

Types of hypertension	
Primary	Secondary
Risk Factors	
Sodium consumption	Inflammation
Natriuretic peptide abnormalities	Obesity
Insulin resistance	
Complications	
Myocardial hypertrophy	CHF
CKD	Stroke
Retinopathy	
Arterial pressure regulation	
ANS	RAAS
Baroreceptor reflex	Kidneys
Natriuretic peptides (dilation)	
HTN medications	
Diuretics	ACE-i
ARB	
Loop diuretics	
Acts on ascending loop	
Blocks reabsorption of Na	
Uses:	
Pulmonary edema	Edematous states
Hypertension	
AE:	
Hypo-K/Na	Ototoxicity
Dehydration	Hyperglycemia/u-recmia
Thiazide	
Decrease reabsorption of Na, Cl, K, H ₂ O	early distal convoluted tubule
Maximal diuresis less than loop	
Not effective with scant u/o	
Uses	
HTN	Edema
Diabetes insipidus	
AE	
Hypo-Na/Cl/K	Dehydration
Hyperglycemia/uricemia	
Diuretics - AE	
Hypovolemia	
Acid-base imbalance	
Electrolyte imbalances	
Potassium-sparing	
does not increase u/o	Not used alone
Prevents cardiac remodelling	
Blocks aldosterone in nephron	
Uses	
HTN (initially)	HF
AE	
Hyper K	Tumors
Endocrine effects	



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