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## Metoprolol vs atenolol for afib

Atenolol is used alone or in combination with other drugs to treat high blood pressure. It is also used to prevent angina (chest pain) and improve survival after a heart attack. Atenolol is a class of drugs called beta blockers. It works by relaxing blood vessels, slowing heart rate to improve blood flow and lowering blood pressure. High blood pressure is a common condition that, if not treated, can cause damage to the brain, heart, blood vessels, kidneys and other parts of the body. Damage to these organs can cause heart disease, heart attack, heart failure, stroke, kidney failure, vision loss, and other problems. In addition to taking medications, lifestyle changes can also help control your blood pressure. These changes include eating a diet low in fat and salt, maintaining a healthy weight, exercising for at least 30 minutes most days, not smoking and using alcohol in moderation. View side-by-side comparisons of drug use, evaluation, cost, side effects and interactions. Rosartan tackles a hormone called angiotensin II to lower blood pressure and can also improve kidney function in some people. People who are starting with Rosartan should be well hydrated. There are two different salts, methoprolol succinic acid and methoprolol, which usually see methoprolol as a selective  $\beta$  blocker in prescription doses to lower blood pressure or relieve symptoms of angina. See only more prescriptions Only recent useful reviews of all 461 reviews of angiotensin receptor blockers cardiatic beta blockers Commonly reported side effects: astheticism, chest pain, diarrhea, fatigue, hypoglycemia. See the complete Rosartan side effects document. Commonly reported side effects include heart failure, bradycardia, and hypotension. See the complete metoprolol side effects document.\*Price is an uninsured amount 50 mg\* \$0.51 per 50 units each dosage\* \$25.52 Look at all rosartan prices, we couldn't find the exact match for this drug. Try searching the price guide directly. Get a free discount card Get a free discount card Free discount card Yes (this drug) No N/A Cozar capus pargos prinkle, lopressor, metoprolol succinic acid, metoprolol sobrate, the half-life of the toporol-XL drug is the time taken due to the plasma concentration of the drug reduced to half the original value. 4.4 hours 4 hours Look at the glossary. It is not subject to the Regulatory Substances Act. It is not subject to the Regulatory Substances Act. See the full documentation for pregnancy warnings. See the full documentation for pregnancy warnings. FDA Alert (17) FDA Alert (1) A total of 283 drugs are known to interact with losartan: 28 major drug interactions (148 brands and generic names) 242 moderate drug interactions (collectively named 1203 brands) 13 minor drug interactions (32 brands and generic names) A total of 476 drugs are a total of 476 drugsTo interact with methoprolol: 22 major drug interactions (116 brands and household names) 419 moderate drug interactions (2797 brands and household names) 35 minor drug interactions (234 brands and household names) should be avoided. You can increase your body's level of methoprolol by looking at more foods. You must take metoprolol in the same, april 14, 1995 august 07 view World Anti-Doping Agency classification. N/A Overview Overview of Advanced Reading Comprehension Advanced Reading Monograph (AHFS) Prescription Information Monograph (AAFS) Prescribing Information\*\* Regulated Substances Act (CSA) Schedule Information applies to substances regulated under federal law. CSA schedules can vary between individual states. To verify that the information displayed on this page applies to your personal situation, be sure to consult your healthcare provider. The medical disclaimer displays a side-by-side comparison of drug use, evaluation, cost, side effects and interactions. Metoprolol succinate ER is a selective anti-cyte blocker used to lower blood pressure or relieve symptoms of angina  $\beta$  heart disease. It can also be used for certain treatments. See that more methoprolol is usually a selective  $\beta$  blocker in prescription doses to lower blood pressure or relieve symptoms of angina. There are two different salts, methoprolol succinic acid and methoprolol. See only more prescriptions See all 56 reviews of only recent useful reviews all 461 reviews of cardio selective beta blockers cardiatic selective beta blockers See full metoprolol succinic acid ER side effects document. Commonly reported side effects include heart failure, bradycardia, and hypotension. See the complete metoprolol side effects document.