

<<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 exaggerated) . · MAO inhibitors (increased hypotensive effect) . · NSAIDs (antihypertensive action may be decreased) . · Quinidine (beta blocking effect may be increased) . · Rifampicin (beta-blocker plasma levels may be reduced) . Dosage See Table 5
 · **NONSELECTIVE BETA-BLOCKERS WITH ISA** alprenolol, carteolol, oxprenolol, penbutolol, pindolol . Some are lipid-soluble (e.g., alprenolol, oxprenolol), are metabolized extensively by the liver, have relatively short half-lives, and need to be administered in several daily doses (Tab. 5. 8) . Advantages
 · Resting heart rate is decreased less than after administration 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 discontinuation of treatment is less likely with beta-blockers having a moderate / high ISA (no up-regulation of the receptor) . · Adverse reactions (e.g., cold extremities, fatigue) may be less frequent . · Increase in serum cholesterol and triglycerides and decrease in HDL cholesterol are less likely . · Little effect on the resting heart rate . therefore . less effective in reducing mortality . · Less effective antianginal activity, especially at night (then an increase in heart rate may occur, prolonging ischemic episodes) . · Ventricular fibrillation threshold lowers (relatively) . See nonselective beta-blockers without ISA Dosage See Table 5 .
 · **SELECTIVE BETA-BLOCKERS WITHOUT ISA** atenolol, betaxolol, bisoprolol, esmolol, metoprolol . Of these (Tab. 5. 9), some are relatively lipid soluble (e.g., metoprolol) . are metabolized by the liver, and have a short half-life . thus requiring special formulation for once-a-day tablets . Others are rather hydrophilic (e.g., atenolol), minimally metabolized, excreted by the kidneys . have longer duration of action, and are sufficient for once-daily administration . Advantages . The lack of beta₂-blocking effects makes beta₂ vasodilatation possible, and therefore beta₁-selective drugs decrease diastolic blood pressure slightly more (3-4 mm Hg) than do non-selective agents . · Lesser impairment of exercise tolerance (beta₂-blocking effects 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. 9) and is indicated mainly for fast ventricular-rate control in patients when short-term control of the heart rate is necessary (e.g. atrial fibrillation or atrial flutter) . Disadvantages Fall in cardiac output (20-25%), which remains at these levels 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 (may be exacerbated) . · Severe asthma (may be exacerbated) . · Pregnancy . · Myocardial infarction with bradycardia (further negative chronotropic effect) . · Hypotension (may be exacerbated) . · Epinephrine (sudden hypertension with bradycardia, less likely than with nonselective drugs) . · Antiarrhythmics (Class I: cardiac depression and bradycardia) . · C: calcium antagonists (especially diltiazem and verapamil: additive negative chronotropic and inotropic action, hypotension) . · Enzyme inhibitors (e.g., cimetidine may increase plasma levels of metabolites) .
 · Clonidine (rebound hypertension when clonidine is withdrawn, although less likely than with nonselective beta-blockers) 书摘1

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媒体关注与评论

书评.....

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