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## Vasodilators in clinical day to day practice

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Vasodilators are drugs which are useful in the management of hypertension, angina, heart failure, MI, preeclampsia, hypertensive emergencies etc.

The different classes of vasodilators used in current clinical practice has different actions on the coronary arteries and peripheral vasculature on both arteries and veins. Vasodilators more commonly affect the arteries but some vasodilators such as nitroglycerine can affect the venous system predominantly.

**Table 1: Vasodilators and uses.** [View in new window](#)

		Drugs	
Directly acting vasodilators	Venous	Nitrates (GTN and Nitroglycerin)	Arterial
			CCB (DHP like Amlodipine and non-DHP like Verapamil)
			Minoxidil, Diazoxide
			Prazosin
			<b>Drugs</b>

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Hydralazine

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Centrally  
acting Alpha  
2 receptor  
agonist

Clonidine,  
Methyldopa

Mixed

ACE  
inhibitors

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Endothelin  
receptor  
antagonists

Bosentan,  
Ambrisentan

ARB

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Beta Blockers  
with Nitric  
Oxide  
vasodilatation

Bisoprolol,  
Nebivolol

Sodium  
Nitroprusside

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Beta 2  
receptor  
agonist

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Salbutamol  
Terbutaline

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## Clinical Pearls

1. Educate the patient about adverse effects
2. Importance of taking their vasodilator medication as prescribed
3. Under treatment or non compliance can cause severe hypertension and complications which are preventable

4. Ask the patient to inform if they have missed or want to stop the treatment
5. Educate LSM, plant based eating habits, 10,000 steps per day aerobic excercises, and avoid smoking, alcohol and recreational drugs
6. Clinical pharmacologist should assist in selection, dosing, medication reconciliation and patient education