



## BÖLÜM 59

### Arteriyel Hipertansiyonda Diğer Medikal Tedavi Seçenekleri

Şebnem SIDIKA GÜVEN<sup>1</sup>

#### TIYAZİD VE TIYAZİD BENZERİ DİÜRETİKLER

Tiyazid diüretiklerin esas etki yeri distal kıvrımlı tübül olmakla birlikte (1-5), proksimal tübül ve kortikal toplayıcı tübülde de zayıf etkisi bulunmaktadır (6-8). Distal kıvrımlı tübülde apikal yüzeyde bulunan, SLC12A3 geni tarafından kodlanan Na-Cl kotransporterleri, sodyum taşınmasının önemli bir kısmından sorumludur (1,3,9). Tiyazidler, bu transportu bozarak sodyum geri emilimini inhibe ederler (10-12). Ayrıca tiyazidler, hipovolemi durumunda, toplayıcı kanal boyunca sodyum bağımlı Cl-HCO<sub>3</sub> pompasını inhibe ederek sodyum geri emilimini bozabilir (8).

Nefrondaki aktif kalsiyum emiliminin esas bölgesi distal tübüllerdir; bu emilim sodyum transportundan bağımsızdır (13). Tiyazidler bu bölgede sodyum geri emilimini engellerken, kalsiyum emilimini artırır (14). Ek olarak, ekstrasellüler volüm azalmasının sonucu olarak, proksimal tübülde de kalsiyum geri emilimini artırır (15,16). Hiperkalsiüriye bağlı tekrarlayan nefrolityazis olgularının tedavisinde, kalsiyum atılımında azalma etkisinden dolayı tiyazidlerden yararlanılabilir.

Tiyazid diüretikleri su tutulmasını etkileyerek hiponatremiye sebep olabilir. Distal kıvrımlı tübül nefronun seyreltici segmentinin bir parçasıdır; sodyumun geri emilim inhibisyonu, idrar seyreltilmesinin bozulmasına neden olur. Bu ilaçlar, henle tübül akışının azalmasıyla ekstrasellüler sıvı hacminde azalmaya, dolayısıyla serbest su atılımının sınırlandırılmasından sorumlu tutulmaktadır. Tiyazidler ayrıca, tübüloglomerüler geri bildirim mekanizmasını uyararak glomerüler filtrasyon hızını azaltır (17).

Tiyazid ve tiazid benzeri diüretikler, primer hipertansiyon tedavisinin temel dayanaklarından biridir. Bu sınıftaki ilaçların en bilineni olan hidroklorotiyazid daha önceden 50-100 mg/gün gibi yüksek dozlarda kullanılıyordu, sebep olduğu metabolik ve elektrolit komplikasyonlarından dolayı yüksek dozlardan uzaklaştırılmıştır. Yapılan son çalışmalarda düşük dozlu tedavinin etkili ve çok daha düşük yan etki profiline sahip olduğu gösterilmiştir. Tiyazid benzeri diüretikler olan klortalidon ve indapamidin, hidroklorotiazide göre daha fazla antihipertansif etkinlik sağladığı, kardiyovasküler olay ve mortaliteyi daha iyi azalttığı gösterilmiştir (18).

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