



5. DRUG INTERACTIONS AND ERRORS IN THE TREATMENT OF HYPERTENSION IN THE ELDERLY

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Introduction. Hypertension is a condition in which the systolic and diastolic pressures are increased above the permissible limit. According to the European Society of Hypertension, for people without diabetes, the values of 140mmHg systolic and 90mmHg diastolic are considered, and for those with diabetes, starting from 130 mmHg systolic and 80mmHg diastolic. Hypertension is treated in a complex way depending on the chronic pathologies of the patients, so medical errors and interactions are common.

Aim of study. To report clinical and pharmacological aspects of interactions and errors in the management of hypertension.

Methods and materials. A literature review of PubMed, NCBI, MeSH databases was conducted.

Results. The majority of patients with hypertension are elderly people with pain of various origins. They are usually given COX2 selective inhibitors to avoid affecting their acidity. Inhibited COX2 sharply decreases prostacyclin 2 levels leading to vasoconstriction of coronary vessels and increased risk of myocardial infarction. A common error is the combination of ACE+ potassium-sparing diuretic or ARBs + potassium-sparing diuretic, as a common cumulative adverse effect is hyperkalemia leading to arrhythmias and/or renal failure. Another drug interaction is the use of digoxin in patients using diuretics (furosemide, torasemide) in which low K levels lead to increased serum digoxin and toxicity, because the alkaloid binds with K from the Na/K ATP-asa pump, and conversely in hyperkalemia the effect of digoxin decreases.

Conclusion. The antihypertensive pharmacological groups possess significant interactions with other classes of drugs in the complex treatment of hypertension. Rational selection and correct use of monotherapy or combination therapy to improve the patient's quality of life.