\*Price is an uninsured amount 10 tablets, extended release dosage 25 mg\* \$1.38 cost per unit \*\$13.80 We couldn't find the exact match for this drug.Try searching directly for the price guide. Get a free discount card Get free discount card no oral tablets and extended release N/A other Metoprolol brands include: Capuspargos Prinkle, Lopressor, Toprol XL Capuspargos Prinkle, Lopressor, Metoprolol Cocorate ER, Metoprolol Tart. The half-life of the Toporol XL drug is time to have to its plasma value. Watch the glossary for 4 hours and 4 hours. It is not subject to the Regulatory Substances Act. It is not subject to the Regulatory Substances Act. See the full documentation for pregnancy warnings. See the full documentation for pregnancy warnings. FDA Alert (1) FDA Alert (1) A total of 476 drugs are known to interact with methoprolol succinic acid ER: 22 major drug interactions (116 brands and common names) 419 moderate drug interactions (2797 brands and common names) 35 minor drug interactions (234 brands and common names) Foods can increase the level of methoprolol in your body. You need to take methoprolol in the same, you can see more food and increase the level of methoprolol in your body. You need to take metoprolol in the same, see more of See world anti-doping agency classification on August 7, 1978. Summary Advanced Reading N/A Monograph (AAFS) Prescribing Information\*\* Regulated Substances Act (CSA) Schedule Information applies to substances regulated under federal law. CSA schedules can vary between individual states. To verify that the information displayed on this page applies to your personal situation, be sure to consult your healthcare provider. There are 29 disease interactions with medical disclaimer atenolol / chlortalidone: atenolol is moderately removed by conventional hemodialysis. Patients with hemodialysis should receive a dose of atenolol following each dialysis session, when it is hemodynamically stable to avoid a significant drop in blood pressure. The hemodynamic state should be closely monitored before and after the dose. Product information. Temjin (Athenolol) ICN Pharmaceuticals, Cost Mesa, CA. Kirch W, Schaefer M, Brown M. Accumulation of single intravenous dose exercise drugs and atenolol in patients with renal dysfunction and patients with hemodialysis. Archxviterol Suppl 4 (1980): 366-9 Campese VM, Feinstein EI, Gra V, Mason WD, Massey SG Kinetics of atenolol in patients treated with chronic hemodialysis or peritoneal dialysis. J Clin Pharmacol 25 (1985): 393-5 Show all references 5 Atenolol is eliminated by the kidneys. Significant accumulation of the drug occurs in patients with creatinine clearance of less than 35 mL/min/1.73 m2. For these patients, dosage adjustment is recommended. Kirch W, Schaefer M, Brown M Single intravenous dosage Accumulation of atenolol in patients with single intravenous exercise drugs and renal dysfunction and hemodialysis.Archxviterol Suppl 4 (1980): 366-9 Giang DW, Isaef DM Excess dose of atenolol in patients with progressive renal failure. West J Med 145 (1986): 101-3 Product Information. Temdine (Atenolol) ICN Pharmaceuticals Inc., Cost Mesa, CA. All 9 Reference  $\beta$  - The use of adrenergic receptor blockers (also known as  $\beta$  blockers) is contraindicated in patients with bad diseases or heart blocks greater than the first degree (unless there is a functioning pacemaker). Due to negative nootropic and chronotropic effects on the heart,  $\beta$  use of blockers can exacerbate these conditions. Product information. Temjin (Athenolol) ICN Pharmaceuticals Co., Ltd.CA. Product information. Colgard (Nadrol) Bristol-Myers Squibb, Princeton, N.J. Product