

Table 19.4 Medications Used to Treat Hypertension and Congestive Heart Failure

Medication	Indications	Dosing	Side effects affecting rehab	Other side effects or considerations
Thiazide diuretics: Useful for reducing edema and blood volume in patients with normal renal function; helpful in elderly patients with systolic hypertension; more effective than loop diuretics except in patients with creatinine clearance <30 ml/min.				
Chlorthalidone (Hygroton)	Hypertension	12.5-25 mg once/day in the morning. Maximum dose of 50 mg/day. Low doses minimize electrolyte and metabolic effects.	Cog: 0 S: 0 A: 0 Motor: ++ D: + Com: 0 F: ++	Dizziness, orthostatic hypotension, increased risk of falls, cardiac arrhythmia, weakness, muscle fatigue, cramps, orthostasis. Carefully monitor for electrolyte imbalances, hypokalemia, hypomagnesemia, hypercalcemia, hyperuricemia, hyperglycemia, hyperlipidemia, sexual dysfunction. Drug interactions: Toxic effects of digoxin are increased if potassium loss occurs. Diuretics increase levels of lithium and toxicity. Nonsteroidal anti-inflammatory drugs may reduce diuretic effects. Corticosteroids, amphotericin B, or aminoglycosides may further increase potassium loss.
Hydrochlorothiazide (Hydrodiuril)	Hypertension	12.5-25 mg once/day in the morning. Maximum dose of 50 mg/day. Low doses minimize electrolyte and metabolic effects.	Cog: 0 S: 0 A: 0 Motor: ++ D: + Com: 0 F: ++	
Indapamide (Lozol)	Hypertension	1.25-2.5 mg/day. Maximum dose of 5 mg/day. Low doses minimize electrolyte and metabolic effects.	Cog: 0 S: 0 A: 0 Motor: ++ D: + Com: 0 F: ++	
Metolazone (Mykrox)	Hypertension	0.5 mg/day in the morning. Maximum dose of 1 mg/day. Low doses minimize electrolyte and metabolic effects.	Cog: 0 S: 0 A: 0 Motor: ++ D: + Com: 0 F: ++	
Metolazone (Zaroxolyn)	Hypertension	2.5 mg/day in the morning. Maximum dose of 5 mg/day. Low doses minimize electrolyte and metabolic effects.	Cog: 0 S: 0 A: 0 Motor: ++ D: + Com: 0 F: ++	
Loop diuretics: Useful in patients with creatinine clearance <30 ml/min; agents of choice in patients with CHF; higher doses needed for patients with renal impairment or CHF.				
Bumetanide (Bumex)	Hypertension, CHF	0.5-2 mg/day in 2 divided doses in the morning. Maximum dose of 10 mg/day.	Cog: 0 S: 0 A: 0 Motor: ++ D: + Com: 0 F: ++	Dizziness, orthostatic hypotension, increased risk of falls, cardiac arrhythmia, weakness, muscle fatigue, cramps, orthostasis. Carefully monitor for electrolyte imbalances, hypokalemia, hypomagnesemia, hypercalcemia; hyperuricemia, hyperglycemia,
Furosemide	Hypertension,	20-80 mg/day in 2 divided	Cog: 0	

