

Patient Information

Name:

Aditya Yogesh Raje

Age:

55

Phone:

09699616876

Blood Type:

A-

Patient ID:

PRAJE02

Address:

F-104,TARANGANA RESIDENCY,NEAR KHUTWAD CHOWK, HARPALE WASTI,PHURSUNGI,HADAPSAR, PUNE, MAHARASHTRA, MAHARASHTRA, 412308

Email

Medications & Dosage

#	Medication Name	Dosage	Frequency	Notes
1	Lisinopril	1-0-1	3days	

Clinical Insights

- Lisinopril is an angiotensin-converting enzyme (ACE) inhibitor. ACE inhibitors are commonly prescribed for conditions such as hypertension, heart failure, and to slow the progression of kidney disease in patients with proteinuria, including those with diabetes. However, the patient profile indicates 'Has Diabetes: False' and 'Has Hypertension: 0'. If 'Hypertension: 0' signifies the absence of hypertension, the primary indication for Lisinopril would need clarification. The prescribed duration of 3 days is unusually short for chronic conditions typically managed with ACE inhibitors, suggesting it might be for an acute indication or a trial period. In the context of potential CKD, ACE inhibitors can be renoprotective, but careful monitoring is crucial.

Risk Assessment

- Given the lack of specific patient data (eGFR, potassium, sodium, serum creatinine, blood urea), a comprehensive risk assessment is challenging. Potential risks associated with Lisinopril include:
- Hypotension**: Especially at initiation, in volume-depleted patients, or if the patient does not have hypertension.
- Hyperkalemia**: Increased risk in patients with impaired kidney function, or those taking

- potassium-sparing diuretics or potassium supplements.
- **Acute Kidney Injury (AKI)**: Can occur, particularly in patients with pre-existing renal impairment, bilateral renal artery stenosis, or severe heart failure.
 - **Angioedema**: A rare but serious allergic reaction.
 - **Cough**: A common side effect. The absence of baseline kidney function and electrolyte data prevents an assessment of the patient's susceptibility to hyperkalemia or AKI.

Lifestyle & Care Recommendations

- General recommendations for educational purposes include:
- **Baseline Data**: It is crucial to establish baseline eGFR, serum creatinine, and potassium levels before initiating Lisinopril, especially when CKD is a potential concern.
- **Indication Clarification**: The specific reason for prescribing Lisinopril should be clarified, particularly if the patient does not have hypertension or heart failure, and given the short duration.
- **Blood Pressure Monitoring**: Regular monitoring of blood pressure is important, especially during the initial days of treatment, to detect and manage potential hypotension.
- **Hydration Status**: Ensure adequate hydration to minimize the risk of hypotension and kidney injury.

Potential Drug Interactions

- Common drug interactions with Lisinopril include:
- **Potassium-sparing diuretics or potassium supplements**: Increased risk of hyperkalemia.
- **Non-steroidal anti-inflammatory drugs (NSAIDs)**: Can reduce the antihypertensive effect of Lisinopril and increase the risk of kidney function deterioration.
- **Lithium**: ACE inhibitors can increase serum lithium concentrations, potentially leading to lithium toxicity.
- **Other antihypertensive agents**: Can have additive hypotensive effects.
- **Diuretics**: May increase the risk of symptomatic hypotension at Lisinopril initiation.

Recommended Follow-up

- For a short 3-day course, follow-up would typically involve assessing the patient's response to the treatment and any adverse effects after completion. If this short course is a trial for potential longer-term therapy, or if the patient's condition warrants it, monitoring of kidney function (eGFR, serum creatinine)

and electrolytes (potassium) within 1-2 weeks of initiation or dose adjustment is generally recommended for patients on ACE inhibitors, especially those with or at risk for CKD. Regular blood pressure monitoring would also be important.

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