

**Homework 2**

**Pharmacotherapy 1/PHAR452**

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**Cardiovascular Cases**

**Case 1:-**

A1: Stage one (140/84).

A2: 2)HCTZ; because the patient is black (BF) and if you need another reason it will be obese.

A3: D) HCTZ + Quinapril; stage 2 HTN need combination of drug.

A4: D) Ramipril.

**Case 2:-**

A1: The goal will be gradually, we need to reach 130/80 mmHg. (First we need to reach 140/90mmHg).

A2: D) Initiate Doxazosin; its alpha antagonists and used to treat HTN and Enlargement prostate.

A3: D) Initiate Lisinopril; ACEI .

A4: Add Terazosin 1mg HS.

**Case 3:-**

A1: The goal 130/80mmHg.

A2: HCTZ alone is counter indicated in high doses with Diabetes, but it use in low doses with Diabetes.

**Case 4:-**

A1: The goal 130/80mmHg

A2: D) Discontinue HCTZ and switch to Spironolactone.

**Case 5:-**

A1: C) Add Lisinopril 10mg daily.

A2: B) Increase Lisinopril to 20mg daily.

**Case 6:-**

A1: 1- Vital Sings like BP, Pulse, GFR, 2- The past medication used.

A2: C) Initiate low dose Digoxin: 0.125 mg qam

A3: C) Initiate Simvastatin 40mg at bedtime.

A4: A) Total daily fluid less than 2L.

A5: C) Stop Losartan, start Candesartan 32mg daily, and repeat BMP in 1 week.

A6: A) Initiate Spironolactone 50mg qam.

**Case 7:-**

A1: More than one drug for treat HTN, this cause Hypotension.

A2: 4) Stop amlodipine, increase metoprolol succinate 50mg daily and initiate Spironolactone.

A3: Interaction Spironolactone with ASA 81.

A4: Reduce Spironolactone to 12.5 mg bid.

A5: Stop ACEI, Spironolactone, Metolazone and Metoprolo Succinate.