BÖLÜM 5

HİPERTANSİYON TEDAVİSİNDE β-BLOKERLER

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GİRİŞ

Yaklaşık 1 milyar insan veya dünyadaki yetişkin nüfusun ~%26'sı hipertansiyondan muzdarip olduğundan, hipertansiyon dünya çapında önemli bir halk sağlığı sorunudur.[1] Hipertansiyon, kardiyovasküler ve renal hastalık için önemli bir risk faktörüdür ve çok sayıda klinik çalışma, etkili tedavinin sağkalımı iyileştirdiğini ve kardiyovasküler faydalar sağladığını belgelemiştir.[2]

β-blokerler hipertansiyon tedavisinde en sık kullanılan ilaçlar arasındadır. Bu ajanlar, reçeteyle satılan en eski antihipertansif ajanlar arasındadır ve değiştirdikleri santral etkili ajanlardan ve ganglionik blokerlerden çok daha iyi tolere edilir. Ayrıca diğer kardiyovasküler hastalıklarda endike olma gibi özel bir avantaj sunarlar. Hipertansiyonu olan hastalarda endikedirler ve ayrıca anjina, miyokard enfarktüsü (MI), aritmiler, atriyal fibrilasyonun hız kontrolü, kronik kalp yetmezliği gibi diğer durumlar için ve tirotoksikoz gibi hiperadrenerjik durumları olan hastalarda endikedirler. Migren ve esansiyel tremoru olan hipertansif hastalarda da faydalıdır.[3]

β-blokerler homojen bir sınıf değildir. Son yıllarda labetalol, nebivolol, celiprolol ve karvedilol gibi vazodilatör β-blokerlerin kullanımı artmıştır. Nebivolol ile ilgili çalışmalar, santral kan basıncı, aort sertliği, endotel disfonksiyonu vb. üzerinde daha olumlu etkileri olduğunu göstermiştir. Yeni başlangıçlı diyabet riski üzerinde olumsuz bir etkisi yoktur ve cinsel işlev üzerinde daha az olumsuz etki de dahil olmak üzere klasik β-blokerlere göre daha olumlu bir yan etki profili vardır.[4,5] Bisoprolol, karvedilol ve nebivololün kalp yetmezliğindeki randomize kontrollü çalışmalarda

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SONUÇ

Sonuç olarak, Avrupa Kardiyoloji Derneği tarafından yayınlanan 2018 Arteryel Hipertansiyon kılavuzunda β-blokerler, kullanımları için belirli bir endikasyon olduğunda, örneğin kalp yetmezliği, anjina, MI sonrası, atriyal fibrilasyon veya hamileliği olan veya hamileliği planlayan genç kadınlar gibi durumlarda düşünülmesi önerilmektedir.[33]

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