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AMLODIPINE (am-lo'di-peen)NorvascClassifications: cardiovascular agent; Calcium channel blocker; Antihypertensive AgentPrototype: NifedipinePregnancy Category: C 2.5 mg, 5 mg, 10 mg Amlodipine Action Pill is a calcium channel blocking agent that selectively blocks calcium ion reflux through the cell membranes of the heart and vascular smooth muscles without altering calcium concentration in the serum. It mainly acts on peripheral circulation, reducing peripheral vascular resistance, and increases cardiac output. The therapeutic effects of Amlodipine reduces systolic, diastolic and average blood pressure. Uses treatment for mild to moderate hypertension and angina. Hypersensitivity to amlodipine; Pregnancy (category C). Careful use of liver disease; Concomitant use with hypotension; CHF; Lactation; Elderly. Route and dosage HypertensionAdult: PO 5-10 mg once a dayGeriatric: Start with 2.5 mg, adjust the dose at intervals of at least 2 wkHepatic ImpairmentStart with 2.5 mg, adjust the dose at intervals of at least 2 wk Oral Give drug excluding food intake. Prescribed initial doses of 2.5 mg per day are common if added to the regimen, including other antihypertensive drugs. Note: Doses are usually titred within 14 grams or faster if justified. Store at 15-30 degrees Celsius (59-86 degrees Fahrenheit). CV: Rapid heartbeat, flushing of tachycardia, peripheral or facial edema, bradycardia, chest pain, syncope, postural hypotension. CNS: Light-thinking, fatigue, headache. GI: Abdominal pain, nausea, anorexia, constipation, dyspepsia, dysphagia, diarrhea, flatulence, vomiting. Urogenital: Sexual dysfunction, frequency, nocturia. Respiratory: Shortness of breath. Skin: Flushing, rash. Other: Artralgia, convulsions, myalgia. Drug: Adenosine may increase the risk of bradycardia; bosentan may reduce the effectiveness of amlodipine; additive hypotensive action with other antihypertensive agents; antifungal drugs azola (e.g. foconazole, itrakonazole) may interfere with the metabolism of amlodipine; itraconazole can increase swelling. Food: Grapefruit juice can increase amlodipine levels. Herbal: Ephedra, Ma Huang, melatonin can antagonize antihypertensive effects. Absorption: 90% is absorbed from the gastrointestinal tract. Beginning: Gradual. Peak: 6-9 hours Duration: 24 hours Distribution: qgt;95% protein related. Metabolism: Widely metabolized in the liver for inactive metabolites. Elimination: Inactive metabolites, mostly excreted in the urine (Half-Life: 60 y: 40-120 h. Evaluation and effect of the BP monitor drug for therapeutic efficacy. for NHS-related dose of peripheral or facial swelling that may not be accompanied by weight gain; Rarely, severe swelling can lead to discontinuation of the drug. BP monitor with postural changes. Report postural hypotension. Monitoring more often when additional antihypertensives antihypertensives diuretics are added. Heart rate monitoring; Dose-related heart palpitations (more common in women) can occur. Patient and family education report significant swelling of the face or limbs. Take care to have support when standing walking due to a possible dose of related lightheadedness/dizziness. Tell your doctor shortness of breath, palpitations, irregular heartbeat, nausea or constipation. Do not breastfeed while taking this drug without consulting a doctor. Kwiring, Courtney, et al. Amlodipine / hydrochlorothiazid / olmesartan Medoxomil. Davis' Guide to Drugs, 16th. F.A. Davis Company, 2020. Davis' Drug Guide - OLD - USE 2.0, www.drugguide.com/ddo/view/Davis-Drug-Guide/110380/all/amlodipine_hydrochlorothiazide_olmesartan_medoxomil. Kwiring C, Sanoski CA, Valleran. Amlodipine/hydrochlorothiazid/olmesartan midoxomyl. Davis' guide to drugs. F.A. Davis Company; 2020. . Access October 17, 2020. Amlodipine/hydrochlorothiazid/olmesartan midoxomyl. Davis's guide to drugs (16th edition). F.A. Davis's company. Received on October 17, 2020, from C. Sanoski CA, Vallerand AH. Amlodipin/hydrochlorothiazid/olmesartan Medoxomil (Internet). In: Davis' guide to drugs. F.A. Davis Company; 2020. 