

# MANAGEMENT OF ESSENTIAL HYPERTENSION

TREATMENT OF HYPERTENSION FOLLOWS THE ABCD ALGORITHM. PATIENTS ARE STARTED ON ONE MEDICATION WHICH IS THEN MAXED BEFORE MOVING TO A DRUG ON THE OPPOSITE SIDE OF THE EQUATION (eg A → C). THIS CONTINUES UNTIL THE PATIENT'S HYPERTENSION IS MANAGED EFFECTIVELY (140/90 mmHg)

## GROUP A – ACE INHIBITORS / ARB'S



ACE INHIBITORS LOWER BLOOD PRESSURE BY INHIBITING THE ACTION OF THE ANGIOTENSIN CONVERTING ENZYME IN THE LUNGS WHICH CONVERTS ANGIOTENSIN I TO ANGIOTENSIN II (A POTENT VASOCONSTRICTOR). ACE ALSO BREAKS DOWN BRADYKININ IN THE LUNGS AND IN SOME PATIENTS THIS RESULTS IN A PERSISTENT DRY COUGH.

ANGIOTENSIN I  $\xrightarrow{\text{ACE}}$  ANGIOTENSIN II

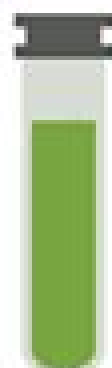
COMMON ACE INHIBITORS INCLUDE  
RAMIPRIL / LISINAPRIL / ENALAPRIL / CAPTOPRIL

ARB'S (ANGIOTENSIN RECEPTOR BLOCKERS) WORK BY ANTAGONISM OF THE AT<sub>1</sub> RECEPTOR THUS PREVENTING THE ACTION OF ANGIOTENSIN II THUS PREVENTING VASOCONSTRICTION.

COMMON ARB'S INCLUDE  
LOSARTAN / TELMISARTAN / VALSARTAN / CANDESARTAN

IF THE PATIENT IS < 10 yrs PRESCRIBE ACE INHIBITOR 1<sup>ST</sup> LINE  
IF SIDE EFFECTS DISTURBABLE THEN PRESCRIBE ARB INSTEAD  
**ACE INHIBITORS CAN CAUSE HYPERKALAEMIA**

## GROUP B – BETA BLOCKERS



β-BLOCKERS WORK BY BINDING TO A SPECIFIC RECEPTOR AND CAUSING A DECREASE IN THE CONVERSION OF ATP TO cAMP. THIS LEADS TO DECREASED ACTIVATION OF PK-A (PROTEIN KINASE A) WHICH LEADS TO LESS CALCIUM ENTRY INTO THE CELL THUS DECREASING CONTRACTION OF THE SMOOTH MUSCLE CELLS OF THE SYSTEMIC VASCULATURE. BETA BLOCKERS IN ISOLATION DO NOT LOWER BLOOD PRESSURE.

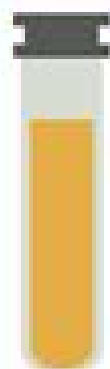
COMMON BETA BLOCKERS INCLUDE  
PROPRANOLOL / LABETALOL / BISOPROLOL / ATENOLOL / METOPROLOL

BETA BLOCKERS SHOULD NOT BE GIVEN TO PATIENTS WITH ASTHMA AS THIS CAN LEAD TO BRONCHOSPASM.

BETA BLOCKERS ARE CARDIOSELECTIVE

BETA BLOCKERS PREVENT SMOOTH MUSCLE CONTRACTION AND ARE PARTICULARLY USEFUL IN MANAGING PATIENTS WITH INCREASED SYMPATHETIC DRIVE (ANXIETY / STRESS) AND IN PATIENTS WHO HAVE INTERFERED TO ACE / ARB THERAPY.

## GROUP C – CALCIUM CHANNEL BLOCKERS



CALCIUM CHANNEL BLOCKERS (CCB'S) PROMOTE VASODILATION BY PREVENTING CALCIUM FROM ENTERING THE SMOOTH MUSCLE CELL THUS REDUCING CONTRACTION AND CONTRACTILITY. WITHOUT CALCIUM, TROPONIN CANNOT BIND AND LINE ACTIN AND MYOSIN REQUIRED FOR CONTRACTION.

