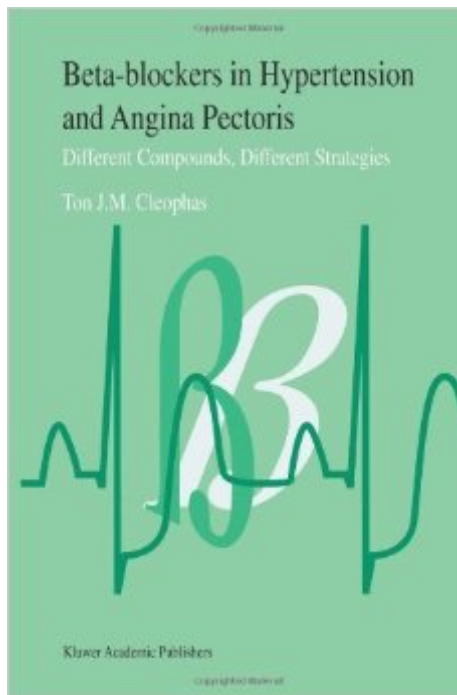


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# Beta-Blockers In Hypertension And Angina Pectoris: Different Compounds, Different Strategies



## Synopsis

"Knowledge desires increase - it is like fire that first must be kindled by some external agent, but which will always afterward propagate itself". Johnson, Letter to William Drummond August 13, 1776

The therapeutic effectiveness and safety of beta-adrenergic blocking drugs has been well established in patients with essential hypertension and arteriosclerotic cardiovascular disease. These drugs are useful in primary protection against cardiovascular morbidity or mortality in patients with essential hypertension and secondary protection (morbidity and mortality in patients with myocardial infarction). Although there are mass action effects common to all of beta-adrenergic blocking agents, these agents differ in their effects on the RAS system, beta blockade, norepinephrine release, CNS effects, peripheral vascular resistance, inotropic effects, vasomotor effects, and effects on plasma volume. Dr. Ton J. M. Cleophas has addressed this problem of different compounds and different strategies in the use of beta-adrenergic blockers. In Chapter 1 of this book the author deals with the problem of paradoxical pressor responses from non cardioselective beta blockade. Chapter 2 deals with a review of the literature dealing with these pressor responses which are usually thought to be mild and occur in situations of increased sympathetic activity (57 references). Chapter 3 deals with the beneficial effects of alpha blockade in Raynaud's Syndrome, and the effect of beta blockade in counteracting the alpha blocker side effects of fluid retention and tachycardia.

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