information. Transdring (Love tarorol). The use of all  $\beta$ -adrenergic receptor blockers (also known as  $\beta$  blockers) in all 21 references to Glakiso Welcome, Research Triangle Park, NC. is contraindicated in patients with hypotension or cardioic shock. Due to the negative nootropic and chronotropic effects on the heart, the use of  $\beta$  blockers can further reduce cardiac performance and blood pressure, which can be harmful in these patients. Product information. Levator (Pemberrol) Reed and Kernrick, Jersey City, N.J. Product information. Brocadren (Timorol) Merck & Company, West Point, PA, N.J. Product information. Bethalol, Burelx, Richmond, CA. See all 23  $\beta$ -adrenergic receptor blockers (also known as  $\beta$  blockers) generally should not be used in patients with congestive heart failure (CHF). Sympathetic stimulation is important in maintaining the hemodynamic function of these patients, and therefore  $\beta$  can exacerbate heart failure. However, treatment with  $\beta$  blockers is beneficial, well compensated and can be administered carefully in some CHF patients as long as they receive digital, diuretics, ACE inhibitors and / or nitrates. Carbezolol is specifically indicated for use with these drugs in the treatment of mild to severe heart failure of ischemic or cardiomyopathic origin. There is also growing evidence that the addition of  $\beta$  blockers to standard therapies can improve morbidity and mortality in patients with advanced heart failure, but it is unclear whether their efficacy varies significantly between different drugs. Data from one meta-analysis study suggest  $\beta$  s a significant reduction in the risk of death  $\beta$  non-selective  $\beta$ -1 selective drugs. Product information. Keron (Betaxeryl) Searle, Skokee, IL. Product information. Colgard (Nadrol) Bristol-Myers Squibb, Princeton, N.J. Kalman J, Buchholz C, Steinmetz M, Courtney M, Gus A, Lansman S, Kukin ML Safety and efficacy of beta-blockers in patients with chronic congestive heart failure awaiting transplantation, J Heart and Lung Transplantation 14 (1995): 1212-7 All 47 references  $\beta$  - If you look at adrenergic receptor blockers (aka  $\beta$  blockers), you can hide symptoms of hypoglycemia such as syration, tachycardia and blood pressure changes. In addition, non-selective  $\beta$  blockers (e.g., propranolol, pindrol, tymorol) inhibit catecholamine-mediated glycogenol degradation, thereby enhancing insulin-induced hypoglycemia and slowing the recovery of normal blood sugar levels. (since cardiac selectivity is not absolute, large doses of  $\beta$ -1 selective drugs can exert these effects as well,  $\beta$  with anti-cancer blockers are carefully administered to diabetics or voluntarily predispositionedProduct information. Keron (Betaxeryl) Searle, Skokee, IL. Product information. Lopressor (Methprol) Novartis Pharmaceuticals, East Hanover, N.J. Product information. Ideral (propranolol). The use of  $\beta$ -adrenergic receptor blockers (also known as  $\beta$  blockers) in patients with a history of allergic reactions or anaphylaxis at the Wayes Ayerst Institute, Philadelphia, May be associated with committing allergens and those with increased restly, referring to all 21 references. The frequency and/or severity of  $\beta$  increase during anti-blocker therapy. In addition, these patients are inturus to normal doses of epinephrine used to treat acute irritable reactions and may require  $\beta$ -agonists such as isoproterenol. Product information. Sectral (Acetobutrol) Wayes Airst Institute, Philadelphia, PA. Product information. Kozira (sculptor)SmithKline Beecham, Philadelphia, PA. Product information. Lopressor (methprol) Novartis Pharmaceuticals, East Hanover, N.J. Refer to all 16 references to catecholamines increased sensitivity to catecholamines, which can occur after prolonged use of  $\beta$ -adrenergic receptor blockers (also known as  $\beta$  blockers). Angina pectoris, myocardial infarction, and increased venthredh arhythmia have been reported in patients with coronary artery disease after sudden withdrawal of treatment.  $\beta$  of anti-blocker therapy should occur, if necessary, gradually reducing the dose gradually over a period of 1-2 weeks in patients with coronary insufficiency. Patients are recommended not to discontinue treatment without first consulting a doctor.  $\beta$  In patients who experience exacerbation of angina after discontinuation of blocker therapy, pharmacotherapy should generally be re-enacted, at least temporarily, along with other clinically appropriate measures. Product information. Bethalol, Burelx, Richmond, CA. Product information. Levator (Pemberrol) Reed and Kernrick, Jersey City, N.J. Product information. See all 19 references to Keron (betaxeryl) Salle, Skokee, IL. Due to negative nootropic and occurring effects on the heart,  $\beta$ -adrenergic receptor blockers (aka  $\beta$  blockers) can reduce cardiac performance and precipitate or exacerbate symptoms of arterial failure in patients with peripheral vascular disease. In addition, non-selective  $\beta$  blockers (e.g., propranolol, pindrol, tymorol) can attenuate catecholamine-mediated vasodilation during exercise by blocking  $\beta$ -2 receptors in peripheral blood vessels.  $\beta$  blockers should be carefully administered to patients with peripheral vascular diseases. It is recommended to carefully monitor the progression of arterial obstruction. Product information. Cartrol (Carteolol) Abbott Pharmaceuticals, Abbot Park, IL. Koppert JR Transient Ischemic Attack and Amaurosis Fugax from Timorol. Anne Ohtalmall 1764-5 Michelson EL, Frischman WH, Lewis JE and others Multi-facility clinical evaluation of the long-term efficacy and safety of lavetanolol in the treatment of hypertension. Am J Med October 17 (1983): See all 25 references to 68-80 Use of thiazid diuretics is contraindicated in patients with angina. Product information. Talidon (Chlortalidon) Monarch Pharmaceuticals Co., Ltd., Bristol, TN. Product information. Renese-R (ReserpinePoliciazide), Pfizer U.S. Pharmaceuticals, New York, New York. Product information. Endulone (Methiclothiazide) Abbott Pharmaceuticals, Abbot Park, IL. See 9 Reference The use of thiazid diuretics is commonly associated with electrolyte loss, most importantly potassium as well as loss of other electrolytes such as sodium, chloride, bicarbonate, magnesium,phosphate, bromide, and iodide. Depletion of potassium and magnesium can lead to cardiac arrhythmia and cardiac arrest. Other electrolyte-related complications include metabolic alkalosis and hyponatremia, which are rarely life-threatening. Treatment with thiazid diuretics should be carefully administered to patients with fluid and electrolyte depletion or predisposition, including primary or secondary aldosteronism (potassium levels may be low). Those with severe or prolonged diarrhea or vomiting, fluid and electrolyte abnormalities should be maintained in the normal range during treatment, regularly monitoring blood pressure and serum electrolyte concentrations before treatment. Patients should be advised to immediately report signs and symptoms of fluid or electrolyte imbalances, including dry mouth, thirst, weakness, lethy, drowsy, calmness, muscle pain and cramps, muscle fatigue, hypotension, orignosis, tachycardia, arrhythmia, or gastrointestinal disorders such as nausea and vomiting. Since the development of hypokalemia can be particularly dangerous in these patients, digitized patients and patients with a history of ventritylitis should be closely monitored. The risk of hypokalemia can be minimized by slow diuresis, hypothiazide dosage, potassium supplementation, or in combination with potassium mild diuretics. Bain PG, Egnor W, Walker PR Thiazid-induced dilutive hyponatremia masquerades as subcutaneous hemorrhage. Lancet 2 (1986): 634 Jorgensen FS, Brunner S Long-term effects of warm foflumetazide on renal calcium and magnesium excretion and stone formation in patients with recurrent kidney stone Scone J UroreneFloro B (1974): 128-31 Peters RW The incidence of cardiarrhythmia associated with mild hypokalemia induced by low-dose diuretic therapy for hypertension, Hamilton J, BP, SouthMed J 82 (1989): 966-9, all 77 reference patients with severe liver disease or cirrhosis are