

Antihypertensives

Chapter 17

- I. Physiology Background
 - A. Hypertension
 - B. Levels of control
- II. Vascular resistance modifiers
 - A. Physiology pathway
 1. angiotensinogen
 2. juxtaglomerular cells
 3. renin
 4. angiotensin I
 5. ACE
 6. angiotensin II
 - a. actions
 7. AT₁
 8. Ca⁺⁺ channels
 - B. Renin inhibitor
 1. Aliskiren (Tekturna)
 - C. ACE inhibitors
 1. action
 2. pharmacokinetics
 3. adverse effects
 4. drugs
 - 1) Captopril (Capoten)
 - a. Lisinopril (Prinivil, Zestril)
 - b. Enalapril (Vasotec)
 - c. Quinapril (Accupril)
 - D. ARBs
 - a. Losartan (Cozaar)
 - b. Valsartan (Diovan)
 - E. Ca⁺⁺ channel blockers
 1. Classes
 - 1) Verapamil (Calan, Isoprin, Verelan)
 - 2) Diltiazem (Cardizem, Cartia, Dilacor)
 - 3) Amlodipine (Norvasc)
 2. Actions
- III. Cardiac output modification
 - A. Background
 - B. Adrenergic receptors
 1. classes
 - C. α -blockers
 - D. β -adrenoceptor-blocking agents
 - a. Propranolol (Inderal, Innopran)
 - b. cardio selective
 - 1) Atenolol (Tenormin)
 - 2) Metoprolol (Lopressor, Toprol-XL)
 - 3) Nebivolol (Bystolic)
 1. Adverse effects