Bölüm
18

İLAÇLARA BAĞLI HİPERTANSİYON

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GİRİŞ

Genel olarak sistolik kan basıncının ≥ 140 mmHg ve / veya diyastolik kan basıncının ≥ 90 mmHg olarak tanımlanan hipertansiyon (1), dünya genelinde 1,2 milyardan fazla kişiyi etkileyen en önemli toplum sağlığı sorunlarından biridir (2). Hipertansiyon, primer ve sekonder hipertansiyon olarak sınıflandırılır (3). Primer hipertansiyon hipertansif hastaların büyük bir çoğunluğunu oluştururken açık bir etiyolojisi yoktur (4, 5). Hipertansif hastaların çok az bir kısmını oluşturan sekonder hipertansiyon ise, hem potansiyel olarak genellikle geri dönüşümlüdür hem de etiyolojisi açık olup farklı sebeplere bağlı olarak meydana gelir (6-8). Sekonder hipertansiyonun çeşitli sebepleri arasında renal parankimal hastalık, renal arter stenozu, obstrüktif uyku apne sendromu, primer hiperaldosteronizm, cushing sendromu, aort koarktasyonu, tiroid hastalıkları, akromegali, hiperparatiroidi, feokromositoma gibi hastalıklar ve birçok terapötik ajanın kullanımı/kötüye kullanımı sayılabilir (9).

İlaçlara bağlı hipertansiyon bir ilacın istenmeyen etkilerinden ya da anjiyotensin dönüştürücü enzim inhibitörleri (ADEİ), anjiyotensin reseptör blokerleri (ARB), diüretikler, beta blokerler gibi yaygın antihipertansif ilaçlar üzerindeki antagonistik etkisinden kaynaklanan hipertansiyon olarak tanımlanır ve sekonder hipertansiyonun çok fazla bilinmeyen bir nedenidir (10).

Birçok ilaç veya kimyasal maddenin kullanımı/kötüye kullanımı çeşitli mekanizmalar ile hem kan basıncında kalıcı veya geçici bir artışa neden olarak hem de antihipertansif ilaçların etkisine müdahale ederek hipertansiyona sebep olur. Kan basıncındaki bu artışın temel mekanizmaları; doğrudan vazokonstriksiyon,

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herhangi bir etki meydana getirmezken başka bir bireyde ciddi bir artışa sebep olabilir (13). Bununla birlikte, epidemiyolojik veriler, kan basıncında küçük değişiklikler yaşayanlarda bile, kan basıncı yükselmeleri ile olumsuz kardiyovasküler sonuçlar arasında sürekli bir ilişki olduğunu göstermektedir. Bu nedenle ilaca bağlı hipertansiyon, morbidite ve mortalitede önemli bir etkiye sahip olabilir (69).

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