highly susceptibleHypokalemia Hypocytemia Alkaine alkalisis . Blood ammonia concentration can increase further in patients with previously increased concentrations. Hepatic encephalopathy and death are secondary to electrolyte changes associated with the use of diuretics. Treatment with thiazid diuretics should be carefully administered to patients with hepatic dysfunction or progressive liver disease, and should be stopped promptly if signs of imminent liver coma appear (for example, increased syming, confusion, jaundice). Sherlock S, Seneviratn B, Scott A, Walker JG Complications of Diuretic Therapy in Cirrhosis Lancet 1 (1966): 1049-52 Product information. Zaloxolin (Metrazon) Rhone Poulenc Lawler, Collegenille, PA. Product information. Diucarine (hydroflumetiazide) See all references to the Wayes Ayerst Institute, Philadelphia, PA.12 The use of thiazid diuretics is reported to possibly exacerbate or activate systemic Lum e erythematosis. Reported cases are commonly associated with chlorothiazide and hydrochlorothiazid. Treatment with thiazid diuretics should be carefully administered to patients with a history or risk of SLE. Product information. Hydrodiuril (hydrochlorothiazid), Merck & Company, West Point, PA. Product information. Metahydrin (trichlorumeciazide) Kansas City Hawkst Marion Rüssel Co., Ltd. Product Information. Thiazid diuretics, which see all references to Rosol (indapamide) Rhone-Poulenc Roller, Collegenille, PA.14, may not be effective because they are not expected to be filtered into the renal tubules at the site of their action when the glomerular filtration rate is low (GFR &lt;25 mL/min). In addition, thiazide diuretics can reduce GFR and precipitate azothemia in renal disease. Most of these drugs are excreted unchanged in the urine by glomerular filtration and active tube secretion, so a cumulative effect can also develop. Treatment with thiazid diuretics should be carefully administered with reduced doses in patients with renal disorders. If renal function gradually deteriorates, as indicated by an increase in BUN or serum creatinine levels, interruption or discontinuation of thiazid therapy should be considered. Reese W, Dubach UC, Burkhardt D, Theobald W, Vuillard P, Zimerl M Pharmacokinetic Study with Human Chlortalidon (Hygrotin) Euro J Klinpharmacol 12 (1977): 375-82 Crank LJ, Ringel S, Neiss ES Disposal of Human 14C-Indamamide. J Clinpharma col 23 (1983): 377-84 Elme Haley MM, Navi AE, Soliman MD New diuretic, clinical study of tricholmetiazide. J Trop Med Hyg 69 (1966): 209-14 See all 41  $\beta$ -adrenergic blockers ( $\beta$  blockers) and use them with caution in patients with cerebrovascular insufficiency for potential effects on blood pressure and pulse. Signs or symptoms suggesting a decrease in cerebral blood flowConsiderations for aborting these agents should be considered. Systemic  $\beta$  - adrenergic receptor blockers  $\beta$  also known as anti-adrenergic blockers -- can reduce intraocular pressure. Therefore, patients with glaucoma or intraocular hypertension may need adjustment of the ophthalmic regimen after changes in administration or discontinuation of  $\beta$  blocker therapy. Product information. Brocadren (Timorol) Merck & Company, West Point, PA. Product information. Zebeta (Bisoprolol) Lederlé Institute, Wayne, N.J. Product Information. The sectral (acetobutrol) Wayes-Airst Institute, Philadelphia, PA. See all 15  $\beta$ -adrenergic receptor blockers (also known as  $\beta$  blockers) may be seen to change serum lipid profiles. Increases in serum VLDL and LDL cholesterol and triglycerides have been reported in several anti- $\beta$  as well as a decrease in HDL cholesterol. Patients with existing hyperlipidemia  $\beta$  detailed monitoring during anti-blocker therapy and accordingly adjustments made with lipid-lowering regimens. Samuel P, Chin B, Schoenfeld BH, and others compare the effects of pindrol vs. propranolol on lipid profiles in patients treated for hypertension. Br J Clin Pharmacol 24 (1987): s63-4 Rosner S, Weiner L Atenolol and Methprol. Comparison of blood pressure and effects on serum lipoprotein, side effects. Eur J Clin Pharmacol 24 (1983): 573-7 Gordon NF, Scott CB, Duncan JJ Cardiovascular fitness and effects of atenolol vs. enalapril on serum lipids in physically active hypertensive men. Am J Cardiol 79 (1997): If 1065-9  $\beta$ -adrenergic receptor blockers (aka  $\beta$  blockers) are used to reduce symptoms of hyperthyroidism such as tachycardia, anxiety, symbolism and heat insocia, see all 39 references that can cause thyroid poisoning or thyroditis. To minimize this risk, the  $\beta$  of  $\beta$  blocker therapy should occur gradually, if necessary, gradually reducing the dose over a period of 1-2 weeks. Patients are recommended not to discontinue treatment without first consulting a doctor; close monitoring is recommended during and after withdrawal of treatment. Product information. Kozira (sculptor)SmithKline Beecham, Philadelphia, PA. Product information. Ideral (propranolol), Wayes Airst Institute, Philadelphia, PA. Product information. Cartrol (Carteolol) Abbott Pharmaceuticals, Abbot Park, IL. All 15 references  $\beta$  - Adrenergic receptor blockers (also known as  $\beta$  blockers) may enhance muscle weakness consistent with certain muscle aesthetic symptoms such as dipropea, putosis, and generalized weakness. Some  $\beta$  are rarely associated with worsening muscle weakness in patients with pre-existing myasthetic or myasthetic symptoms. Use carefully in patients with myasthetic myasthesis. Coppet JR Tymolol-related myasthesisAm J Ophthalmology 98 (1984): 244-5 Product information. Brocadren (Timorol) Merck & Company, West Point, PA. Confaveux C, Charles N, Aymar G Fluminant Myasthetic Astheopathy Immediately after the start of Aseb troll therapy.Eurnulol 30 (1990):279-81 The management of  $\beta$  blockers in the setting of all 7 reference feochromocytomas is associated with a paradoxical increase in blood pressure due to attenuation of  $\beta$ -mediated vasodilation in the skeletal muscle. In patients with brown cell  $\beta$  it is necessary to start a  $\beta$  before using an anti-blocker. The administration of these drugs requires attention to patients with suspected brown cell tumors. The use of  $\beta$  blockers in patients with psoriasis should be weighed carefully, since the use of these drugs can cause worsening of psoriasis. Wolph-Parkinson-White syndrome and  $\beta$ -adrenergic blockers in patients with tachycardia are associated with severe bradycardia that requires treatment by pacemakers. In one case, this result was reported after the first administration of 5 mg propranolol. $\beta$ -adrenergic receptor blockers (also known as  $\beta$  blockers) should be administered carefully in these patients. Patients with bronchospasm disease generally should not  $\beta$  beta blockers, including cardiac selective anti-inflammatory blockers. Due to  $\beta$ -1 selectivity, cardosotic  $\beta$  blockers can be used in patients with bronchospasm diseases that do not respond to or are unacceptable to other antihycho hypertensive treatments.  $\beta$ -1 selectivity is not absolute, so the lowest dose of these drugs should be used. To avoid higher plasma levels associated with longer dosing intervals, consider administering in smaller doses. If it is necessary to increase the dose, it is necessary to divide the dose to achieve low peak blood levels. It is recommended to have bronchodiaslation drugs, including  $\beta$ -2 agonists, easily available or administered simultaneously if necessary. Thiazid diuretics should be used with caution in patients with a history of bronchial asthma, where susceptibility reactions can occur. Thiazid diuretics can cause hyperglycemia and glycouria in diabetics. They can also precipitate diabetes in diabetics. These effects are usually reversible after discontinuation of the drug. Treatment with thiazid diuretics should be carefully administered to patients predisposition to diabetes, sugar resistance, or hyperglycemia. Diabetics should be monitored more closely during thiazid therapy, accordingly antidiadivari therapy is adjusted. Nielsen S, Schmitz A, Knudsen RE, Drelap J, Morgensen CE Enalapril vs. Bedroflu fetiazid in type 2 diabetes complicated by hypertension. Q J Med 87 (1994): 