

# HYPERTENSION

CAD Risk factors (Mnemonic: CDEFGH)	HTN complications	Classes of anti-hypertensives
<b>C</b> – Cigarettes <b>D</b> – Diabetes <b>E</b> – Epidemiology (male>45,female>55) <b>F</b> – Family History <b>G</b> – <i>Glycerides</i> (hyperlipidemia) <b>H</b> – Hypertension	CVA CAD CHF/Cardiomyopathy PVD Kidney disease Retinopathy	A – Ace inhibitor/ARB/Alpha-blocker B – Beta blocker C – Calcium channel blocker D – Diuretic E – Everything else: vasodilators, Minoxidil, Centrally acting

Ace Inhibitor PROS	Ace Inhibitor CONS
DM, CHF, Post MI, CAD, Chronic Kidney Disease	Increased BUN/CR (AKI), Bilateral Renal Artery Stenosis, 10% develop dry cough, Angioedema, Hyperkalemia, Pregnancy

B-Blocker PROS	B-Blocker CONS
CAD/Post-MI/Angina  CHF (Systolic AND Diastolic)  Tachy-arrhythmias  Performance anxiety  Headache prophylaxis  Glaucoma  Essential Tremor	Depression, Fatigue, Decreased stamina  Sexual dysfunction  Danger of withdrawal  Heart block/Bradycardia  Asthma/COPD

CCBs PROS	CCBs CONS
CHF (only Diastolic) Tachy-arrhythmias Angina Headache prophylaxis Raynaud's disease	Systolic CHF Leg edema Constipation  Headache  GERD Heart block/Bradycardia (with Diltiazem and Verapamil)

Diuretics PROS	Diuretics CONS
Osteoporosis Kidney stones Peripheral edema Synergistic with other meds Cheap (\$3 – 10/month)	Hypokalemia (must monitor lytes, Cr) Gout Slight increase glucose intolerance  Slight increase in lipids

**Causes of secondary hypertension** (consider when young patient, very high BP, HTN difficult to control)

- |                                       |                       |
|---------------------------------------|-----------------------|
| Pheocromocytoma                       | Hyperthyroidism       |
| RAS (bilateral renal artery stenosis) | Hyperparathyroidism   |
| Renal parenchymal diz                 | Primary Aldosteronism |
| Polycystic kidneys                    | Cushing Syndrome      |
| OSA (Obstructive Sleep apnea)         |                       |