

TERAZOSIN

Prepared by rawad lafi AL-harbi

420003404

Therapeutic Category:

Alpha-Adrenergic Blocking Agent, Oral; Antihypertensive Agent

Use:

Management of Mild to moderate hypertension

Pregnancy Risk Factor: C

Contraindication:

Hypersensitivity to quinazolines (doxazosin, prazosin, terazosin).

Adverse reaction:

Dizziness, postural hypotension, headache, muscle weakness, edema

Chest pain, peripheral edema, dry mouth, blurred vision, dyspnea, nasal congestion.

Increased Effect:

With beta-blockers, diuretics, ACE inhibitors, calcium channel blockers.

Decreased Effect:

With NSAIDs, Alpha blockers,

Mechanism of Action:

Alpha-specific blocking agent with minimal alpha₂ effects; this allows peripheral postsynaptic blockade, with the resultant decrease in arterial tone

While preserving the negative feedback loop which is mediated by the peripheral postsynaptic alpha₂ receptors; terazosin relaxes the smooth muscle of the bladder neck; thus reducing bladder outlet obstruction.

Pharmacokinetics:

Onset action: 1-2 hours

Absorption: rapid

Protein binding: 90%-95%

Metabolism: Extensively hepatic

Half-life elimination: 9.2-12 hours

Excretion: feces(60%);urine(40%).

Dosage:

Hypertension: initial: 1 mg at bedtime; slowly increase dose to achieve desired blood pressure up to 20 mg/day; usual dose: 1-5 mg/day

Patient information:

Report any gain of body weight or painful, persistent erection; fainting sometime occurs after the first dose; rise slowly from prolonged sitting or standing.

Dosage forms:

Capsule (Hytrin): 1 mg, 2 mg, 5 mg, 10 mg

Tablet: 1 mg, 2 mg, 5 mg, 10 mg.