benazepril pharmacology

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Drug Interactions Lotensin HCT potentiates the antihypertensive action of other antihypertensive drugs e. Benazeprilat, the active metabolite of benazepril, is a nonsulfhydryl angiotensin-converting enzyme inhibitor. Search Google for chemicals with the same backbone. Molecular properties generated using the CDK. There is no clinically significant effect of food on the bioavailability of hydrochlorothiazide. Four dose-response studies of benazepril monotherapy using once-daily dosing were conducted in mild-to-moderate hypertensive patients not using diuretics. Inhibition of ACE results in decreased plasma angiotensin II, which leads to decreased vasopressor activity and to decreased aldosterone secretion. Cleavage of the ester group primarily in the liver converts benazepril to its active metabolite, benazeprilat. Multiple doses of benazepril did not result in accumulation in any tissue except the lung, where, as with other ACE inhibitors in similar studies, there was a slight increase in concentration due to slow elimination in that organ. Indirectly, the diuretic action of hydrochlorothiazide reduces plasma volume, with consequent increases in plasma renin activity, increases in aldosterone secretion, increases in urinary potassium loss, and decreases in serum potassium. Pharmacokinetics and Metabolism Following oral administration of Lotensin HCT, peak plasma concentrations of benazepril are reached within 0. Whether increased levels of bradykinin, a potent vasodepressor peptide, play a role in the therapeutic effects of Lotensin HCT remains to be elucidated. Dual inhibition of the renin-angiotensin system with ARBs, ACEIs, or aliskiren may increase risk of hypotension, hyperkalemia, renal function changes; monitor closely. If BP not controlled on benazepril alone, may add low dose diuretic. Hydrochlorothiazide After oral administration of hydrochlorothiazide, diuresis begins within 2 hours, peaks in about 4 hours and lasts about 6 to 12 hours. Generic Name and Formulations: Removal of angiotensin II negative feedback on renin secretion leads to increased plasma renin activity. During chronic administration 28 days of once-daily doses of benazepril between 5 mg and 20 mg, the kinetics did not change, and there was no significant accumulation. Headache, dizziness, fatigue, GI upset, cough, angioedema, orthostatic hypotension, hyperkalemia; rare:Benazepril, brand name Lotensin, is a medication used to treat high blood pressure (hypertension), congestive heart failure, and chronic renal failure. Upon cleavage of its ester group by the liver, benazepril is converted into its active form benazeprilat, a non-sulfhydryl angiotensin-converting enzyme (ACE) inhibitor. Pharmacology. Metabolism: liver; CYP unknown; Info: prodrug converted to benazeprilat. Excretion: urine primarily (minimally unchanged), bile %; Half-life: h (benazaprilat). Subclass: Angiotensin-Converting Enzyme (ACE) Inhibitors. Mechanism of Action inhibits angiotensin converting enzyme, interfering. CLINICAL PHARMACOLOGY & BIOPHARMACEUTICS REVIEW. NDA: 19, SE5 Submission Date: April 28 Drug Name: Lotensin (benazepril hydrochloride) tablets. Applicant: Novartis. Submission: Pediatric Exclusivity Supplement. Reviewer: Elena V. Mishina, Ph.D. Background. Reference is made to the. Benazepril official prescribing information for healthcare professionals. Includes: indications, dosage, adverse reactions, pharmacology and more. Benazepril, brand name Lotensin (Novartis), is an ACE inhibitor used primarily in treatment of hypertension, congestive heart failure, and heart attacks, and also in preventing the renal and retinal complications of diabetes. ACE inhibitors relax blood vessels, and decrease blood volume, which lowers blood pressure and Trade names?: ?Lotensin. Medscape - Indication-specific dosing for Lotensin (benazepril), frequency-based adverse effects, comprehensive interactions, contraindications, pregnancy & lactation schedules, and cost information. Pharmacology and toxicology. Benazepril, captopril, cilazapril, enalapril, fosinopril, imidapril, lisinopril, moexipril, perindopril, quinapril, ramipril, spirapril, and trandolapril are angiotensin-converting enzyme inhibitors (ACE inhibitors) that inhibit the conversion of angiotensin I to angiotensin II. They are effective and generally. The IUPHAR/BPS Guide to Pharmacology. benazepril ligand page. Quantitative data and detailed annnotation of the targets of licensed and experimental drugs. View pharmacology details for the Benazepril generic medicine. Lotensin HCT (Benazepril / Hydrochlorothiazide) - Description and Clinical Pharmacology.