

ANGIOTENSIN RECEPTOR BLOCKERS (ARB)

Mechanism of Action

ARBs block the effects of angiotensin II at receptor sites, regardless of the pathway by which angiotensin II was formed. This results in vasodilation and decreased volume retention, just like ACEI, but ARBs have no effect on bradykinin, which decreases the side effects of cough and angioedema.

Indications for ARBs

- ◆ Heart failure – preload and afterload reduction.
- ◆ Hypertension – preload and afterload reduction.
- ◆ Acute MI – acute stage and as follow-up therapy to reduce mortality, decrease ventricular remodeling and prevent reinfarction in ACEI intolerant patients.
- ◆ Nephropathy – renoprotective in Type II diabetes.

Side Effects of ARBs

- ◆ Hypotension.
- ◆ Hyperkalemia.
- ◆ Much less likely to cause a cough than ACEI.

Contraindications for ARBs

- ◆ Pregnancy.
- ◆ Bilateral renal artery stenosis.

Table 14.2 Angiotensin II Receptor Blockers (ARBs)				
DRUG	PEAK RESPONSE	DOSE RANGE	RECOMMENDED INITIAL DOSE	PRECAUTIONS NURSING IMPLICATIONS
Candesartan (Atacand)	3-4 hrs	8-32 mg/day Once or twice daily	16 mg/day	Fatigue, peripheral edema, back pain, headache, dizziness, upper respiratory symptoms, N&V, abdominal pain, small ↑ in creat, BUN, K ⁺ , liver enzymes, bilirubin. May take with food. May take with diuretics or other antihypertensives.
Eprosartan (Teveten)	1-3 hrs	400-800 mg/day	600 mg/day	May take with food. Same as candesartan.
Irbesartan (Avapro)	1.5-2 hrs	75-300 mg/day	150 mg /day	May take with food. Same as candesartan.
Losartan (Cozaar)	1-4 hrs	25-100 mg/day	25-50 mg/day	May take with food. Same as candesartan.
Olmesartan (Benicar)	1-2 hrs	20-40 mg/day	20 mg/day	May take with food. Same as candesartan.
Telmisartan (Micardis)	0.5-1 hr	20-80 mg/day	40 mg / day	May take with food. Don't open blister pack until ready to take, discard unused scored tablets. Same as candesartan.
Valsartan (Diovan)	2-4 hours	80-320 mg/day	80 mg/day	May take with food. Same as candesartan.