BÖLÜM 7

ALFA BLOKERLER VE DİĞER ANTİHİPERTANSİFLER

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GİRİŞ

Primer hipertansiyonun tedavisinde alfa blokerlerin kullanımı sınırlı olmasına rağmen sekonder hipertansiyon ve benign prostat hiperplazisinin (BPH) tedavisinde önemli rol oynarlar.[1]

Alfa adrenerjik reseptörler α1 ve α2 adrenerjik reseptör olmak üzere iki alt tipe ayrılır: α1 reseptörler daha çok vasküler ve alt üriner sistem düz kas hücrelerinde bulunurlar ve bu reseptörlerin katekolaminlerle uyarılması vazokonstriksiyonla sonuçlanır. Vazokontriksiyon sistemik arteryel kan basıncının ve periferik vasküler direncin artmasına neden olur. α1 reseptörler, BPH ve hipertansiyon tedavisinde hedef reseptörlerdir. α2 reseptörler, periferik sinir uçlarında yer alan presinaptik reseptörler olup uyarıldıklarında norepinefrinin salınımını inhibe ederler.[2]

Alfa adrenerjik reseptör blokerleri selektif α1 blokerler ve nonselektif alfa blokerler olarak ikiye ayrılır.

NONSELEKTİF ALFA BLOKERLER

Bu gruptaki ilaçlar hem vasküler düz kas hücrelerindeki postsinaptik α1 reseptörlerini hem de sempatik sinir uçlarında bulunan presinaptik α2 reseptörlerini bloke ederler. α1 reseptör blokajı vazodilatasyona neden olurken α2 reseptör blokajı norepinefrin salınımının artışına yol açar. Artan norepinefrin seviyeleri istenen postsinaptik blokajı zayıflatabilir, böylece kan basıncının düşme derecesi azalabilir. Ayrıca dolaşımda artan norepinefrin taşikardi ve titremeye neden olabilir.[3] Bu grupta fenoksibenzamin, fentolamin ve tolazolin bulunur.

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koroner sendrom, akut kardiyojenik pulmoner ödem ve akut aort diseksiyonunun eşlik ettiği hipertansif acillerin tedavisinde önerilmektedir.

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