747-54 Diamond MT Hyperglycemia Hyperglycemia Hematoma ComaWith hydrochlorothiazid and pancreatitis. N Y-State J Med 72 (1972): 1741-2 Brayayk JP, Ribes G, By D, Puech R, Rubatiere Mariani MM New Benzoti Asiadin Derivative, L N 5330, effects on insulin secretion Arch Int Pharmacyn Ther 253 (1981): 154-63 Look at all 36 reference thiazid diuretics, Serum triglycerides and cholesterol levels, mainly LDL and VLDL can be increased. These effects are dose-related and are unclear whether they persist during chronic therapy. . Patients with existing hyperlipidemia require detailed monitoring during thiazid therapy, accordingly adjustments made with lipid-lowering regimen Ames RP Comparison of blood lipid and blood pressure responses during the treatment of indamamide and thiazides and systemic hypertension. Am J Cardiol 77 (1996): b12-6 Slotkoff L Clinical efficacy and safety of indamamide in the treatment of edema Amhart J 106 (1983): 233-7 Freis ED Efficacy and safety of diuretics in the treatment of hypertension. Ann Intern Med 122 (1995): 223-6 All 23 references a view of urinary calcium excretion reduced by thiazid diuretics during chronic administration. Pathological changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been reported during long-term therapy. However, no common complications of hyperparathyroidism such as nephropathy, bone resorption and peptic ulcers were observed. Clinicians should be aware of these effects when prescribing or administering thiazid therapy to patients with hyperparathyroidism. These drugs should be discontinued before performing tests for parathyroid function. . Lindy S, Tarsanen L Serum Calcium and Phosphorus in Patients Treated with Thiazid and Furosemide Acta Med Skado 194 (1973): 319-22 Paloyan E, Farland M, Picklesman JR Hyperparathyroidism coexisting with hypertension and long-term thiazid administration. JAMA 210 (1969): 1243-5 Itesk S, Haskell LP, Tannenber AM Thiazid-induced Clinically Significant Hypophosphate Clinneffol 27 (1987): 161-2 All views 27 See Thiazid diuretics reducing the rate of uric acid excretion. Hyperuricemia occurs frequently but is usually asymptotic and it rarely causes clinical arerty except for patients with a history of aeral or chronic renal failure. Treatment with thiazid diuretics should be carefully administered to such patients. Product information. Diuril (Chlorothiazide) Merck & Company, West Point, PA.Belling S, Vukovic RA, Neiss ES, Zisblatt M, Webb E, Rosi M Long-Term Experience with Indapamid Am Hart J 106 (1983): 258-62 Lapidus PW, Gidotti FP Mouth Under In Orthopedic Practice: A Review of 232 Cases. Clin Orthop 28 (1963): 97-110 See All 20 Reference Thiazid Diuretics and May Reduce Serum PBI (Protein Binding Iodine) Levels Without Associated Thyroid Disorders. Clinicians should be aware of this effect when prescribingThiazid therapy is administered to patients with thyroid disease. Beck K, Skovsted L, Siersbaek Nielsen K, Hansen JM Effects of Thiazid on Human Thyroid Parameters Acta Endkinoi (Coben) 89 (1978): 673-8 Product Information. Talidon (Chlortalidon) Monarch Pharmaceuticals Co., Ltd., Bristol, TN. Product Information. Renese-R (ReserpinePoliciazide), Pfizer U.S. Pharmaceuticals, New York, New York. All 10 references to all atenolol/chlortalidone drug interactions More atenolol/chlortalidone treatment guides with 574 drug interactions with atenolol/chlortalidone alcohol/food interactions. It is difficult to determine the association of certain drug interactions with specific individuals. Be sure to consult a medical institution before starting or stopping the drug. Major very clinically important. Avoid combinations. The risk of interaction outweighs the benefits. Moderately clinically significant. Usually avoid combinations. Use only under certain circumstances. Minor minimal clinically significant .minimize risk; assess risks, consider alternative drugs, take steps to avoid interaction risks, and develop monitoring plans. There is no unknown interaction information. To verify that the information displayed on this page applies to your personal situation, be sure to consult your healthcare provider. Medical Disclaimer