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(Lasix)	CHF	doses in the morning. Maximum dose of 320 mg/day.	S: 0 A: 0 Motor: ++ D: + Com: 0 F: ++	hyperlipidemia, sexual dysfunction. Drug interactions: Toxic effects of digoxin are increased if potassium loss occurs. Diuretics increase levels of lithium and toxicity.
Torsemide (Demadex)	Hypertension, CHF	2.5-5 mg/day in the morning. Maximum dose of 10 mg/day.	Cog: 0 S: 0 A: 0 Motor: ++ D: + Com: 0 F: ++	Nonsteroidal anti-inflammatory drugs may reduce diuretic effects. Corticosteroids, amphotericin B, or aminoglycosides may further increase potassium loss.
Potassium-sparing diuretics: Used in combination with other types of diuretics to minimize hypokalemia.				
Amiloride (Midamor) Amiloride–hydrochlorothiazide (Moduretic)	Hypertension, CHF	5 mg/day in 1-2 divided doses. Maximum dose of 10 mg/day.	Cog: 0 S: 0 A: 0 Motor: ++ D: + Com: 0 F: ++	Hyperkalemia (symptoms include irregular heartbeat, confusion, numbness, unusual tiredness, weakness or a heavy feeling in the legs, confusion, nervousness, breathing problems). Drug interactions: ACE inhibitors may increase the risk of hyperkalemia in patients with renal dysfunction or those taking potassium supplements.
Spironolactone (Aldactone) Spironolactone–hydrochlorothiazide (Aldactazide)	Hypertension, CHF	25-50 mg/day in 1-2 divided doses. Maximum dose of 100 mg/day.	Cog: + S: 0 A: 0 Motor: ++ D: + Com: 0 F: ++	
Triamterene (Dyrenium) Triamterene–hydrochlorothiazide (Dyazide, Maxzide)	Hypertension, CHF	50-100 mg/day in 1-2 divided doses. Maximum dose of 150 mg/day.	Cog: + S: 0 A: 0 Motor: ++ D: + Com: 0 F: ++	
Beta blockers: Reduce sympathetic tone, myocardial oxygen demand, and ischemia.				
Atenolol (Tenormin)	Indicated in ischemic heart disease or history of acute myocardial infarction	25-50 mg/day. Maximum dose of 100 mg/day. Decrease dose with renal impairment.	Cog: ++ S: ++ A: 0 Motor: ++ D: ++ Com: + F: ++	Cardioselective in low doses. Precautions: Beta blockers prevent an increase in heart rate with exercise. Avoid abrupt discontinuation, as this may result in acute myocardial infarction or arrhythmia.
Betaxolol (Kerlone)	Indicated in ischemic heart disease	5-20 mg/day. Maximum dose of 20 mg/day.	Cog: ++ S: ++ A: 0 Motor: ++ D: ++ Com: +	Side effects: Nausea, diarrhea, bronchospasm, cold extremities, exacerbation of Raynaud’s syndrome, bradycardia, heart block, orthostasis, fatigue, dizziness, alopecia, abnormal vision,

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Bisoprolol (Zebeta)	Indicated in ischemic heart disease or history of myocardial infarction	2.5-10 mg/day. Maximum dose of 20 mg/day.	F: ++ Cog: ++ S: ++ A: 0 Motor: ++ D: ++ Com: + F: ++	hyperglycemia, hyperlipidemia, sexual dysfunction. Drug interactions: Avoid using with medications that increase sympathetic tone (e.g., cocaine, amphetamines, decongestants such as pseudoephedrine); increase in heart rate and arrhythmia may occur.
Metoprolol (Lopressor)	Indicated in ischemic heart disease or history of acute myocardial infarction	50-100 mg in 1-2 divided doses. Maximum dose of 200 mg/day.	Cog: ++ S: ++ A: 0 Motor: ++ D: ++ Com: + F: ++	
Metoprolol extended release (Toprol XL)	Indicated in ischemic heart disease or history of acute myocardial infarction	50-100 mg/day. Maximum dose of 200 mg/day.	Cog: ++ S: ++ A: 0 Motor: ++ D: ++ Com: + F: ++	
Nadolol (Corgard)	Indicated in ischemic heart disease	40-80 mg/day. Maximum dose of 240 mg/day. Decrease dose with renal impairment.	Cog: ++ S: ++ A: 0 Motor: ++ D: ++ Com: + F: ++	
Propranolol (Inderal)	Indicated in ischemic heart disease	40-120 mg in 2 divided doses. Maximum dose of 240 mg/day.	Cog: +++ S: +++ A: ++ Motor: ++ D: ++ Com: + F: +++	As listed with other beta blockers. In addition, because it is highly lipophilic it crosses into the CNS more readily and has higher incidence of CNS side effects (hallucinations, decreased concentration, insomnia, nightmares, depression). Drug interactions: Avoid using with medications that increase sympathetic tone (e.g., cocaine, amphetamines, decongestants such as pseudoephedrine); increase in heart rate and arrhythmia may occur.
Propranolol long acting (Inderal LA)	Indicated in ischemic heart disease	60-120 mg. Maximum dose of 240 mg/day.	Cog: +++ S: +++ A: ++ Motor: ++ D: ++ Com: + F: +++	
Timolol (Blocadren)	Indicated in ischemic heart disease	10-40 mg/day. Maximum dose of 60 mg/day.	Cog: ++ S: ++ A: 0 Motor: ++ D: ++ Com: +	Nausea, diarrhea, bronchospasm, cold extremities, exacerbation of Raynaud's syndrome, bradycardia, heart block, orthostasis, fatigue, dizziness, alopecia, abnormal vision, hyperglycemia, hyperlipidemia,

