HYPERTENSION

→ Cyclosporine statistically significantly increases blood pressure compared to placebo in a dose-related fashion. The magnitude of increase in blood pressure is clinically significant and increases the risk of stroke, myocardial infarction, heart failure and other adverse cardiovascular events associated with elevated BP. Consequently, prescribers should try to find **the lowest effective dose in all patients receiving cyclosporine chronically.**[1]

→ **ARB** being most effective as compared to CCB or ß-blockers in lowering elevated systolic blood pressure. Only **ARB** was effective in completely **offsetting the rise in RR** due to CsA immunosuppression

→ Due to the fact that >70% of patients received more than one antihypertensive medication we evaluated the effects of different drug combinations. A combination of **ACEi, ßblockers, ARB and or/CCB tended to best in lowering systolic blood pressure**

→ **Patients on prednisolone and furosemide the combination of CCB and ACEi tended to be best** [2]

[1]- Robert, N., Wong, G. W., & Wright, J. M. (2010). Effect of cyclosporine on blood pressure. *Cochrane Database of Systematic Reviews*. https://doi.org/10.1002/14651858.cd007893.pub2 (https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007893.pub2/pdf/CDSR/CD007893/CD007893_abstract.pdf)

[2]- Marienhagen, K., Lehner, F., Klempnauer, J., Hecker, H., & Borlak, J. (2019). Treatment of cyclosporine induced hypertension: Results from a long-term observational study using different antihypertensive medications. *Vascular Pharmacology*, *115*, 69–83. https://doi.org/10.1016/j.vph.2018.06.012 (https://www.sciencedirect.com/science/article/abs/pii/S1537189117303622?via%3Dihub)