

# What You Must Know About Blood Pressure

## Possible Side Effects of Drugs That Lower Blood Pressure

Disclaimer: If you are taking any of the medications discussed here, do not stop taking them without consulting your doctor.

Drugs are many times combined to address blood pressure; including diuretics, drugs that slow heart rate, blood vessel dilators, and more. This document is by no means all inclusive and should be only part of your understanding of the hazards of drugs. Read all the research you can find and consider any and all alternatives to ingesting these toxic materials. (Editors Comment)

**Some of the drugs listed below can affect certain functions of the body, resulting in serious, permanently disabling bad side effects (this means you suffer from the side effects forever, even after you get off the drug, for the rest of your life).**

**You should know that non-drug alternatives (food) can be used to obtain safe blood pressure for most people with just a little lifestyle adjustment.** Check out the non-drug food alternative to healthy circulation and blood pressure, with no known side effects: <http://www.road-to-health.com/plaque>

Diuretics — Some of these drugs may decrease your body's supply of a mineral called potassium. Symptoms such as weakness, leg cramps or being tired may result. Eating foods containing potassium may help prevent significant potassium loss. You can prevent potassium loss by taking a liquid or tablet that has potassium along with the diuretic, if your doctor recommends it. Diuretics such as amiloride (Midamar), spironolactone (Aldactone) or triamterene (Dyrenium) are called "potassium sparing" agents. They don't cause the body to lose potassium. They might be prescribed alone but are usually used with another diuretic. Some of these combinations are Aldactazide, Dyazide, Maxzide or Moduretic.

Some people suffer from attacks of gout after prolonged treatment with diuretics. This side effect isn't common and can be managed by other treatment.

In people with diabetes, diuretic drugs may increase the blood sugar level. A change in drug, diet, insulin or oral antidiabetic dosage corrects this in most cases. Your doctor can change your treatment. Most of the time the degree of increase in blood sugar isn't much. Impotence may also occur in a small percentage of people.

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Beta-blockers — Acebutolol (Sectral), atenolol (Tenormin), metoprolol (Lopressor), nadolol (Corgard), pindolol (Visken), propranolol (Inderal) or timolol (Blocadren) may cause insomnia, cold hands and feet, tiredness or depression, a slow heartbeat or symptoms of asthma. Impotence may occur. If you have diabetes and you're taking insulin, have your responses to therapy monitored closely.

ACE inhibitors — These drugs, such as captopril (Capoten), enalapril (Vasotec), lisinopril (Zestril or Prinivil), may cause a skin rash; loss of taste; a chronic dry, hacking cough; and in rare instances, kidney damage.

Angiotensin II receptor blockers — These drugs may cause occasional dizziness.

Calcium channel blockers — Diltiazem (Cardizem), nifedipine (Cardene), Nifedipine (Procardia) and verapamil (Calan or Isoptin) may cause palpitations, swollen ankles, constipation, headache or dizziness. Side effects with each of these drugs differ a great deal.

Alpha blockers — These drugs may cause fast heart rate, dizziness or a drop in blood pressure when you stand up.

Combined alpha and beta blockers — People taking these drugs may experience a drop in blood pressure when they stand up.

Central agonists — Alpha methyl dopa (Aldomet) may produce a greater drop in blood pressure when you're in an upright position (standing or walking) and may make you feel weak or faint if the pressure has been lowered too far. This drug may also cause drowsiness or sluggishness, dryness of the mouth, fever or anemia. Male patients may experience impotence. If this side effect persists, your doctor may have to change the drug dosage or use another medication.

Clonidine (Catapres), guanabenz (Wytensin) or guanfacine (Tenex) may produce severe dryness of the mouth, constipation or drowsiness. If you're taking any of these drugs, don't stop suddenly, because your blood pressure may rise quickly to dangerously high levels.

Peripheral adrenergic inhibitors — Reserpine may cause a stuffy nose, diarrhea or heartburn. These effects aren't severe and no treatment is required other than to change the amount of drugs taken. If you have nightmares or insomnia or get depressed, tell your doctor. You should stop using the drugs.

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Guanadrel (Hylorel) or guanethidine (Ismelin) may cause some diarrhea, which may persist in some people. This side effect usually becomes less of a problem if you continue treatment.

These drugs reduce blood pressure more when you stand. Consequently, you may get dizzy and lightheaded and feel weak when you get out of bed in the morning or stand up suddenly. If you notice any of these reactions — and if they persist for more than a minute or two — sit or lie down and either reduce or omit the next dose of the drug. If symptoms continue, contact your doctor.

When you're taking guanethidine, don't keep standing in the hot sun or at a social gathering if you begin to feel faint or weak. These activities cause low blood pressure. Male patients may experience impotence. Contact your doctor if this occurs. These drugs are rarely used unless other medications don't help.

Blood vessel dilators — Hydralzine (Apresoline) may cause headaches, swelling around the eyes, heart palpitations or aches and pains in the joints. Usually none of these symptoms are severe, and most will go away after a few weeks of treatment. This drug isn't usually used by itself. Minoxidil (Loniten) is a potent drug that's usually used only in resistant cases of severe high blood pressure. It may cause fluid retention (marked weight gain) or excessive hair growth.

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## High Blood Pressure Statistics: High blood pressure (hypertension) killed 54,707 people in the United States in 2004.

- About 73 million people in the United States age 20 and older have high blood pressure.
- One in three adults has high blood pressure.
- Of those people with high blood pressure, 71.8 percent were aware of their condition.
- Of all people with high blood pressure, 61.4 percent were under current treatment, 35.1 percent had it under control, and 64.9 percent did not have it controlled.
- The cause of 90–95 percent of the cases of high blood pressure isn't known; however, high blood pressure is easily detected and usually controllable.
- From 1994 to 2004 the death rate from high blood pressure increased 26.6 percent, and the actual number of deaths rose 56.1 percent.
- Non-Hispanic blacks are more likely to suffer from high blood pressure than are non-Hispanic whites.
- Within the African-American community, those with the highest rates of hypertension, are more likely to be middle aged or older, less educated, overweight or obese, physically inactive, and to have diabetes.
- In 2004 the death rates per 100,000 population from high blood pressure were 15.7 for white males, 51.0 for black males, 14.5 for white females and 40.9 for black females.

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