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			F: ++	sexual dysfunction. Drug interactions: Avoid using with medications that increase sympathetic tone (e.g., cocaine, amphetamines, decongestants such as pseudoephedrine); increase in heart rate and arrhythmia may occur. Cardioselective in low doses. Precautions: Beta blockers prevent an increase in heart rate and exercise. Avoid abrupt discontinuation as this may result in acute myocardial infarction or arrhythmia.
Beta blockers with intrinsic sympathomimetic activity: Act as partial agonists on the beta receptors; may be useful in patients with CHF or sinus bradycardia; avoid in patients with angina.				
Acebutolol (Sectral)	Hypertension, CHF	200-800 mg in 2 divided doses. Maximum dose of 1200 mg/day.	Cog: ++ S: ++ A: + Motor: ++ D: ++ Com: + F: ++	Intrinsic sympathomimetic activity beta blockers have fewer metabolic side effects than other beta blockers. Cardioselective in low doses. Nausea, diarrhea, bronchospasm, cold extremities, exacerbation of Raynaud's syndrome, orthostasis, fatigue, dizziness, alopecia, abnormal vision, sexual dysfunction. Drug interactions: Avoid using with medications that increase sympathetic tone (e.g., cocaine, amphetamines, decongestants such as pseudoephedrine); increase in heart rate and arrhythmia may occur.
Carteolol (Cartrol)	Hypertension, CHF	2.5-5 mg/day. Maximum dose of 10 mg/day.	Cog: ++ S: ++ A: + Motor: ++ D: ++ Com: + F: ++	
Nebivolol (Bystolic)	Hypertension, CHF	5-10 mg. Maximum dose of 40 mg.	Cog: ++ S: ++ A: + Motor: ++ D: ++ Com: + F: ++	
Penbutolol (Levitol)	Hypertension, CHF	20 mg/day. Maximum dose of 20 mg/day.	Cog: ++ S: ++ A: + Motor: ++ D: ++ Com: + F: ++	
Pindolol (Visken)	Hypertension, CHF	10-40 mg in 2 divided doses. Maximum dose of 60 mg/day.	Cog: ++ S: ++ A: + Motor: ++ D: ++	

