

# Antihypertensives Cheat Sheet

by Tuckerv via cheatography.com/92870/cs/20599/

Diuretics (-zi	de, -mide)		Diuretics (-zide, -mide) (cont)			Diuretics (-zide, -mide) (cont)		Beta Blockers (-olol) (cont)
Thiazide diuretics # MOA	LOOP diuretics i.e. Lasix (furos- emide)	K+ Sparing i.e. spironola- ctone, triamt- erene	Drug allergy, hepatic coma, anuria, kidney failure	Fluid accumu- lation d/t liver/- kidney disease	# Adverse Effects	Cholec- ystitis Headache	Electrolye loss/d- ehydration Furosemide- ototoxicity/photos-	*reduces the work of the heart  * Indications - HTN, angina, dysrhythmias  * Contraindications - Allergy - Uncompensated HF - Cardiogenic shock - Heart block - Bradycardia - Pregnancy - Severe pulmonary disease (B2) - Raynaud's disease  * Adverse Effects - Can worsen angina or cause MI if stopped quickly - Symptoms of HF (coughing,
						Impotence	ensitivity Orthostatis hypotension	
Inhibits reabso- rption of Na, K, CI resulting is osmotic water loss	5 MOA	5 MOA	# HTN Adverse Effects	HTN	Spiron- ola- ctone- gyneco- mastia, amenor- rhea, irregular menses, etc.		Hyperglycemia, hyperuricemia	
						distal tubule *Loop diuret ascending lo	tics work on	
Relaxes arterioles (decrease afterload)	Loss of fluid by inhibition of Na and CI reabso- rption	Blocks reabso- rption of Na and water, potassiur retained				duct		
			Electr- olyte mdistur- bances	Pulmonary edema (It sided HF)	Triamt- erene- kidney stone d/t reduced folic acid			SOB, Edema, fatigue)  - Can mask signs of hypoglycemia  - CV: AV block, bradycardia, HF, PV insufficiency, hypotension  - Resp: bronchospasm, bronchoconstriction  - CNS: dizziness, depression, lethargy  - GI: nausea, dry mouth,
5 Indication	Reduced BP	<ul><li>Indications</li><li>Inf</li></ul>	(decrease K, elevated Ca, lipids, glucose, uric acid)			- blocks SNS stimulation of Beta 1 - Reduced renin and aldosterone release and fluid balance - Vasodilation of aterioles= Decreased PVR and BP - Decreased myocardial stimul-		
HTN (first line)	Reduced SVR (after- load), reduced CVP (preload), reduced LVEDP							
			Dizziness	Crackles/low				vomiting, constipation, diarrhea - Hema: thrombocytopenia
			GI distur- bance	allergy, hepatic coma, severe electrolyte loss (Na & K), pregnancy/BF, gout  4 Adverse Effects		ation - Decreased HR - Decreased conduction through AV node	** Watch for diabetic pts  ** Monitor closely if given with calcium channel blocker	
			Thromb- ocy-					
Edematous state d/t HF, liver cirrhosis	Indica- tions	Contra- indica- tions	topenia			- Prolonged	ed SA node recovery	
			Pancre- atitis			- Decreases myocardial O2 demand and contractility		
# Contra- indications	Edema (rt sided HF)	Allergy, kyperk- alemia, kidney failure, anuria						



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# ARBs (-sartan)

i.e. losartan, eprosartan, valsartan, irbesartan, telmisartan

# 4 MOA

- blocks binding of angiotensin II to receptors
- Affects smooth muscle and adrenal gland
- Blocks vasoconstriction and secretion of aldosterone

#### Indications

 HTN, HF (decrease preload/afterload), decreased mortality after MI

# Contraindications

 allergy, pregnancy/BF, kidney dysfunction (caution), older adults

#### 4 Adverse Effects

- URI, headache, hypotension, tachycardia, S/S of toxicity

#### Interactions

- Cimetidine, phenobarbital, rifampin, K+ supplements
- \*\*once daily medication

# Calcium Channel Blockers (pine, -amil)

i.e. Amlodipine (dihydropyridines), Diltiazem (benzothiazepines), Verapamil (phenylakylamines)

# **7** MOA

- Blocks Ca access to cells causing:
- decreased contractility
- decreased conductivity of the heart

# Calcium Channel Blockers (pine, -amil) (cont)

- decreased demand for O2
- dilation of coronary arteries (decreased afterload, increased oxygen supply)
- \*\*decreases work of the heart

#### Indications

- Angina
- HTN
- SVT
- Atrial fib/flutter
- Migraines
- Intracranial aneurysm rupture

#### Contraindications

- allergy, acute MI, 2 or 3\* heart block, hypotension

#### 4 Adverse Effects

- Hypotension
- Palpitations
- Tachycardia or bradycardia
- ЦΕ
- Constipation
- Nausea
- Dermatitis
- Dyspnea
- Rash/flushing
- Peripheral edema

# Interactions

- beta blocker, digoxin, h2 blockers, cyclosporin
- grapefruit
- \*\*avoid grapefruit
- \*\*do not take diltiazem with cyclosporin
- \*\* check liver and renal fx
- \*\* Weight- check for peripheral edema

# Nitrates (nitroglycerin)

#### **9** MOA

- dilation of blood vessels (relaxation of smooth muscle) esp coronary vessels
- decreased afterload and preload

#### Indications

Angina (stable, unstable, vasospastic)

#### Contraindications

- allergy, anemia, closed-angle glaucoma, hypotension, head injury

#### 4 Adverse Effects

headache, tachycardia,
 postural hypotension, reflex
 tachycardia, tolerance

#### Interactions

- alcohol, beta blockers, CCB, antipsychotics, erectile dysfunction medications
- \*\*light sensitive
- \*\*check expiration date
- \*\*comes in many forms- sublingual, chewable, oral tabs, capsules, ointments, patches, translingual spray, IV
- \*\*ensure pt is not on erectile dysfunction medication
- \*\*always date and time nitro patches upon application
- \*\* administer while seated, take BP measure pain, then wait 5 mins and repeat up to 3x

# ACE inhibitors (-pril)

i.e. ramipril, fosinopril sodium, lisinopril, enalapril, perindopril, captopril

# **9** MOA

# ACE inhibitors (-pril) (cont)

- Suppresses formation of angiotensin II from the RAAS system
- Reduces PVR
- Increases CO

### Indications

- HTN (decreased afterload, prevents formation of ACE II)
- HF (prevents Na and water resorption, causes diuresis, decreases preload)
- Protective effects on kidney (decreases GFR)

# Contraindications

 History of angioedema, renal artery stenosis, K+ >5mmol/L

#### Adverse Effects

- Hyperkalemia
- Fatigue, mood changes, dizziness, headache
- Dry, non-productive cough\*\*
- Hypotension
- Angioedema
- Rash, thrombocytosis, loss of taste, proteinuria, pruritis, anemia, neutropenia

# Interactions

- NSAIDS
- Potassium sparing diuretics
- Lithium and ACE inhibitors
- \*\*Do not use during pregnancy/BF



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