2020 17 October is quoted. Available from: titles in AMA citation format should be in offer-caseMLAAMAAPAVANUNUVERTY - ELEC T1 - amlodipine / hydrochlorothiazide / olmesartan medoxomil ID - 110380 A1 - Kiring, Courtney, AU - Sanoski, Cynthia A., AU - Waller, April Azar, BT - Davis Drug Guide UR - PB - F.A. Davis Et - 16 DB - Davis Drug Guide - OLD - USE 2.0 DP - Unboring Medicine ER - Class: Dihydropiridine - Calcium Channel Blocking Agents, Dihydropiridine - Dihydropiridine calcium-channel Blocking Agents - Calcium Antagonists VA Class: CV200 CAS Room: 111470-99-6 Brands: Norvasc Medical Review Drugs.com. Last updated On October 21, 2019, Amlodipine's introduction is a calcium-channel blocking agent; dihydropiridine derivative with an internal long duration of action.1 2 3 Uses for Amlodipin Besylate Hypertension Hypertension Management (alone or in combination with other classes of antihypertensive agents);1 2 3 4 5 6 21 113 129 130 132 133 134 1200 can be used to be used fixed combination with benazepril, olmesartan, olmesartan and hydrochlorothiazide, perindottil, telmisartan, valsartan, or valsartan and hydrochlorothiazide, when such such therapy is indicated.21 113 129 130 132 133 134 Calcium channel blockers are recommended as one of several preferred agents for initial hypertension management in accordance with current actual recommendations of hypertension; other preferred options include ACE inhibitors, angiotensin II receptor antagonists and diuretic diuretics.501 502 503 504 1200 Although there may be individual differences in recommendations for initial selection and use of the drug in specific patient populations, Current evidence suggests that all of these classes of antihypertensive drugs tend to have a comparable effect on overall mortality and cardiovascular, cerebrovascular and renal outcomes.501 502 503 504 1200 1213 Individualize treatment choices; take into account patient characteristics (e.g. age, ethnicity/race, comorbidities, risk of cardiovascular disease), and drug-related factors (e.g. ease of administration, accessibility, adverse effects, cost).501 502 503 504 515 1200 1201 A 2017 ACC/AHA interdisciplinary hypertension guide BP classifies in adults at 4: category normal, Stage 1 hypertension, and Stage 2 of hypertension.1200 (see table 1.) Source: Whelton PK, Carey RM, Aronow WS et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APHA/ASH/ASPC/NMA/PCNA Guide to Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: Report by the American College of Cardiology/American Heart Association Clinical Practice Task Force. Hypertension. 2018;71:e13-115. Individuals with SBP and DBP in two different categories

1. elevated SBP and normal DBP should be designated as, for example, in the higher BP category (i.e. increased BP). Table 1. Acc/AHA BP Classification in Adults1200 Category SBP (mm Hg) DBP (mm Hg) Normal zlt;120 and zlt;80 Elevated 120-129 and zlt;80 Hypertension, Stage 1 130-139 or 80-89 Hypertension, Stage 2 ≥140 or ≥90 The goal of managing and preventing hypertension is to achieve and maintain optimal CONTR0L of BP.1200 However BP thresholds used to determine hypertension, the optimal threshold for BP, in which to initiate antihypertensive drug therapy and ideal BP targets remain controversial.501 503 504 505 506 507 508 515 523 526 530 1200 1201 122 The 2017 ACC/AHA Hypertension Guide usually recommends BP's target (i.e. BP to achieve with drug therapy and/or non-pharmacological intervention) of zlt;130/80 mmHg. Art. in all adults, regardless of comorbidities or atherosclerotic cardiovascular disease (ASCVD) risk.1200 in addition, the target of SBP is 130 mmHg. Art is generally recommended for non-institutionalized outpatients years with average SBP ≥130 mm Hg.1200 These BP targets are based on clinical studies demonstrating the continued reduction of cardiovascular risk at gradually lower levels of SBP.1200 1202 1210 Previous guidelines for hypertension hypertension основывали целевые цели BP на возраст и сопутствующие заболевания.501 504 536 Руководящие принципы, такие как те, которые выдаются JNC 8 экспертной группы, как правило, ориентированы на <140/0 mm= hg= regardless= of= cardiovascular= risk= and= have= used= higher= bp= thresholds= and= target= bps= in= elderly= patients501= 504= compared= with= those= recommended= by= the= 