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 8 Antihypertensive drugs \$7J7r7L +

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^J &5C^JL^JG^JL
 &J / "; r^L J777 CLASSES OF DRUGS† hDRUGS Targets
 Diuretics Agents act on ANS. Direct Vasodilators CCB RAS blockers
 Li|† 9\$7 Diuretics
 {Agents Furosemide (Lasix) thiazides Mechanism Blood Volume Na Na Ca Ca Na PGE2,
 Kinin Z #r7G v^L # ↑J I

Diuretics ZClinic uses Alone: Mild
 hypertension United: Mediate & serious ADR K Na CE TG LDL Renin j 5 v^L7 v^L
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 pril) Captopril Mechanism Angiotensin Renin AI ACE AII Bradykinin NO Proliferation
 !R v^LJ J7\$▲ J7\$▲7 j
 r RAS blockers \$7 uClinic uses: hypertension & CHF ADR
 Hypotension Dry Cough Hyperkalaemia Antagonists of AT1 Losartan AII: AT1-R, AT2-
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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!! r^Lr r^L r^L8|r^LA 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 blockers " Antagonists of -R: Prazosin, Urapidil "
 Antagonists of , R: Labetalol "r7Z Z4Z7&7 &7L| "7Lq&7L|
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Antihypertensive drugs \$ 1
BACKGROUND NBP 120-90/90-60mmHg, Affecting factors: Volume of blood, Cardiac
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Diuretics Agents act on ANS. Direct Vasodilators CCB RAS blockers (ACEI, AT1B)
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ACEI (& pril) Captopril Mechanism Angiotensin Renin AI ACE AII Bradykinin
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RAS blockers \$ uClinic uses:
hypertension & CHF ADR Hypotension Dry Cough Hyperkalaemia Antagonists of AT1 Losartan
AII: AT1-R, AT2-R \$7 v ↓ L ↓ \$ L L ↓ L > \$ L L
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Blockers Antagonists of -R Propranolol, Metoprolol, atenolol
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L7 B ANS Blockers : sympathetic nerve inhibitor
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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
Pinacidil Mechanism K hyperpolarization Ca Clinico₁ DLucida Sans Unicode紅

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↑[↓] P!! r^L r^L r^L r^L 7 B ANS Blockers
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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 € ZL1J

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Potassium Channel Openers Pinacidil Mechanism K hyperpolarization Ca

Clinic use mild-midiate hypertention ADR edema ↑> 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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Wingdings¶Lucida Sans Unicode¶Monotype Sorts Blends+ Antihypertensive drugs
BACKGROUND¶CLASSES OF DRUGS Diu¶r Antihypertensive
drugs BACKGROUND+ NBP 120-90/90-
60mmHg, Affecting factors: Volume of blood, Cardiac Output, resistance of Arterioles HBP
SBP>140/ DBP>90 mmHg Morbidity 30% CLASSES OF HYPERTENISON Essential hypertension
Secondary hypertension h ZJJ &9CJJLrGJJL c use mild-midiate
hypertention ADR edema rJ ' rJ >→

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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餽 W r Antihypertensive drugs \$ r r r r L +

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 / " ; r L J r r r CLASSES OF DRUGS+ wDRUGS Targets
Diuretics Agents act on ANS. Direct Vasodilators CCB RAS blockers (ACEI, AT1B)
vh r r r r r 嶠 \$ r , r \$ r Diuretics
{Agents Furosemid (Lasix) thiazides Mechanism Blood Volume Na Na Ca Ca
Na PGE2, Kinin Z # r r G v L # r J I

Diuretics cClinic uses Alone: Mild

hypertension United: Mediate & serious ADR K Na CE TG LDL Renin activity j

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 ↓

67L^L L|7L ↓ X↑ r^Lr r^Lr r^L6 r^LD r ANS

Blockers :7 sympathetic nerve inhibitor 1. Central hypotensive

drugs: clonidine 2. Ganglion blockers: mecamylamine 3. Drugs affecting NA stores or release

" Reserpine; Quanethidine 4. Adrenoceptor blockers " Antagonists of -R: Prazosin,

Urapidil " Antagonists of , R: Labetalol " r^+Z Z^LZ^&7 &7L|

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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 ,

↑^J >→ r^L^L↑r^L^J^Jr^L^J^J 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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