

## **Propranolol**

### **INDICATIONS:**

1. Hypertension
2. Pheochromocytoma
3. Myocardial infarction
4. Cardiac arrhythmias
5. Portal hypertension
6. Angina pectoris
7. Hypertrophic cardiomyopathy
8. Hyperthyroidism
9. Anxiety
10. Essential tremor

### **SAFETY ALERT:**

#### **1. Adverse Drug Reactions:**

Bradycardia, hypotension, syncope, shock, angina pectoris, lightheadedness, giddiness, ataxia, dizziness, irritability, sleepiness, hearing loss, & visual disturbances to vivid dreams, hallucinations and confusion. Epigastric distress, abdominal cramping, nausea, vomiting, diarrhoea, constipation & flatulence. Hypoglycemia, skin rash, transient eosinophilia, thrombocytopenic and nonthrombocytopenic purpura; elevated levels of potassium, transaminases, & BUN. Rarely, Peyronnie's disease and dry eyes

#### **2. Drug interactions:**

May cause additive negative chronotropic and/ or inotropic effect with amiodarone, disopyramide, quinidine, flecainide & Ca channel blockers. May cause additive hypotensive effect with phenothiazines.  $\beta$ -adrenergic stimulating effects of sympathomimetic agents are antagonized. Concomitant administration with catecholamine-depleting drugs may cause additive effects and potentiate depression. Reduced antihypertensive effect with AI and NSAIDs. Co administration with warfarin increase its bioavailability & prothrombin time. Altered antibiotic response when used with antidiabetics agents and insulin. Increased risk of hypotension & attenuation of the reflex tachycardia with anaesthetic drugs. Increased risk of QT interval prolongation & torsades de pointes with thioridazine

#### **3. Contraindications:**

Sinus bradycardia, cardiogenic shock, sick sinus syndrome, Raynaud's syndrome, 2<sup>nd</sup> and 3<sup>rd</sup> degree heart block, overt CHF, bronchial asthma, COPD, untreated pheochromocytoma, Prinzmetal's angina; severe peripheral arterial disease, metabolic acidosis. Concomitant use with thioridazine.

#### **4. Precautions:**

Sinus node dysfunction, DM, history of nonallergic bronchospasm, myasthenia gravis, 1<sup>st</sup> degree heart block. May mask signs of hyperthyroidism and hypoglycaemia. Renal or hepatic impairment. Abrupt withdrawal may exacerbate angina symptoms or precipitate MI in patients with coronary artery disease. Elderly, pregnancy and lactation. Patient counseling. Avoid cigarette smoking. Monitoring parameters: monitor ECG, heart rate and BP