2017= acc/aha= hypertension= guideline.1200= some= clinicians= continue= to= support= previous= target= bps= recommended= by= jnc= 8= due= to= concerns= about= the= lack= of= generalizability= of= data= from= some= clinical= trials= (e.g., = sprint= study)= used= to= support= the= current= acc/aha= hypertension= guideline= and= potential= harms= (e.g., = adverse= drug= effects, = costs= of= the= therapy)= versus= benefits= of= bp= lowering= in= patients= at= lower= risk= of= cardiovascular= disease.1222= 1223= 1224= 1229= consider= potential= benefits= of= hypertension= management= and= drug= cost, = adverse= effects, = and= risks= associated= with= the= use= of= multiple= antihypertensive= drugs= when= deciding= a= patient's= bp= treatment= goal.1200= 1202= 1229= for= decisions= regarding= when= to= initiate= drug= therapy= (bp= threshold), = the= current= acc/aha= hypertension= guideline= incorporates= underlying= cardiovascular= risk= factors.1200= 1207= ascvd= risk= assessment= recommended= by= acc/aha= for= all= adults= with= hypertension.1200= acc/aha= currently= recommend= initiation= of= antihypertensive= drug= therapy= in= addition= to= lifestyle= behavioral= modifications= at= a= sbp= ≥140= mm= hg= or= dbp= ≥90= mm= hg= in= adults= who= have= no= history= of= cardiovascular= disease= (i.e., = primary= prevention)= and= a= low= ascvd= risk= (10-year= risk= < <140> <10%);.1200 for= secondary= prevention= in= patients= with= known= cardiovascular= disease= or= for= primary= prevention= in= those= at= higher= risk= for= ascvd= (10-year= risk= ≥10%); = acc/aha= recommends= initiation= of= antihypertensive= drug= therapy= at= a= average= sbp= ≥130= mm= hg= or= a= average= dbp= ≥80= mm= hg.1200= adults= with= hypertension= and= diabetes= mellitus= chronic= kidney= disease= (ckd), = or= age= ≥65= years= of= age= are= assumed= to= be= at= higher= risk= for= cardiovascular= disease.= acc/aha= state= that= such= patients= should= have= antihypertensive= drug= therapy= initiated= at= a= bp= ≥130/80= mm= hg.1200= individualize= drug= therapy= in= patients= with= hypertension= and= underlying= cardiovascular= or= other= risk= factors.502= 1200= in= stage= 1= hypertension, = experts= state= that= it= is= reasonable= to= initiate= drug= therapy= using= the= stepped-care= approach= in= which= one= drug= is= initiated= and= titrated= and= other= drugs= are= added= sequentially= to= achieve= the= target= bp.1200= initiation= of= antihypertensive= therapy= with= 2= first-line= agents= from= pharmacologic's= classes= are= recommended= in= adults' with= a= stage= of 2st and 2 mm Hg. above BP goal.1200 calcium channels blockers may be preferable in hypertensive patients with certain co-existing conditions (e.g., coronary heart disease)523 and in geriatric patients, including those with isolated systolic hypertension.502 510 Black hypertensive patients. it is better to respond to monotherapy with calcium channel blockers or diuretic thiazid than to other classes of antihypertensive drugs (e.g. ACE inhibitors, angiotensin II receptor antagonists).69 70 95 108 109 501 504 1200 However, the combination of ACE inhibitor or angiotensin receptor antagonist angiotensin II with calcium channel blocker or diuretic thyside produces similar decreased in black patients As in other racial groups.1200 Amlodipine should not be used for acute treatment of hypertensive crisis.1 Adding ACE inhibitor or angiotensin receptor angiotensin II can reduce the incidence of amlodipine-associated swelling.121 134 504 can use amlodipine/atorvastatin a fixed combination in the treatment of both amlodipine (for hypertension) and atorvastatin (for dyslipidemia and cardiovascular prevention) is suitable.17 CAD Amlodipine is used to administer Primetnz. The variant of angina and chronic stable angina:1 2 3 4 9 was used alone or in combination with other anti-anginal agents.1 2 3 4 9 Calcium-channel blockers are considered drugs of choice in the management of Prinzmetal variant angina.b Amlodipine used in patients with newly documented CAD (by angiography) and without cardiac arrest insufficiency or ejection of the fraction of the zlt;40% to reduce the risk of coronary revascularization and hospitalization due to angina.1 May