**Focus keyword**: **Atenolol Vs Metoprolol**

**Meta Title:**– **Atenolol Vs Metoprolol** |vigoursoul

**Meta Description:** .Atenolol is a longer-acting drug and has a slower onset of action than metoprolol, making it better at controlling heart rate.

**Atenolol Vs Metoprolol**

Metoprolol and atenolol are two beta-blocker medications used to treat heart attacks, chest discomfort, and excessive blood pressure. Compared to metoprolol, atenolol has a later start of action and a longer half-life. Metoprolol is superior at lowering blood pressure, while atenolol is also better at regulating heart rate. Because of its speedier onset of action and capacity to lessen the burden on the heart, metoprolol is also a favoured treatment for angina and heart failure.

**Origin of Atenolol Vs Metoprolol:**

The Atenolol drug was created in 1969 and given medical approval in 1975. It is listed as one of the Essential Medicines by the World Health Organization. It is accessible as a generic drug. With more than 12 million prescriptions written, it was the 53rd most widely prescribed drug in the US in 2020.

A beta blocker drug called atenolol is generally used to treat excessive blood pressure and chest pain that is linked to the heart. However, atenolol doesn't appear to reduce mortality in people with high blood pressure. Other applications include the management of some types of irregular heartbeats and the prevention of migraines. It can be consumed orally or administered intravenously. Additionally, it is compatible with other blood pressure medicines.

Metoprolol was created for the first time in 1969, granted a patent in 1970, and authorised for usage in 1982. It is listed as one of the Essential Medicines by the World Health Organization. It is accessible as a generic medication. With more than 66 million prescriptions written in 2020, it was the sixth most widely prescribed drug in the country.

Both oral and intravenous versions of metoprolol are available for purchase. Frequently, the drug is given twice daily. Metoprolol succinate, the extended-release medication, is given once day. One tablet may include both metoprolol and the diuretic hydrochlorothiazide.

**Why Use Metoprolol and Atenolol?**

Beta blockers include both metoprolol and atenolol. These drugs function by limiting the rise of the heart rate. This enables the heart to pump more effectively and fill with blood between each beat. Additionally, if you have a history of heart disease, it helps to enhance blood flow to the heart, which is crucial.

The FDA has given metoprolol and atenolol approval to treat:

* Angina
* Chest pain a sign that the heart isn't getting enough oxygen.
* Following a heart attack, blood flow to the heart
* Heart attack

Although they aren't typically used as the first line of treatment for high blood pressure,

There are two versions of metoprolol: immediate release and extended release (ER). There is only one release form of atenolol. Both generic and name-brand versions of all three are readily available:

* Metoprolol instantaneous release: Lopressor
* Topiramate ER: XL Toprol
* Tenormin: Atenolol

**Atenolol Vs Metoprolol Warnings:**

Beta blockers reduce cardiac contractility. This might cause heart failure in some patients who have certain risk factors. In this case, heart failure should be handled in accordance with current recommendations. It's best not to abruptly quit using beta blockers, especially if you have coronary artery disease.

Patients who abruptly stop taking beta blockers have been known to experience heart attacks and ventricular arrhythmias. When feasible, patients with broncho spastic disorders like asthma should refrain from taking beta blocking medications. Concurrent use may make bronchial illness worse. If beta blockers are required, cardio selective ones are preferred. It is not advised to utilise non-cardio selective beta blockers like carvedilol.

**Atenolol Vs Metoprolol Side Effects:**

Metoprolol and atenolol are examples of Cardio selective beta blockers that reduce both the heart's rate and force of contraction. Bradycardia, or a low heart rate, can result from this slowing of the heartbeat. Sometimes, when the heart isn't pounding as vigorously, blood flow doesn't reach the extremities with the pressure we want, resulting in extremities that could be cold to the touch.

Postural hypotension or feeling lightheaded and dizzy after sitting or lying down, is another side effect that may result from less vigorous blood flow and lower arterial pressure. Metoprolol and atenolol patients may also experience headaches.

**Atenolol Vs Metoprolol Anxiety:**

Metoprolol and atenolol are occasionally used to treat anxiety-related symptoms. The symptoms of anxiety, such as a rapid heartbeat, perspiration, trembling, and shortness of breath, can be treated with either medication. Metoprolol is generally considered to be more appropriate for those whose anxiety is predominantly mental in character, whilst atenolol is better suited for people whose anxiety is tied to physical symptoms. When your arteries are being filled with blood at a pressure greater than normal, you are said to have hypertension.

**Atenolol Vs Metoprolol Heart Failure:**

Metoprolol and atenolol are two medications used to treat chest discomfort and excessive blood pressure. Metoprolol is better at controlling heart rate than atenolol because atenolol has a slower onset of action and a longer half-life. Metoprolol, however, is the preferred medication for treating heart failure because of its speedier start of action and capacity to lessen the burden on the heart.

Several cardiac-related disorders, such as angina pectoris and hypertension, or high blood pressure, are treated with metoprolol and atenolol.