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			Com: + F: ++	
Beta blockers with alpha-blocking activity: Indicated in CHF—increased risk of orthostasis.				
Carvedilol (Coreg)	Post MI and in CHF	12.5-50 mg in 2 divided doses. Maximum dose of 50 mg/day.	Cog: ++ S: ++ A: + Motor: ++ D: ++ Com: + F: ++	Higher risk of orthostasis due to vasodilating effects, nausea, diarrhea, bronchospasm, cold extremities, exacerbation of Raynaud's syndrome, orthostasis, fatigue, dizziness, alopecia, abnormal vision, sexual dysfunction.
Labetalol (Normodyne, Trandate)	Acute hypertension in acute stroke	200-800 mg/day in 2 divided doses. Maximum dose of 1200 mg/day.	Cog: ++ S: ++ A: + Motor: +++ D: ++ Com: + F: +++	Drug interactions: Avoid using with medications that increase sympathetic tone (e.g., cocaine, amphetamines, decongestants such as pseudoephedrine); increase in heart rate and arrhythmia may occur.
Calcium channel blockers: Control heart rate and increase vasodilation. Fewer side effects than with beta blockers.				
Diltiazem (Cardizem; extended release: Cardizem CD, Dilator SR)	Hypertension	180-240 mg/day. Maximum dose of 360 mg/day.	Cog: 0 S: 0 A: 0 Motor: + D: + Com: 0 F: +	Bradycardia, nausea, peripheral edema, hypotension. Increased risk of falls from orthostasis. Verapamil is associated with severe constipation; use laxative with this medication. Food interactions: Grapefruit juice (>200 ml) can increase levels of these medications and should not be consumed within 2 h before or 4 h after administration. Drug interactions: Decreases liver metabolism of carbamazepine (Tegretol), simvastatin (Zocor), atorvastatin, (Lipitor), and lovastatin (Mevacor) that can result in rhabdomyolysis or liver toxicity.
Verapamil (Calan, Isoptin)	Hypertension	80-360 mg/day in 2 divided doses. Maximum dose of 480 mg/day.	Cog: 0 S: 0 A: 0 Motor: + D: +++ Com: 0 F: +	
Verapamil long acting (Calan SR, Isoptin SR)	Calcium channel blocker; controls heart rate and increases vasodilation	120-360 mg/day. Maximum dose of 480 mg/day.	Cog: 0 S: 0 A: 0 Motor: + D: +++ Com: 0 F: +	
Verapamil controlled onset and extended release (Covera-HS)	Calcium channel blocker; controls heart rate and increases vasodilation	120-360 mg/day. Maximum dose of 480 mg/day.	Cog: 0 S: 0 A: 0 Motor: + D: +++ Com: 0 F: +	
Calcium antagonists (dihydropyridines): Cause vasodilation without controlling heart rate; should be combined with another agent that controls heart rate. Grapefruit juice (>200 ml) can increase levels of these medications and should not be consumed within 2 h before or 4 h after administration. Well tolerated with few side effects.				

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Amlodipine (Norvasc)	Hypertension	2.5-5 mg/day. Maximum dose of 10 mg/day.	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	Dizziness, orthostasis with increased risk of falls, flushing, headache, gingival hyperplasia, peripheral edema, mood changes, gastrointestinal side effects.
Felodipine (Plendil)	Hypertension	5-10 mg/day. Maximum dose of 20 mg/day.	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	Dizziness, orthostasis with increased risk of falls, flushing, headache, gingival hyperplasia, peripheral edema, mood changes, gastrointestinal side effects. Drug interactions: Decreases liver metabolism of carbamazepine
Isradipine (Dynacirc)	Hypertension	2.5-5 mg. Maximum dose of 10 mg/day.	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	(Tegretol), simvastatin (Zocor), atorvastatin (Lipitor), and lovastatin (Mevacor) that can result in rhabdomyolysis or liver toxicity.
Nicardipine sustained release (Cardene SR)	Hypertension	60-90 mg in 2 divided doses. Maximum dose of 120 mg/day.	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	
Nifedipine long acting (Adalat CC, Procardia XL)	Hypertension	30-60 mg. Maximum dose of 90 mg/day.	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	
Nisoldipine (Sular)	Hypertension	10-40 mg. Maximum dose of 60 mg/day.	Cog: + S: 0 A: + Motor: + D: ++ Com: + F: ++	
ACE inhibitors: Improve exercise tolerance in patients with CHF; reduce ventricular hypertrophy; prevent diabetic nephropathy in diabetics with hypertension. Well tolerated with few side effects.				
Benazepril (Lotensin)	CHF, ventricular hypertrophy; reduces risk for diabetic	10-20 mg/day in 1-2 divided doses. Maximum dose of 40 mg/day.	Cog: + S: + A: 0 Motor: + D: +	Precautions: Reduce dose with renal impairment; may cause acute renal failure with renal artery stenosis; hold diuretics for several days before initiating these agents to avoid acute

