

Cheatography

Diuretics Cheat Sheet

by Carm (Carmilaa) via cheatography.com/49544/cs/16824/

Definitions:

Diuretic: Agent that increases urine volume.

Natriuretic: Agent that increases in renal sodium excretion.

Aquaretics: Agent that causes an increase in excretion of solute-free water (Osmotic Diuretics)

Diuretic Agents:

Carbonic anhydrase inhibitors: Acetazolamide

Loop Diuretics: Frusemide, ethacrynic acid, torsemide, bumetanide

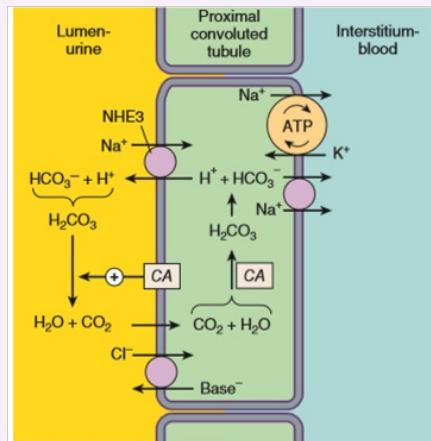
Thiazide Diuretics: Hydrochlorothiazide, chlorthiazide, indapamide

Potassium-sparing Diuretics: Spironolactone, eplerenone, amiloride, triamterene

Osmotic Diuretics: Mannitol

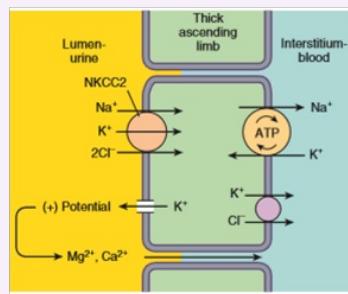
ADH antagonists: Conivaptan

Carbonic Anhydrase Inhibitors:



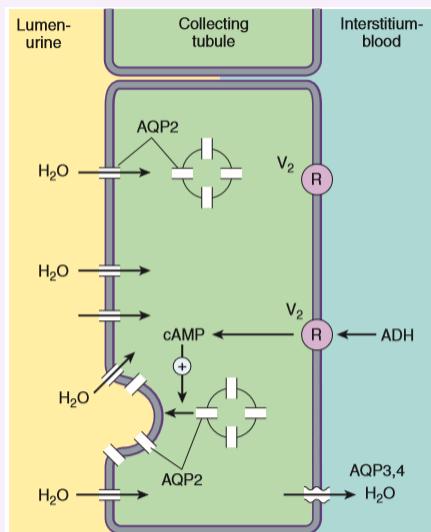
- > Bicarbonate diuresis (sodium bicarbonate excretion)
- > Metabolic acidosis
- > Increased potassium loss (High sodium concentration reaching collecting duct.)
- > Diuresis limited to 2-3 days
- > Uses: - severe acute glaucoma
- High altitude sickness
- A/E: renal stones

Loop Diuretics:



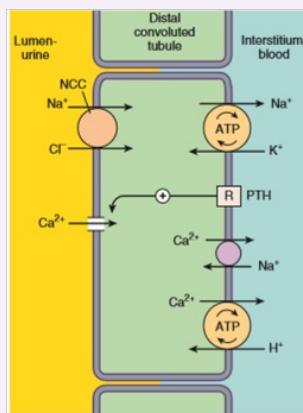
- > Inhibit cotransport of Na+, K+ and Cl-
- > 'High' ceiling' diuretics
- > Adverse effects: - Hypokalemia
- Alkalosis
- Ototoxicity
- > Clinical Use: = Oedema -> Heart failure, ascites, pulmonary oedema.
- = Short duration of action (4hrs) -> not preferred in HTN

ADH Antagonists:



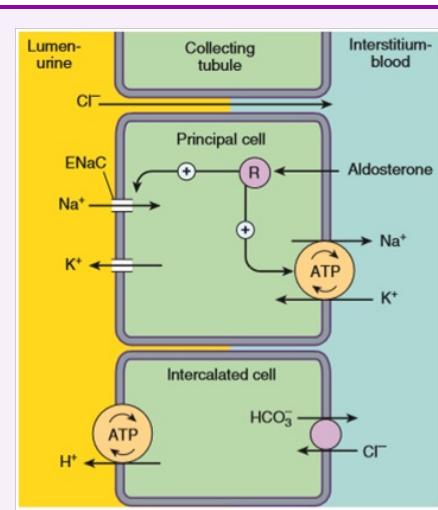
- > Antidiuretic hormone facilitates water reabsorption (in collecting tubule)
- > ADH stimulates V2 receptors: Stimulation of adenylyl cyclase
- > Increased cAMP = causes insertion of water channels (aquaporins) in the luminal membrane.
- > ADH antagonists: Decrease water absorption by blocking V2 receptors (Convaptan, Tolvaptan)
- > Uses: syndrome of inappropriate ADH secretion.

Thiazide Diuretics:



- > Inhibit sodium chloride cotransport
- > Moderate, sustained Na+and Cl- diuresis
- > Adverse effects: - Hypokalemia, metabolic alkalosis, hypercalcemia
- Hyperglycemia, hyperuricemia, elevated lipids.
- > Clinical Uses: = Hypertension

Potassium-sparing Diuretics:



- > Aldosterone antagonists: - Spironolactone
- Eplerenone
- > Reduces synthesis of sodium channels
- > Sodium channel inhibitors: - Amiloride
- Triamterene
- > Decreased sodium reabsorption
- > Adverse Effects: - Hyperkalemia, - Acidosis, - Gynecomastia
- > Indications: HTN and HF
- > Should never be used with angiotensin antagonists

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