Both medications can aid in reducing heart failure symptoms such fatigue, breathlessness, and leg, ankle, and foot edoema. However, due to its rapid action and capacity to lessen the burden on the heart, metoprolol is the medication of choice for treating heart failure. Metoprolol is less effective in regulating heart rate than atenolol because atenolol has a shorter half-life and a slower onset of action. Due to its rapid onset of action, metoprolol is the preferred medication for angina and heart failure and is more successful at lowering blood pressure.

**Atenolol Vs Metoprolol Asthma:**

In order to treat a variety of cardiovascular problems, including hypertension, ischemic heart disease, cardiac arrhythmias, and congestive heart failure, beta-adrenergic blocking medications (also known as beta-blockers) have been widely employed. . For patients with an underlying condition that raises concerns about adverse events, such as asthma, diabetes mellitus, and peripheral vascular disease5, clinicians frequently avoid giving them5. The most important side effect of beta-blockers is acute bronchoconstriction, which can cause asthma exacerbations, which is why multiple review papers and practise guidelines have cautioned against using beta-blockers in patients with asthma.

Several cardiac-related disorders, such as angina pectoris and hypertension, or high blood pressure, are treated with metoprolol and atenolol. Your doctor may advise you to take metoprolol, a form of cardio selective beta-blocker, to treat angina or high blood pressure. It is comparatively harmless if you have asthma because it won't affect the beta-2 receptors in your lungs.

**Atenolol Vs Metoprolol Dosage:**

Atenolol and metoprolol, two cardio selective beta-adrenoceptor blocking medications, were examined for their effects in 26 patients with primary hypertension. It was a cross-over, randomised, double-blind trial using wash-out and run-in placebos. Effect evaluation was done between 1 and 25 hours after dosage.

Metoprolol and atenolol both reduced blood pressure and heart rate at rest when compared to a placebo. In particular, 25 hours after taking the medication, atenolol caused a more significant BP drop than metoprolol. Both medicines had equal effects on blood pressure and heart rate during exercise one hour after dose, but atenolol had a more effective effect than metoprolol 25 hours after treatment.

According to our research, 100 mg of atenolol and 100 mg of metoprolol are both potent antihypertensive beta-blockers when taken an hour after exercise. Because of its shorter plasma half-life, metoprolol was less efficacious than atenolol 25 hours after dose, suggesting a twice-daily regimen for metoprolol in normal preparation.

**Atenolol and Metoprolol Drug Interactions:**

Digoxin and beta blockers like metoprolol and atenolol each have an impact on the heart rate and the tensile strength of contractions. Patients who receive two medications at once are more likely to experience bradycardia and hypotension. If they must be administered concurrently, heart rate, blood pressure, and other symptoms of cardiac dysfunction should be regularly monitored.

Fluvoxamine, clomipramine, and selective serotonin reuptake inhibitors (SSRIs) are examples of common antidepressants that suppress the CYP2D6 enzyme that is necessary for the metabolism of metoprolol. These medications may cause the blood levels of metoprolol to rise when taken at the same time as metoprolol. These could result in metoprolol's effects on the cardiovascular system being amplified.

Combining calcium channel blockers like amlodipine with metoprolol and atenolol may result in a harmful cumulative loss in heart contractility. It's critical to obtain baseline function assessments and maintain a regular follow-up if the combination is required.

**Atenolol Vs Metoprolol-FAQS**

**Do atenolol and metoprolol both slow the heart rate?**

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**Atenolol vs metoprolol: Which is safer?**

In comparison to atenolol, metoprolol exhibited a much greater reduction in the risk of cardiovascular death. Additionally, metoprolol demonstrated a declining trend for coronary heart disease and all-cause death. Metoprolol also outperformed atenolol in studies looking at stroke risk reduction.

**Atenolol should be taken either at night or in the morning?**

An effective way to lower your chance of getting sick or dying from heart and blood vessel disease, according to new research, is to take your blood pressure medication before night. Because blood pressure has a regular rhythm, timing of medication is crucial. When we are awake, it climbs higher throughout the day and declines at night.

**Which vitamins shouldn't be consumed when taking atenolol?**

Therefore, unless specifically instructed to do so by a doctor, people using beta-blockers should refrain from taking potassium supplements or consuming significant amounts of fruit (such as bananas). Preliminary, flimsy, patchy, and/or conflicting scientific data supports the connection.

**Which medication is harmful to atenolol?**

Atenolol therapeutic plasma values range from 200 to 500 ng/ml. . Overdoses of beta-adrenergic blockers frequently present with bradycardia, hypotension, poor cardiac output, cardiac failure, and cardiogenic shock as clinical symptoms.  There may also be respiratory depression.

**Conclusion:**

Metoprolol and atenolol are two examples of beta-blockers that are prescribed to treat heart failure, chest discomfort, and excessive blood pressure. Metoprolol is the medicine of choice for treating heart failure, whereas atenolol is favoured for lowering blood pressure. Both medications can be used to treat anxiety symptoms and lessen heart failure symptoms, however atenolol is typically more appropriate for people whose anxiety is linked to physical symptoms and metoprolol is more appropriate for those whose anxiety is mostly mental in character.