<<心脏病学>>

图书基本信息

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章节摘录

书摘 · Disopyramide (additive effect). · General anesthetics (negative inotropic effect). · Lidocaine(unwanted lidocaine effects may be exagger-ated). · MAO inhibitors(increased hypotensive effect). · NSAIDs(antihypertensive action may be decreased). · Quinidine(beta blocking effect may be increased). · Rifampicin(bbta—blocker plasma levels may be reduced). DosageSeeTable 5. 8NONSELECTIVE BETA-BLOCKERS WITHISAAlprenolol, carteolol, oxprenolol, penbutolol, pindol01. Some are lipid—soluble(e. g. , alprenolol, oxprenol01), aremetabolized extensively by the liver,have relatively shorthalf-lives, and need to be administered in several dailydoses(Tab. 5. 8). Advantages · Resting heart Fate is decreased less than after adminis—tration of beta—blockers without ISA. · Cardiac output at rest is depressed to only a minor degree. · In this subgroup resting blood pressure is lowered more by a fall in peripheral resistance than by a decrease in cardiac output. · Exacerbation of anginal symptoms following discontin-uation of treatment is less likely witll beta-blockers hav-ing a moderate／high ISA(no up-regulation of the recep-tor). · Adverse reactions(e. g. , cold extremities, fatigue)may be less~equent. · Increase in serum cholesterol and triglycerides and decrease in HDL cholesterol are less likely. · Little effect on the resting heart rate. therefore. 1ess effective in reducing mortality. · Less effective antianginal activity,especially at night(then an increase in heart rate may occur, prolongtng ischemic episodes). · Ventricular fibrillation threshold lowers(relatively). See nonselective beta. blockers without ISADosageSee 1. able 5. 8SELECTIVE BETA · BLOCKERS WITHOUTISAAtenolol, betaxolol, bisoprolol, esmolol, metoprololOf these(Tab. 5. 9), some are relatively lipid soluble(e. g. , metoprol01). are metabolized by the liver, and have ashort half. 1ife. thus requiring special felrmulation foronce-a-day tablets. Others are rather hydrophilic(e. g. atenol01), minimally metabolized, excreted by the kid · neys. have longer duration of action, and are sufncient foronce-daily administration. Advantages · The lack of beta, —blocking effects makes beta, vasodi—latation possible, and therefore betal—selective drugs decrease diastolic blood pressure slightly more f3—4 mm Hgl than do non—selective agents. · Lesser impairment of exercise tolerance(beta2-blocking e行ects on muscle glycolytic processes). · Fewer adverse reactions in patients with a tendency to bronchospasm. diabetes. or peripheral vascular disease. · Esmolol has a rapid onset and a very short half-life(Tab. 5. 91 and is indicated mainly for fast ventricular-rate con-trol in patients when short-teITn control of the heart rate is necessary(e.g.atrial fibrillation or atrial flutter). DisadvantagesFall in cardiac output(20 · 25%), which remains at theselevels throughout chronic therapy. · Second and third—degree atrioventricular block. · Severe bradycardia(condition may worsen). · Severe peripheral vascular disease(cardiac output is decreased. which could lead to further worsening). · Uncontrolled heart failure fmay be exacerbated). · Severe asthma(may be exacerbated). · Pregnancy. · Myocardial infarction with bradycardia(further nega-tive chronotropic effect). · Hypotension(may be exacerbated). · Epinephrine(sudden hypertension with bradycardia, less likely than with nonselective drugs). · Antiarrhythmics(Class I：cardiac depression and brady-cardia). · C：alcium antagonists fespecially diltiazem and vera-pamil：additive negative chronotropic and inotropic action, hypotension). · Enzyme inhibitors(e. g. , cimetidine may increase plas-ma levels of metabolites). · Clonidine(rebound hypertension when clonidine is withdrawn. although less likely than wi山nonselective beta. blockers). ……书摘1……

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