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	nephropathy in diabetics with hypertension		Com: 0 F: +	hypotension. Diuretics can increase the risk of acute renal failure when used with ACE inhibitors. Side effects: Hypotension, cough, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Drug interactions: Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment.
Captopril (Capoten)	CHF, ventricular hypertrophy; reduces risk for diabetic nephropathy in diabetics with hypertension	12.5-100 mg/day in 2 divided doses. Maximum dose of 150 mg/day.	Cog: + S: + A: 0 Motor: + D: ++ Com: 0 F: +	
Enalapril (Vasotec)	CHF, ventricular hypertrophy; reduces risk for diabetic nephropathy in diabetics with hypertension	2.5-20 mg/day in 1-2 divided doses. Maximum dose of 40 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	
Fosinopril (Monopril)	CHF, ventricular hypertrophy; reduces risk for diabetic nephropathy in diabetics with hypertension	10-20 mg/day. Maximum dose of 40 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	
Lisinopril (Prinivil, Zestril)	CHF, ventricular hypertrophy; reduces risk for diabetic nephropathy in diabetics with hypertension	5-20 mg. Maximum dose of 40 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	
Moexipril (Univasc)	CHF, ventricular hypertrophy; reduces risk for diabetic nephropathy in diabetics with hypertension	7.5-30 mg.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	
Quinapril (Accupril)	CHF, ventricular hypertrophy; reduces risk for diabetic nephropathy in	5-40 mg/day. Maximum dose of 80 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0	

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	diabetics with hypertension		F: +	
Ramipril (Altace)	CHF, ventricular hypertrophy; reduces risk for diabetic nephropathy in diabetics with hypertension	1.25-10 mg/day. Maximum dose of 20 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	
Trandolapril (Mavik)	CHF, ventricular hypertrophy; reduces risk for diabetic nephropathy in diabetics with hypertension	1-4 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	
Angiotensin II receptor blockers: Well tolerated with few side effects.				
Candesartan (Atacand)	Used in patients with CHF or diabetics with cough associated with ACE inhibitor	8-32 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	Hypotension, hyperkalemia, headache, dizziness, fatigue, nausea, angioedema, renal impairment. Drug interactions: Diuretics can increase the risk of acute renal failure when used with angiotensin II receptor blockers. Use of potassium-sparing diuretics or potassium supplements increases risk of hyperkalemia, especially in patients with renal impairment.
Irbesartan (Avapro)	Used in patients with CHF or diabetics with cough associated with ACE inhibitors	150-300 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	
Losartan (Cozaar)	Used in patients with CHF or diabetics with cough associated with ACE inhibitors	25-100 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	
Telmisartan (Micardis)	Used in patients with CHF or diabetics with cough associated	40-80 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0	

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	with ACE inhibitors		F: +	
Valsartan (Diovan)	Used in patients with CHF or diabetics with cough associated with ACE inhibitors	80-320 mg/day.	Cog: + S: + A: 0 Motor: + D: + Com: 0 F: +	
Alpha-1 adrenergic blockers: Can improve urinary flow in patients with prostatic hypertrophy; high risk of orthostasis and falls.				
Doxazosin (Cardura)	Hypertension, BPH	1-4 mg/day. Maximum dose of 8 mg/day. High risk of dizziness, faintness, syncope within 1-3 h of first dose; take at bedtime.	Cog: ++ S: ++ A: + Motor: +++ D: 0 Com: ++ F: +++	Headache, asthenia, hypotension, lassitude, vivid dreams, depression. Initial doses can cause acute dizziness, faintness, syncope; orthostasis can persist in some patients. Drug interactions: Increased hypotension when used with vardenafil (Levitra) or sildenafil (Viagra). Increased hypotension when concurrently used with CYP3A4 inhibitors: clarithromycin (Biaxin), indinavir (Crixivan), itraconazole (Sporanox), ketoconazole (Nizoral), nefazodone (Serzone), nelfinavir (Viracept), ritonavir (Norvir), saquinavir (Invirase), or voriconazole (Vfend).
Prazosin (Minipress)	Hypertension, BPH	1-15 mg/day in 2-3 divided doses. Maximum dose of 20 mg/day.	Cog: ++ S: ++ A: + Motor: +++ D: 0 Com: ++ F: +++	Headache, asthenia, hypotension, lassitude, vivid dreams, depression. Initial doses can cause acute dizziness, faintness, syncope; orthostasis can persist with chronic administration in some patients. Drug interactions: Increased hypotension when used with vardenafil (Levitra) or sildenafil (Viagra).
Terazosin (Hytrin)	Hypertension, BPH	1-10 mg/day in 1-2 divided doses. Maximum dose of 20 mg/day.	Cog: ++ S: ++ A: + Motor: +++ D: 0 Com: ++ F: +++	
Central alpha-2 agonists: Avoid abrupt discontinuance; high risk of orthostasis and falls.				
Clonidine (Catapres)	Hypertension not responsive to other	0.1-0.8 mg/day in 2 divided doses. Maximum dose of 1.2 mg/day.	Cog: ++ S: ++ A: 0	Dry mouth, sedation, orthostasis, dizziness, fluid retention (usually requires addition of diuretic).