COMMON CALCIUM CHANNEL BLOCKERS INCLUDE  
NIFEDIPINE / AMLODIPINE / VERAPAMIL

THESE DRUGS ARE CLASSED AS "DILTIAZEM-LIKE"

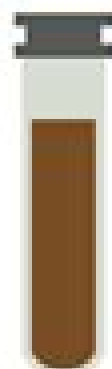
THERE ARE ALSO CALCIUM CHANNEL BLOCKERS WHICH INFLUENCE HEART RATE ALONG WITH SYSTEMIC VASCULAR RESISTANCE. IN THE UK, PRESCRIBABLE RATE LIMITING CCB'S ARE  
DILTIAZEM / VERAPAMIL

BENIDIPINE-CLASS / FLUTERANILAMINE-CLASS

THESE RATE LIMITING CCB'S ARE NOT INDICATED FOR ESSENTIAL HYPERTENSION AND SO A NON RATE LIMITING CCB (eg. AMLODIPINE) SHOULD BE PRESCRIBED AS FIRST LINE.

CALCIUM CHANNEL BLOCKERS ARE FIRST LINE THERAPY FOR PATIENTS > 55 yrs AND ALSO FOR PATIENTS OF AFRICAN OR CARIBBEAN ORIGIN REGARDLESS OF AGE  
**IF CCB NOT TOLERATED (CONSTIPATION / HEART FAILURE) OFFER THIAZIDE LIKE DIURETIC**

## GROUP D - DIURETICS



DIURETICS DIFFER IN THEIR MODE OF ACTION (DEPENDING ON WHICH AREA OF THE NEPHRON THEY ACT ON). CURRENT NICE GUIDANCE STATES THAT PATIENTS THAT HAVE BEEN DIAGNOSED WITH HYPERTENSION SHOULD BE PRESCRIBED A THIAZIDE LIKE DIURETIC AS OPPOSED TO A THIOXANTHINE THIAZIDE LIKE BENZOTHRADIAZIDE.

COMMON THIAZIDE LIKE DIURETICS INCLUDE  
INDAPAMIDE / XIPAMIDE / CHLORTHALIDONE / METOLAZONE / CHLORPHTHAZIDE

THIAZIDE & THIAZIDE LIKE DIURETICS ACT ON THE DISTAL CONVOLUTED TUBULE AND ACT ON THE THIAZIDE SENSITIVE Na/Cl SYMPORTER WHICH PREVENTS REABSORPTION OF SODIUM AND THUS PROMOTES WATER EXCRETION. THE BENZOTHRADIAZIDE GROUP IS THE ACTIVE FUNCTIONAL GROUP IN ALL THIAZIDE DIURETICS.

THIAZIDE DIURETICS ARE USUALLY VERY WELL TOLERATED. IF THIS IS A STOP & TREATMENT AND HYPERTENSION NOT CONTROLLED ADD AN ALPHA BLOCKER (eg. DOXASOGON)

# Management Of Essential Hypertension

**Yijin Wang**



## **Management Of Essential Hypertension:**

## Whispering the Strategies of Language: An Emotional Journey through **Management Of Essential Hypertension**

In a digitally-driven world where monitors reign great and immediate interaction drowns out the subtleties of language, the profound techniques and psychological nuances concealed within words usually get unheard. However, set within the pages of **Management Of Essential Hypertension** a charming literary treasure pulsating with organic emotions, lies an extraordinary quest waiting to be undertaken. Published by a talented wordsmith, this charming opus attracts viewers on an introspective journey, lightly unraveling the veiled truths and profound influence resonating within the very cloth of each and every word. Within the emotional depths of this moving review, we shall embark upon a sincere exploration of the book's core styles, dissect their interesting writing style, and fail to the powerful resonance it evokes strong within the recesses of readers' hearts.

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### **Management Of Essential Hypertension Introduction**

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### Management Of Essential Hypertension :

1. AB Calculus - Step-by-Step Name Write, but do not solve, an equation involving an integral expression whose solution k would be the number of days the height of the snow would be half of its ... Step by Step Student Let f be a twice-differentiable function defined on the interval.  $0.5 < x < 4.5$  with  $f(2) = 3$ . The graph of f, the derivative of f is shown to the right. 70. AB Calculus - Step-by-Step Name Stu Schwartz. 70. AB Calculus - Step-by-Step. Name ... Describe the region in the xy-plane in which all the solutions to the differential equation are concave ... ABReview Stu Schwartz AB Calculus Exam - Review Sheet - Solutions. A. Precalculus Type problems ...  $f(x)$ . Step 1: Find  $f(a)$ . If you get a zero in the denominator,. Step 2 ... Diff EQ Practice.pdf - 70. AB Calculus - Step-by-Step Name View Diff\_EQ\_Practice.pdf from MATH 1300 at Brooklyn College, CUNY. 70. AB Calculus - Step-by-Step Name \_ Consider the differential equation  $dy/x + 1 = . dx$  ... AB Calculus Manual (Revised 12/2019) This manual can easily replace an expensive textbook. Teachers teach right from it and students



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