

## Patient Information

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## Medications & Dosage

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

## Clinical Insights

- Lisinopril is an Angiotensin-Converting Enzyme (ACE) inhibitor commonly prescribed for hypertension, heart failure, and to protect kidney function in patients with diabetes and/or chronic kidney disease (CKD). It works by relaxing blood vessels and reducing blood volume. For CKD patients, ACE inhibitors like Lisinopril can help reduce proteinuria and slow the progression of kidney disease. However, initiation and monitoring require careful consideration, especially regarding kidney function and electrolyte balance. The patient profile lacks crucial information such as CKD stage, eGFR, potassium, sodium, and serum creatinine, which are essential for a comprehensive assessment of Lisinopril's appropriateness and safe dosing. The prescribed duration of '3 days' for Lisinopril is highly unusual as it is typically a long-term medication. This duration might suggest a specific short-term indication, a titration phase, or an incomplete entry.

## Risk Assessment

- Without baseline kidney function (eGFR, serum creatinine) and electrolyte levels (potassium, sodium), the potential risks associated with Lisinopril cannot be fully assessed. Key risks for CKD patients initiating Lisinopril include:
- \*\*Acute Kidney Injury (AKI):\*\*** ACE inhibitors can sometimes cause a reversible decline in kidney function, especially in patients with pre-existing kidney disease, renal artery stenosis, or volume depletion.
- \*\*Hyperkalemia:\*\*** Lisinopril can increase serum potassium levels, which is a significant concern for

CKD patients whose kidneys may have difficulty excreting potassium.

- **Hypotension:** A significant drop in blood pressure can occur, particularly with the first dose or in volume-depleted patients.
- **Angioedema:** A rare but serious side effect involving swelling of the face, lips, tongue, or throat. The lack of diabetes and hypertension information (listed as '0') makes it difficult to understand the primary indication for this medication.

## Lifestyle & Care Recommendations

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- Given the general nature of this educational information, if Lisinopril were to be prescribed, general recommendations would include:
- **Baseline Assessment:** Obtain baseline eGFR, serum creatinine, and potassium levels before initiating Lisinopril.
- **Blood Pressure Monitoring:** Monitor blood pressure regularly, especially after the first dose and any dose adjustments, to detect hypotension.
- **Kidney Function and Electrolyte Monitoring:** Recheck serum creatinine, eGFR, and potassium levels within 1-2 weeks of initiation or dose change, and periodically thereafter, to monitor for AKI and hyperkalemia.
- **Dose Adjustment:** Dosing may need to be adjusted based on kidney function (eGFR) and blood pressure response.
- **Patient Education:** Educate the patient about potential side effects (e.g., dizziness, dry cough, swelling) and symptoms requiring immediate medical attention (e.g., severe swelling of face/throat).

## Potential Drug Interactions

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- Common potential drug interactions with Lisinopril include:
- **Potassium-sparing diuretics** (e.g., spironolactone, amiloride, triamterene) and potassium supplements: Increased risk of hyperkalemia.
- **Nonsteroidal Anti-inflammatory Drugs (NSAIDs)** (e.g., ibuprofen, naproxen): Can reduce the antihypertensive effect of Lisinopril and increase the risk of kidney function decline, especially in elderly or volume-depleted patients.
- **Lithium:** ACE inhibitors can increase serum lithium concentrations, potentially leading to lithium toxicity.
- **Other antihypertensive agents:** Concurrent use may lead to additive hypotensive effects.

- **\*\*Aliskiren:\*\*** Concomitant use with ACE inhibitors is contraindicated in patients with diabetes or moderate-to-severe renal impairment due to increased risk of hypotension, hyperkalemia, and renal impairment.

## Recommended Follow-up

- For new initiation of Lisinopril, a follow-up visit is typically recommended within 1-2 weeks to assess blood pressure response, monitor for adverse effects, and recheck kidney function (serum creatinine, eGFR) and electrolyte levels (potassium). Subsequent follow-ups would depend on the patient's stability, blood pressure control, and kidney function trends. Given the unusual '3 days' duration, clarification of the intended treatment plan would be crucial.

### MEDICAL DISCLAIMER

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