

Drug Classes of Anti-hypertensive

Thiazides	- HCTZ 12.5 – 25 mg QD - Chlorthalidone 12.5 – 25 mg QD
Calcium Channel Blockers (CCBs)	- Amlodipine 5 – 10 mg QD - Diltiazem 180 – 360 mg QD
β -Blockers	- Metoprolol 25 – 200 mg QD - Carvedilol 12.5 – 50 mg BID
Angiotensin-Converting Enzyme (ACEIs)	Lisinopril 10 – 40 mg QD
Angiotensin-Receptor Blockers (ARBs)	Valsartan 80 – 320 mg QD
Renin Inhibitors	Aliskiren 150 – 300 mg QD
Aldosterone Receptor Blockers	- Spironolactone 25 mg – 50 mg QD - Eplerenone 25 – 50 mg QD
α 1-Blockers	Doxazosin 2 – 8 mg QD at night
α 2-Agonist	Clonidine 0.1 – 0.3 mg TID (Patch 0.1 – 0.3 mg QD)

Mechanism of Action

Thiazides: - Hydrochlorothiazide - Chlorthalidone	Inhibit Na ⁺ reabsorption in distal tubule
Calcium Channel Blockers (CCBs): - Amlodipine (DPH) - Diltiazem (non-DPH)	BOTH: Inhibition of L-type Ca ²⁺ channel NON-DPH: AV node conduction → ↑HR
β -Blockers: - Metoprolol - Carvedilol	Block NE at β -AR
Angiotensin-Converting Enzyme (ACEIs): - Lisinopril	Inhibit ACE production of Angiotensin-II (AngII)
Angiotensin-Receptor Blockers (ARBs): - Valsartan	Block Angiotensin-II (AngII) at AT1 receptor
Renin Inhibitors - Aliskiren	Inhibit renin production of Angiotensin-I (AngI)
Aldosterone Receptor Blockers: - Spironolactone - Eplerenone	Inhibit aldosterone receptor
α 1-Blockers	Block NE at α -AR
α 2-Agonist	Stimulate α 2-AR (pre-synaptic)



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Page 1 of 3.

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Physiology

Thiazides:	Mild diuretic, but powerful antihypertensive
- Hydrochlorothiazide	
- Chlorthalidone	
Calcium Channel Blockers (CCBs):	BOTH: Vasodilator (arterial)
- Amlodipine (DPH)	NON-DPH: ↓HR & ↓CO
- Diltiazem (non-DPH)	
β-Blockers:	- Bradycardia (↓HR)
- Metoprolol	- ↓contractility
- Carvedilol	
Angiotensin-Converting Enzyme (ACEIs):	Vasodilator (arterial/venous/renal)
- Lisinopril	
Angiotensin-Receptor Blockers (ARBs):	Vasodilator (arterial/venous/renal)
- Valsartan	
Renin Inhibitors	Vasodilator (arterial/venous/renal)
- Aliskiren	
Aldosterone Receptor Blockers:	Mild diuretic
- Spironolactone	
- Eplerenone	
α1-Blockers	Vasodilator
α2-Agonist	- ↓HR & ↓contractility
	- Vasodilation

Adverse Drug Reactions (ADRs)

Thiazides:	- Hypotension
- Hydrochlorothiazide	- Hypovolemia/hyponatremia
- Chlorthalidone	- Hypokalemia
	- Hypercalcemia
	- Hyperuricemia
	- Lipid/glucose disturbances
Calcium Channel Blockers (CCBs):	- Hypotension
- Amlodipine (DPH)	- Peripheral edema
- Diltiazem (non-DPH)	- GI/Constipation
β-Blockers:	- Hypotension
- Metoprolol	- Bradycardia
- Carvedilol	- Fatigue
	- Sexual dysfunction
	- Lipid/glucose disturbances



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Page 2 of 3.

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Adverse Drug Reactions (ADRs) (cont)

Angiotensin-Converting Enzyme (ACEIs):

- Lisinopril

- Cough (ACEIs only)
- Hypotension (careful in volume depletion)
- Hyperkalemia
- Acute kidney injury
- Angioedema (acute/chronic)

Angiotensin-Receptor Blockers (ARBs):

- Valsartan

- Hypotension (careful in volume depletion)
- Hyperkalemia
- Acute kidney injury
- Angioedema (acute/chronic)

Renin Inhibitors

- Aliskiren

- Hypotension (careful in volume depletion)
- Hyperkalemia
- Acute kidney injury
- Angioedema (?)

Aldosterone Receptor Blockers:

- Spironolactone

- Eplerenone

- Hypotension
- Hyperkalemia
- Acute kidney injury
- Gynecomastia

α 1-Blockers

- Orthostatic hypotension
- Dizziness
- Fatigue
- Tolerance

α 2-Agonist

- Hypotension
- Bradycardia
- Fatigue
- Somnolence
- Discontinuation syndrome!!!!



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