ACE inhibitors

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الدكتورسلمان غالب	الدكتور باسم جمال
اسم المريض: عزيزة ياسر العمر: ٣٥ سنة	اسم المريض: ع باس متعب العمر: ٣ دسنة
CHF	Rx
Rx	Hypertension and type I diabetes (IDDM)
Captopril (capoten®) tab.	
	Captopril (capoten®) tab.
التاريخ / ٢٠٠٦	
	التاريخ / ۲۰۰۶
Q-does ACE inhibitors valuable in CHF, What is	
usual starting dose, maintenance dose, and	Q-why does ACE and angiotensin-II receptor
maximum dose of captopril in CHF.	antagonist (ARAs) considered a drug of
(بدون حفظ)	choice for hypertension in diabetic patient
Q-At what time of the day (morning, or bedtime)	(see section 6.1.5 diabetic nephropathy)[
the first dose of ACE inhibitors is usually given	
why? And how captopril is given regarding the	Q-What is usual starting dose, maintenance
food ?(see supplement K)	dose, and maximum dose of captopril in
1000 : (see supplement K)	hypertension.
O can ma use ACE inhibitant sofals in notiont with	*****2 months later the patient develops
Q-can we use ACE inhibitors safely in patient with	persistent dry cough that persist throughout
severe bilateral renal artery stenosis or in patient	the day and also made it difficult for him fall
with severe unilateral renal artery stenosis and	asleep at night? And the Dr .decide to switch
normal contralateral kidney	to lisinopril 10mg once daily.
	Q-what is the difference between
Q-can we use ACE safely in pregnancy? what do	-
you recommend if the patient is breast feeding	lisinopril(Zestril®) and captopril .is this Wright alternative 2.2(as gunplement K and
mother and the BNF stated that:	Wright alternative ? ?(see supplement K, and
Present in milk-manufacturer advised avoid.	L)
While the breast feeding answer book, drug	
information handbook, and the applied	Q-Do you suggest to use one of the (ARAs) as
therapeutics consider it compatible with breast	an alternative? (give an example with the
feeding.Would the use of enalapril , (according to	dose)
BNF) will avoid such opposite opinions?	Q-Does the ARAs carry the same precautions
	(or C/I) of ACE inhibitors in case of renal
	artery stenosis, use in pregnancy, causing
	hyperkalemia and hypotension?

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اسم المريض: علوان حسين العمر: ٦٠ سنة

The patient had angina (on nitrate, BBs, And aspirin)but recently he develop MI and enter the Coronary Care Unit(CCU) and the Dr. start to give him a combination of therapy including captopril, thrombolytics, statins Q40-what is the idea behind the use of ACE inhibitors after MI (See supplement M and section 2.10.1 management of MI).

Q41-what is the initial dose and <u>how early</u> it must be used after MI? []

Supplement

ACE inhibitors

K-Captopril is taken on an empty stomach (at least 1 hour before or 2 hour after eating)⁽⁵⁾ Lisinopril has a longer duration of action (once daily dosing).

The absorption of captopril (but not lisinopril or enalapril) is reduced by 30% to 40% when given with food $^{\rm (2)}$

L -ACE inhibitors –induced cough present a dry cough that appears within the first few days- to weeks (for about 6 months) of starting the drug and persist until the drug is stopped. <u>This side effect</u> <u>occurs with all ACE inhibitors (i.e. cough usually occurs in the same patient with different ACE inhibitors)⁽¹⁾</u>

M- قراءة فهم بدون حفظ) (2)

Ventricular remodeling: is a process that occurs in several cardiovascular conditions including heart failure, and following MI. It is characterized by change in size, shape, and function of the left ventricle leading to heart failure. Because heart failure represent on of the principle cause of mortality and morbidity following MI, preventing ventricular remodeling is an important therapeutic goal. (ACE inhibitors, BBs, and aldosterone antagonist are all agents that slow down or reverse ventricular remodeling).