

Compelling Indications		
Indication	Treatment Choice	
Heart Failure	ACEI/ARB + BB + diuretic + spironolactone	
Post –MI/Clinical CAD	ACEI/ARB AND BB	
CAD	ACEI, BB, diuretic, CCB	
Diabetes	ACEI/ARB, CCB, diuretic	
CKD	ACEI/ARB	
Recurrent stroke prevention	ACEI, diuretic	
Pregnancy	labetolol (first line), nifedipine, methyldopa	

## **Hypertension Treatment**

**Beta-1 Selective Beta-blockers** – possibly safer in patients with COPD, asthma, diabetes, and peripheral vascular disease:

- metoprolol
- bisoprolol
- betaxolol
- acebutolol

<b>Drug Class</b>	Agents of Choice	Comments
Diuretics	HCTZ 12.5-50mg, chlorthalidone 12.5-25mg, indapamide 1.25-2.5mg triamterene 100mg  K+ sparing — spironolactone 25-50mg, amiloride 5-10mg, triamterene 100mg  furosemide 20-80mg twice daily, torsemide 10-40mg	Monitor for hypokalemia Most SE are metabolic in nature Most effective when combined w/ ACEI Stronger clinical evidence w/chlorthalidone Spironolactone - gynecomastia and hyperkalemia Loop diuretics may be needed when GFR <40mL/min
ACEI/ARB	ACEI: lisinopril, benazapril, fosinopril and quinapril 10-40mg, ramipril 5-10mg, trandolapril 2-8mg  ARB: candesartan 8-32mg, valsartan 80-320mg, losartan 50-100mg, olmesartan 20-40mg, telmisartan 20-80mg	SE: Cough (ACEI only), angioedema (more with ACEI), hyperkalemia Losartan lowers uric acid levels; candesartan may prevent migraine headaches
Beta-Blockers	metoprolol succinate 50-100mg and tartrate 50-100mg twice daily, nebivolol 5-10mg, propranolol 40-120mg twice daily, carvedilol 6.25-25mg twice daily, bisoprolol 5-10mg, labetalol 100-300mg twice daily,	Not first line agents – reserve for post-MI/CHF Cause fatigue and decreased heart rate Adversely affect glucose; mask hypoglycemic awareness
Calcium channel blockers	Dihydropyridines: amlodipine 5-10mg, nifedipine ER 30-90mg, Non-dihydropyridines: diltiazem ER 180-360 mg, verapamil 80-120mg 3 times daily or ER 240-480mg	Cause edema; dihydropyridines may be safely combined w/ B-blocker Non-dihydropyridines reduce heart rate and proteinuria
Vasodilators	hydralazine 25-100mg twice daily, minoxidil 5-10mg	Hydralazine and minoxidil may cause reflex tachycardia and fluid retention – usually require diuretic + B-blocker
	terazosin 1-5mg, doxazosin 1-4mg given at bedtime	Alpha-blockers may cause orthostatic hypotension
Centrally-acting Agents	clonidine 0.1-0.2mg twice daily, methyldopa 250-500mg twice daily guanfacine 1-3mg	Clonidine available in weekly patch formulation for resistant hypertension