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	agents		Motor: +++ D: ++ Com: ++ F: +++	Drug interactions: Potentiates the depressive effects of alcohol, barbiturates, and other sedating drugs on the central nervous system. Tricyclic antidepressants may reduce effects of clonidine. Increased bradycardia when combined with digitalis, calcium channel blockers, and beta blockers. Methyldopa is safe to use in pregnancy.
Clonidine patch (Catapres-TTS)	Hypertension not responsive to other agents	0.1-0.3 mg once/wk.	Cog: ++ S: ++ A: 0 Motor: +++ D: ++ Com: ++ F: +++	
Methyldopa (Aldomet)	Hypertension not responsive to other agents	250-1000 mg/day in 2 divided doses. Maximum dose of 2000 mg/day.	Cog: ++ S: ++ A: 0 Motor: +++ D: ++ Com: ++ F: +++	
Peripheral adrenergic antagonist: High risk of orthostasis and falls.				
Reserpine	Hypertension not controlled by other agents	0.05-0.25 mg/day.	Cog: ++ S: ++ A: 0 Motor: +++ D: +++ Com: ++ F: +++	Dry mouth, nausea, vomiting, diarrhea, anorexia, arrhythmia, dizziness, nasal congestion, extrapyramidal symptoms (rare), nightmares, depression, drowsiness, muscle aches, sexual dysfunction, gynecomastia, optic atrophy, deafness. Drug interactions: Avoid using with digitalis or quinidine; can increase arrhythmia. Avoid combining with catecholamines, monoamine oxidase inhibitors, or medications that are sedating.
Direct vasodilators: High risk of orthostasis and falls.				
Minoxidil (Loniten)	Adjunctive treatment of hypertension not responsive to other agents	2.5-40 mg/day in 1-2 divided doses. Maximum dose of 80 mg/day.	Cog: 0 S: + A: 0 Motor: +++ D: ++ Com: + F: +++	Pretreat with beta blocker and diuretic to reduce fluid retention and reflex tachycardia. Side effects: Reflex tachycardia, weakness, postural hypotension, dizziness, headache, nausea, fluid retention (requires addition of diuretic), hirsutism. Drug interactions: Avoid concurrent use of guanethidine; causes profound hypotension.
Hydralazine (Apresoline)	Life-threatening hypertension;	20-100 mg in 2-4 divided doses. Maximum dose of 200 mg/day.	Cog: 0 S: + A: 0	Pretreat with beta blocker and diuretic to reduce fluid retention and reflex tachycardia.

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	adjunct treatment of hypertension not responsive to other agents		Motor: +++ D: ++ Com: + F: +++	Side effects: Reflex tachycardia, weakness, postural hypotension, dizziness, headache, nausea, fluid retention (requires addition of diuretic). Drug interactions: Avoid concurrent use of monoamine oxidase inhibitors. Additive hypotensive effects when used with other antihypertensives.

Cog = cognition; S = sedation; A = agitation or mania; Motor = discoordination; D = dysphagia; Com = communication; F = falls; ACE = angiotensin-converting enzyme; BPH = benign prostatic hypertrophy; CHF = congestive heart failure; CNS = central nervous system; MI = myocardial infarction.

The likelihood rating scale for encountering the side effects is as follows: 0 = Almost no probability of encountering side effects. + = Little likelihood of encountering side effects. +/+ = Low probability of encountering side effects; however, probability increases with increased dosage. ++ = Medium likelihood of encountering side effects. +++ = High likelihood of encountering side effects, particularly with high doses. ++++ = Highest likelihood of encountering side effects; best to avoid in at-risk patients.