use amlodipine/atorvastatin a fixed combination of the drug in the treatment of both amlodipine (for CAD) and atorvastatin (for dyslipid). Amlodipine Besylate Dosage and Administration Of General BP Monitoring IB Monitoring BP regularly (i.e. monthly) during therapy and adjust the dosage of the antihypertensive drug to BP controlled.1200 unacceptable if unacceptable side effects occur, discontinue the drug and initiate another antihypertensive agent from another pharmacological class.1216 If an adequate BP response is not achieved with a single antihypertensive agent, either increase the dosage of one drug or add a second drug with demonstrated benefits and preferably an additional mechanism of action (e.g., ACE inhibitor, an angiotensin II receptor antagonist, diuretic rhaps thiazide).1200 1216 Many patients will need at least 2 drugs from different pharmacological classes to achieve the BP goal; If BP's goal has not yet been met with 2 antihypertensive agents, add a third drug.1200 1216 Administration of Oral Administration to administer amlodipine orally excluding meals.1 2 3 3 5 Dosage Available as amlodipine besylate; Dosage expressed from the point of view of amlodipine.1 Children's Patients hypertension Amlodipine Therapeutics Oral Initiate drugs at the low end of the dosage range by some experts; Can Dosage every 2-4 weeks until BP is controlled, the maximum dosage is reached, or side effects occur.1150 Children 1-5 years old†: Some experts recommend the initial initial 0.1 mg/kg once a day and a maximum dose of 0.6 mg/kg once a day (up to 5 mg per day).1150 Children ≥6 years: Some experts recommend an initial dosage of 2.5 mg once a day and a maximum dosage of 10 mg once a day.1150 However, The manufacturer states the safety and efficacy of doses of zgt;5 mg daily not established in pediatric patients.1150 Manufacturer states that the useful effective dose of amlodipine is 2.5-5 mg once a day.1 Adult Hypertension Amlodipine Oral Manufacturers condition of the usual initial dosage is 2.5-5 mg once a day.1 In small or weak individuals, Initiate therapy with 2.5 mg once a day.1 When adding amlodipine to the existing antihypertensive regimen, use an initial dosage of 2.5 mg once a day.1 Increase in the dose of amlodipine gradually As a rule, at intervals of 7 to 14 days, until optimal control of BP (up to a maximum dose of 10 mg per day).1 May increase faster if symptoms are both warrant and patient tolerance and response is often assessed.1 The usual dose of care is 2.5-10 mg once a day.1 1200 If there are unacceptable side effects, discontinue the drug and initiate another antihypertensive agent from a variety of pharmacological class.1200 1216 Amlodipine /Benazepril Fixed Combination Oral Manufacturers will say that amlodipine/benazepril fixed combination training should normally be used only after therapy with any component of the drug only failed.21 In studies using amlodipine /benazepril fixed combination in amlodipine doses .5-10 mg daily and benazepril hydrochloride 10-40 mg daily, THE response of BP increases with an increase in the dose of amlodipine in all groups of patients and increases with an increase in the dose of benazepril in non-black groups of patients.21 If BP is not adequately controlled by monotherapy with amlodipin (or other dihydropyridin-derived calcium-blocker) or , can switch to amlodipine / benazepril fixed combination.21 If BP is adequately controlled monotherapy with amlodipine, but the swelling developed, can switch to amlodipine / benazepr fixed combination.21 Adding benazepril to amlodipine therapy usually does not provide additional antihypertensive effects in black patients, but benazepril seems to be Reduce the development of amlodipine-related swelling regardless of race.21 If BP is controlled with amlodipine and benazepril (managed separately), may switch to a fixed drug combination containing appropriate individual doses for convenience.21 Recommended initial dose of amlodipine 2.5 mg and ben Hydrochloride 10 mg once a day.21 Adjust the dosage of amlodipine/benazepril a fixed combination according to the patient's response, up to a maximum of amlodipine 10 mg and hydrochloride benazepril 40 mg once a day; The effect of