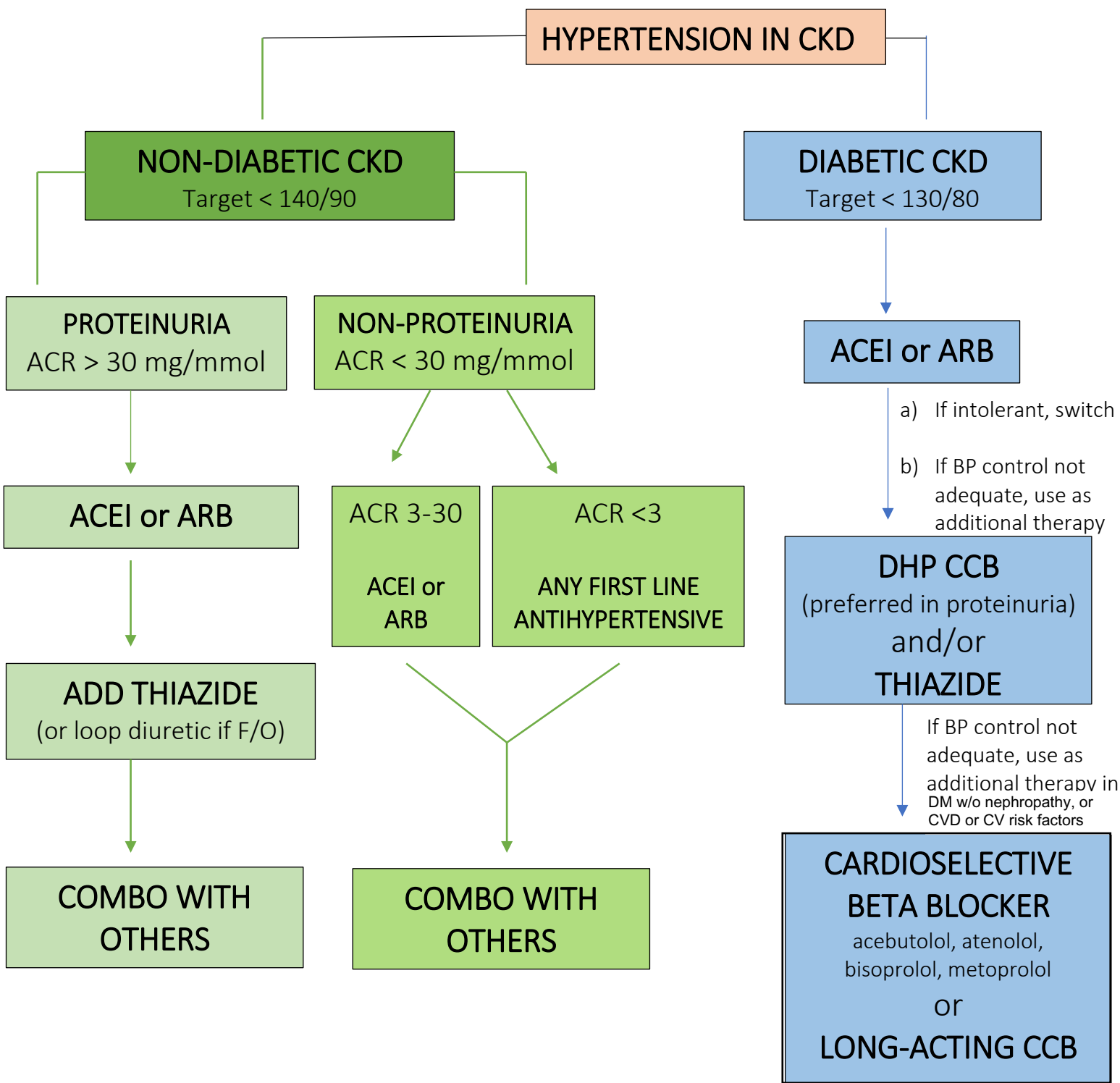


HYPERTENSION IN CKD



ANTIHYPERTENSIVES IN CKD

[Electrolyte & SCr levels: BEFORE and 1-2 wks AFTER starting]

- **ACEI/ARB**
 - USED IF DM AND/OR PROTEINURIA (high dose)
 - K and SCr
 - K > 5.6 OR 30% ↑ in SCr → ↓ or D/C → retreat at lower dose when stable and hydrated
 - Cautious if K > 5 BEFORE starting
- **HCTZ/FUROSEMIDE**
 - Expect Na and K to ↓
 - Switch HCTZ to furosemide when eGFR < 30 mL/min
- **BETA BLOCKER**
 - Dose adjust hydrophilic BB (bisoprolol, atenolol)
- **ALDOSTERONE ANTAGONIST**
 - Expect K to ↑
- **DHP CCB**
 - Avoid monotherapy
- **NON-DHP CCB**
 - Avoid in combo with BB (or in HF)
- **ALPHA BLOCKERS**
 - Not 1st line
 - Used in BPH
- **VASODILATORS**
 - Use in combo with BB and diuretic