

1 ACE inhibitörlerin hipertansiyon ve diyabetli hastalardaki fonksiyonu nedir?



2 Bir ya da birden çok kelimededen oluşan arama terimini girerek Go butonuna tıklayınız



3 Arama sonuçlarını görüntüleyin

diabetes means diabetes mellitus. Alternates: diabetes insipidus

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- [ACE inhibitors in the treatment of hypertension](#)
- Treatment of hypertension in diabetes mellitus
- Treatment of diabetic neuropathy
- Comorbidities and complications of type 2 diabetes mellitus in children and adolescents

Topic Outline

- INTRODUCTION
- RENIN-ANGIOTENSIN SYSTEMS
- SPECIFIC INDICATIONS FOR USE
 - Prevention of diabetes?
- ANTIHYPERTENSIVE RESPONSE
- DOSAGE

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ACE inhibitors in the treatment of hypertension

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- DOSAGE
- POSSIBLE DIFFERENCES BETWEEN ACE INHIBITORS

ACE inhibitors in the treatment of hypertension

Author Norman M Kaplan, MD
Section Editor George L Bakris, MD
Deputy Editor Alice M Sheridan, MD
Burton D Rose, MD

Last literature review version 16.1: February 1, 2008 | This topic last updated: February 6, 2007 (More)

INTRODUCTION — Angiotensin converting enzyme (ACE) inhibitors are commonly used in the treatment of hypertension. Fifty to 60 percent of Caucasian patients will have a good response to monotherapy [1,2], a

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- ACE inhibitors in the treatment of hypertension
- Treatment of hypertension in diabetes mellitus
- Treatment of diabetic neuropathy
- Comorbidities and complications of type 2 diabetes mellitus in children and adolescents
- Treatment of hypertension in children and adolescents
- Treatment and prevention of diabetic nephropathy

INTRODUCTION
RENIN-ANGIOTENSIN SYSTEMS
SPECIFIC INDICATIONS FOR USE
• Prevention of diabetes?
ANTIHYPERTENSIVE RESPONSE
DOSAGE
POSSIBLE DIFFERENCES BETWEEN ACE INHIBITORS

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- Treatment and prevention of diabetic nephropathy

INTRODUCTION
PATHOGENESIS
• Hyperinsulinemia
• Volume expansion
• Increased arterial stiffness
TREATMENT
• Diuretics
• ACE inhibitors
• Angiotensin II receptor blockers

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- ANGIOTENSIN II RECEPTOR BLOCKERS
- VASOPEPTIDASE INHIBITORS

INTRODUCTION — Angiotensin converting enzyme (ACE) inhibitors are commonly used in the treatment of hypertension. Fifty to 60 percent of Caucasian patients will have a good response to monotherapy [1,2], a response rate similar to other first-line antihypertensive drugs [2]. It has been proposed that ACE inhibitors have the additional advantages of having a more favorable side effect profile than sympathetic blockers, beta blockers, and diuretics [3] and of producing more regression of left ventricular hypertrophy than beta blockers [4]. (See "Clinical implications and treatment of left ventricular hypertrophy in hypertension").

However, the Treatment of Mild Hypertension Study, which compared five different first-line antihypertensive drugs for four years, was unable to document any special effect of ACE inhibitors on the quality of life [2]. Furthermore, in ALLHAT, which is the largest trial examining outcomes in

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- REFERENCES

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Author	Section Editor	Deputy Editor
Norman M Kaplan, MD Burton D Rose, MD	George L Bakris, MD	Alice M Sheridan, MD

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POSSIBLE DIFFERENCES BETWEEN ACE INHIBITORS

ANGIOTENSIN II RECEPTOR BLOCKERS

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ACE inhibitors in the treatment of hypertension

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GRAPHICS

FIGURES

- AHT drug and outcome ALLHAT
- AHT drug and HF ALLHAT
- AHT drug and stroke ALLHAT
- Single drug in blacks
- Dosing of ACE inhibitors
- Duration ACE inhibitors

RELATED TOPICS

Clinical implications and treatment of left ventricular hypertrophy in hypertension

Choice of therapy in essential hypertension: Clinical trials

events, an ACE inhibitor was less cardioprotective than a thiazide diuretic, although the ACE inhibitor provided less antihypertensive effect than the diuretic (show figure 1A-1C). (See "Choice of therapy in essential hypertension: Clinical trials").

RENIN-ANGIOTENSIN SYSTEMS — There is evidence that looking at the plasma renin activity alone does not necessarily correlate with angiotensin II formation in the plasma. Angiotensin II activity in the plasma is determined by the actions of angiotensin II on the

The potential importance of local renin-angiotensin systems has been demonstrated in transgenic rats in which a mouse renin gene was inserted [5]. The presence of this extra gene for renin led to severe hypertension that was largely corrected by low doses of an ACE inhibitor.

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ACE inhibitors in heart failure due to systolic dysfunction: Therapeutic use

Use of beta blockers in heart failure due to systolic dysfunction

has been proposed that ACE inhibitors have the additional advantages of having a more favorable side effect profile than sympathetic blockers, beta blockers, and diuretics [3] and of producing more regression of left ventricular hypertrophy than beta blockers [4]. (See "Clinical implications and treatment of left ventricular hypertrophy in hypertension").

However, the Treatment of Mild Hypertension Study, which compared five different first-line antihypertensive drugs for four years, was unable to document any special effect of ACE inhibitors on the quality of life [2]. Furthermore, in hypertensive patients with cardiovascular events, an ACE inhibitor, although the ACE inhibitor provided less antihypertensive effect than the diuretic (show figure 1A-1C). (See "Choice of therapy in essential hypertension: Clinical trials").

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DOSAGE — As with other antihypertensive agents, proper dosage can minimize the incidence of side effects (show figure 3). When captopril was first introduced, the maximum dose was 450 to 600 mg/day, a dose at which complications such as rash, bone marrow suppression, and taste abnormalities were relatively common. Subsequent studies, however, showed that the maximum effective dose is only 100 to 150 mg/day [1], a dose at which the above side effects are unusual. Similarly, the peak effect with enalapril is usually seen at 10 to 15 mg/day, with little further response noted at higher doses [25].

To minimize the risk of hypotension, the initial dose can be reduced to 25 mg/day.

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- PERIPHERAL ARTERIAL DISEASE
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Author
Michael McLaughlin, MD, FACC
Gordon M Saperia, MD, FACC
Susan B Yeon, MD, JD, FACC

Last literature review for version 16.1: February 15, 2008 | **This topic last updated:** September 19, 2007 **(More)**

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INFORMATION FOR PATIENTS

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- Prev htn in men women in US
- Mortality HTN over 65 years
- Mortality HTN under 65 years
- CV mortality HTN over 65 years
- CV mortality HTN under 65 years
- Number of risk factors and CHD
- LVH and cardiovascular risk
- Hypertension and ESRD

INFORMATION FOR PATIENTS — Educational materials on this topic are available for patients. (See "Patient information: High blood pressure overview", see "Patient information: High blood pressure treatment" and see "Patient information: High blood pressure diet, and weight"). We encourage you to print or email these materials to our public web site, www.uptodate.com/patients, and other topics.

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REFERENCES

1. Cherry, DK, Burt, CW, Woodwell, DA. Advance data from vital and health statistics. No 337. Hyattsville, MD. National Center for Health