this dose is largely achieved with 2 weeks.21 Amlodipin /Olmesartan Fixed combination Oral Oral amlodipin/olmesartan tablets can be used for initial treatment of hypertension in patients likely to require combination therapy with multiple antihypertensive agents to control BP.134 If the patient's base BP is 160/100 mmHg. Art., the estimated probability of achieving SBP management (SBP zlt;140 mmHg) is 48, 46, or 68%, and to achieve control DBP (DBP zlt;90 mmHg) is 51, 60, or 85% only olmesartan medoxomil (40 mg per day), amlodipine (10 mg daily) alone, or amlodipine combined with olmesartan medoxomil (same doses), respectively.134 IF BP is not adequately controlled by monotherapy with amlodipine (or di other hydrodopiri-derived calcium channel blocker) or olmesartan (or other antagonist of angiotensin II receptors) may switch to amlodipine/olmesartan fixed combination.134 May use a fixed combination as a replacement for individually titrated drugs.134 May switch to a fixed combination of a drug containing an individual dose of amlodipin and olomartmesn; Alternatively, may increase the dosage of one or both components for additional antihypertensive effects.134 Adjust the dosage of amlodipine/olmesartan fixed combination, up to a maximum of amlodipine 10 mg and olmesartan medoxomil 40 mg once a day, according to the patient's response after ≥2 weeks in the current dosage.134 When used for initial hypertension is likely in patients, will require a combination therapy with several antihypertensive agents, the recommended initial dose of amlodipine 5 mg and olmesartan medoxomil 20 mg once a day.134 Can increase the dosage after 14 1-2 weeks for additional BP control, up to maximum amlodipine 10 mg and olmesartan medoxo 4ml 0 mg once a day.134 Amlodipine/Olmesartan/Hydrochlorothiazide Fixed Combination Oral Manufacturer claims that amlodipine/olmesartan/hydrochloromethiaside-fixed-combination drug should not be used for initial treatment of hypertension.132 May switch to a fixed combination of amlodipine/olmesartan/hydroartsan/hydro chlorothiazide pills if BP is not adequately controlled by combination therapy with any 2 of the following classes of drugs at the maximum tolerated, labeled, or conventional doses: calcium channel blockers, angiotensin II receptor antagonists, or diuretics.132 Patients who experience pre-limiting adverse effects of olmesartan, amlodipine, or hydrochlorothiazide when receiving any double combination of these drugs, may switch to a triple fixed combination of a drug containing a lower dose of this component.132 May use a fixed combination as a replacement for individually titrated drugs.132 May increase the dose of this component.132 May use a fixed combination to be individually titrated.132 May increase the drug.132 May use a fixed combination to be individually treated. fixed combination after 2 weeks if additional BP control is needed (maximum amlodipine 10 mg, olmesartan medoxomil 40 mg, and hydrochlorothiazide 25 mg once a day).132 Amlodipine/Perindopril Fixed combination of Oral Fixed combinations of amlodipine/perindopril tablets can be used for Treatment of hypertension in patients who may require combination therapy with multiple antihypertensive agents to control BP.130 Consider the potential benefits and risks of starting therapy with a fixed combination, including whether the patient is likely to tolerate the lowest available dosage of combined drugs.130 If the patient's base BP is 170/105 mmHg. ст., оценочная вероятность достижения контроля SBP (SBP <140 мм рт. ст.) составляет 26, 40, или 50% и достижения контроля DBP (DBP <90 мм рт. ст.) составляет 31, 46, или 65% с периндоприлом эрбумин (16 мг ежедневно) в одиночку, аmlодипин (10 мг ежедневно) в сочетании с периндоприлом аргинин (14 мг в день), соответственно.130 Если BP не контролируется адекватно монотерапией с аmlодипином (или другим дигидропиридин-производным блокатором кальциевых каналов) или периндоприлом (или другим ингибитором АПФ) , может перейти на аmlодипин /периндоприл фиксированной комбинации.130 У чернокожих пациентов и пациентов с сахарным диабетом, добавление периндоприла аргинина (14 мг в день) к аmlодипину

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