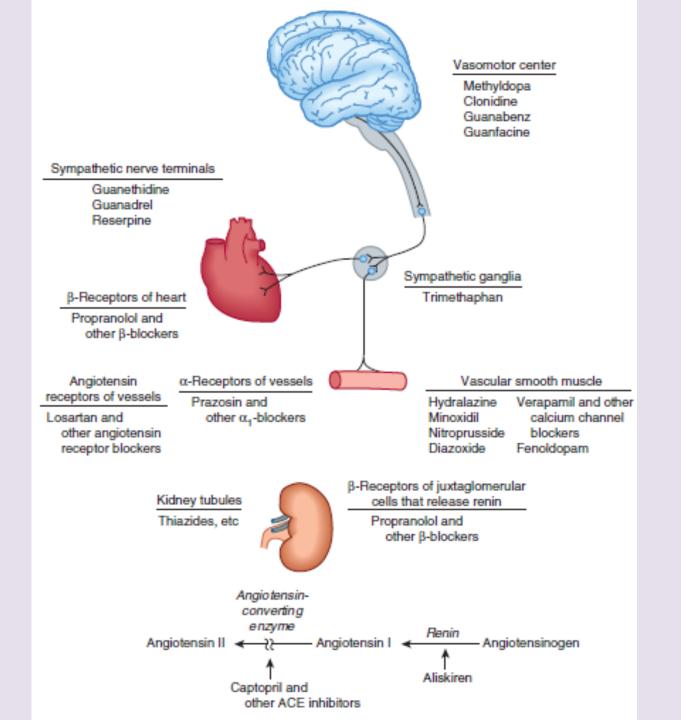
### BP = CO X PVR





# Antihypertensive drugs

- 1. Sympathoplegic agents.
- 2. Diuretics.
- 3. Drugs affecting angiotensin.
- 4. Direct vasodilators.



# 1. Sympathoplegic agents

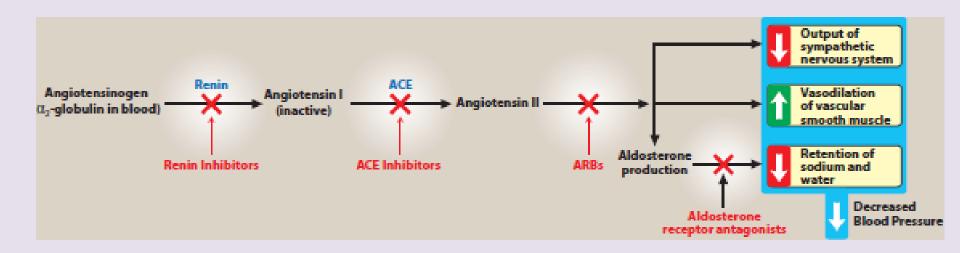
- I. Centrally acting agents.
- II. Adrenergic neuron blocking agents.
- III. Adrenoceptor antagonists.

### 2. Diuretics

- ➤ Thiazide diuretics.
- ➤ Loop diuretics.
- ➤ Potassium sparing diuretics.

# 3. Drugs affecting angiotensin

- I. ACE inhibitors.
- II. ARBs.
- III. Direct renin inhibitors.



### 4. Direct vasodilators

 Decreased incidence of orthostatic hypotension/sexual dysfunction is observed with direct vasodilators, why?

 Most vasodilators cause headache, flushing, tachycardia, hypotension and nausea.

### Calcium channel blockers

Dihydropyridines: Nifedipine, Amlodipine,
Nislodipine, Nicardipine, Isradipine, Felodipine and Nimodipine.

Non-dihydropyridines: Verapamil and Diltiazem.

 What is the major difference between dihydropyridines and non-dihydropyridines?

#### Adverse effects:-

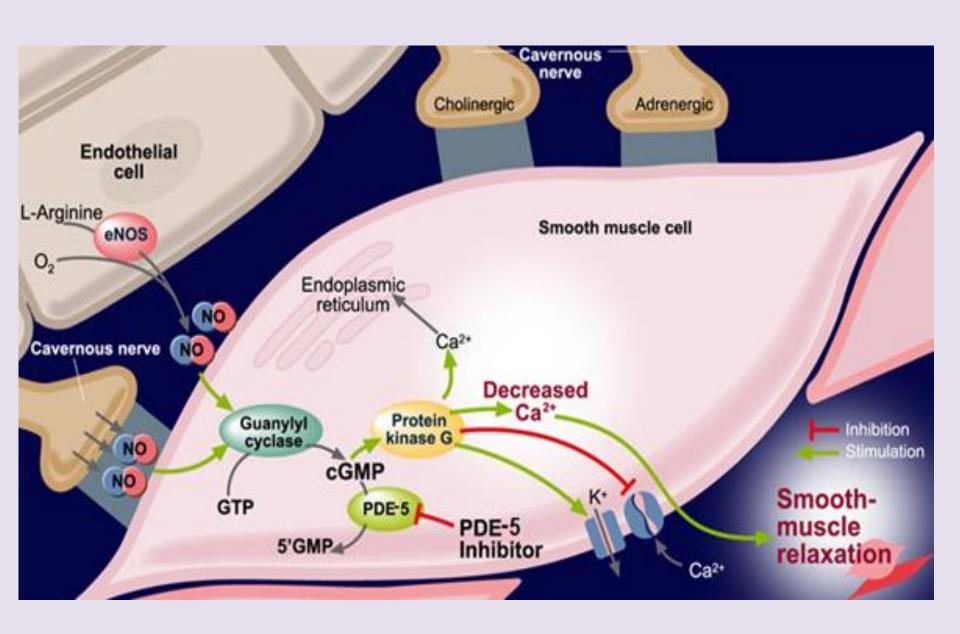
- Dihydropyridines: headache & peripheral oedema.
- Non-dihydropyridines: AV block, constipation.

# Hydralazine

 Orally active agent used in severe HTN and HTN during pregnancy.

MOA: 个 NO release, K+ channel opener.

Toxicity: may provoke angina and MI, why?



### Minoxidil

 Orally active agent mainly reserved to replace hydralazine in severe HTN not managed by hydralazine or in patients with renal failure.

MOA: K<sup>+</sup> channel opener.

• S/E: Hypertrichosis (used topically to stimulate hair growth).

### Diazoxide

Used in emergency HTN.

MOA: K<sup>+</sup> channel opener.

 S/E: hyperglycemia (↓ insulin release, also indicated in patients with chronic hypoglycemia secondary to insulinoma).

# Sodium Nitroprusside

Used in emergency HTN (also dilate veins).

• MOA: 个 NO release or via direct stim. of cGMP.

 Toxicity: cyanide accumulation, metabolic acidosis and arrhythmias.

# Fenoldopam

•  $D_1$ -receptor agonist used in emergency hypertension.

### Homework

 Read about pharmacological treatment of pulmonary hypertension.

# Thank you

## References

-Basic & Clinical Pharmacology, Bertram G. Katzung 12<sup>th</sup> edition.

-Lippincott's Illustrated Reviews: Pharmacology, 5<sup>th</sup> edition.

-Goodman & Gilman's The Pharmacological Basis of Therapeutics,  $12^{th}$  ed. .