

Table 9

CONSIDERATIONS FOR INDIVIDUALIZING ANTIHYPERTENSIVE DRUG THERAPY *

Indication	Drug Therapy
Compelling Indications Unless Contraindicated	
Diabetes mellitus (type 1) with proteinuria	ACE I
Heart failure	ACE I, diuretics
Isolated systolic hypertension (older patients)	Diuretics (preferred), CA (long-acting DHP)
Myocardial infarction	Beta-blockers (non-ISA), ACE I (with systolic dysfunction)
May Have Favorable Effects on Comorbid Conditions†	
Angina	Beta-blockers, CA
Atrial tachycardia and fibrillation	Beta-blockers, CA (non-DHP)
Cyclosporine-induced hypertension (caution with the dose of cyclosporine)	CA
Diabetes mellitus (types 1 and 2) with proteinuria	ACE I (preferred), CA
Diabetes mellitus (type 2)	Low-dose diuretics
Dyslipidemia	Alpha-blockers
Essential tremor	Beta-blockers (non-CS)
Heart failure	Carvedilol, losartan potassium
Hyperthyroidism	Beta-blockers
Migraine	Beta-blockers (non-CS), CA (non-DHP)
Myocardial infarction	Diltiazem hydrochloride, verapamil hydrochloride
Osteoporosis	Thiazides
Preoperative hypertension	Beta-blockers
Prostatism (BPH)	Alpha-blockers
Renal insufficiency (caution in renovascular hypertension and creatinine $\geq 265.2 \mu\text{mol/L}$ [3 mg/dL])	ACE I
May Have Unfavorable Effects on Comorbid Conditions†‡	
Bronchospastic disease	Beta-blockers§
Depression	Beta-blockers, central alpha-agonists, reserpine§
Diabetes mellitus (types 1 and 2)	Beta-blockers, high-dose diuretics
Dyslipidemia	Beta-blockers (non-ISA), diuretics (high-dose)
Gout	Diuretics
2° or 3° heart block	Beta-blockers,§ CA (non-DHP)§
Heart failure	Beta-blockers (except carvedilol), CA (except amlodipine besylate, felodipine)
Liver disease	Labetalol hydrochloride, methyldopa§
Peripheral vascular disease	Beta-blockers
Pregnancy	ACE I,§ angiotensin II receptor blockers§
Renal insufficiency	Potassium-sparing agents
Renovascular disease	ACE I, angiotensin II receptor blockers

* For initial drug therapy recommendations, see figure 8. For references, see chapter 4, *Physicians' Desk Reference* (51st edition), and Kaplan and Gifford.¹³⁴ ACE I indicates angiotensin-converting enzyme inhibitors; BPH, benign prostatic hyperplasia; CA, calcium antagonists; DHP, dihydropyridine; ISA, intrinsic sympathomimetic activity; MI, myocardial infarction; and non-CS, noncardioselective.

† Conditions and drugs are listed in alphabetical order.

‡ These drugs may be used with special monitoring unless contraindicated.

§ Contraindicated.