7. BÖLÜM

HİPERTANSİYON TEDAVİSİNDE DİÜRETİKLER

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GİRİŞ

İdrar itrah hızını ve dolayısıyla idrar hacmini artıran ilaçlara diüretik denir. Bu ilaçlar böbreklerde nefronları ve toplayıcı tübülleri etkilemek yoluyla su reabsorbsiyonunu azaltarak idrar oluşumunu artırırlar; böylece diürez sağlarlar. Diüretiklerin çoğu birincil olarak sodyum iyonunun bazıları da hem sodyum (Na) hem de klorür (Cl) iyonunun böbrek tübüllerinden reabsorbsiyonunu azaltırlar. Diüretiklerin bu etkisine natriürez denir. Ultrafiltratın ozmotik basıncının yaklaşık %90'ından sorumlu olan Na ve Cl geri emilemeyince su ikincil olarak bu iyonlara katılır ve diürez gerçekleşir.

Diüretikler sadece idrar hacmini değil, asıl olarak sodyum iyonunun atılımını artırmak için de kullanılırlar. Bu sayede ekstraselüler sıvı hacmi ve eğer varsa ödem azaltılır (1).

DİÜRETİKLER İLE İLGİLİ TEMEL FİZYOLOJİK KAVRAMLAR

Böbreklerde idrar oluşumunu gerçekleştiren asıl fonksiyonel birim nefron'dur. Bir nefron birbirini izleyen 4 bölümden oluşur: i)Glomerül, ii) Proksimal tübül, iii)Henle kıvrımı iv)Distal tübül. Ek olarak nefronlardan gelen filtratı böbrek pelvisine taşıyan toplayıcı tübüller ve toplatıcı kanallar da bunlardan sonra gelir. İdrar oluşumunda üç temel fizyolojik olay vardır. Bunlar: Glomerüler filtrasyon, Tübüler reabsorbsiyon ve Tübüler Sekresyon' dur. Dakikada süzülen sıvı hacmi (Glomerüler Filtrasyon Hızı) yaklaşık olarak 130 ml kadardır. Süzülen sıvının reabsorbe olma oranı %99'dur. Glomerüler filtrasyon hızı sabit kalıp, tübüllerden suyun reabsorbsiyon oranı %99'dan %98'e düşse, oluşan idrarın hacmi iki kat olur. Bu nedenle tübüllerde suyun geri emilimini engelleyen ilaçlar güçlü diüretiklerdir.

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neden olur. Spironolakton ve triamterenden, hamile kadınlarda fetüsün feminizasyon riski nedeniyle kaçınılmalıdır. (Gebelik Kategorisi C). Hamile kadınlarda eplerenon ile yeterli ve iyi kontrollü çalışmalar yoktur. (Gebelik Kategorisi B) Amilorid bir folik asit antagonistidir ve hamilelik sırasında kullanımından kaçınılmalıdır. (68)

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