

Name(s)

- **Generic:** lisinopril (*lyse IN oh pril*) | **Brand:** Zestril, Prinivil, Qbrelis (sln)

Therapeutic Category

- Antihypertensive | **ACE Inhibitor** (Angiotensin-Converting Enzyme Inhibitor)

Indication(s)

1. Hypertension: Blood pressure management
 2. Heart failure with reduced ejection fraction: Reduction of signs and symptoms of systolic heart failure. Adjunctive therapy.
 3. **ST-elevation myocardial infarction (STEMI):** In hemodynamically stable patients, used within 24 hours in the treatment of acute MI.
- (OFF LABEL): NSTEMI; Post-transplant erythrocytosis (in renal patients); Chronic Kidney Disease (CKD); Stable Coronary Artery Disease

Dosage Form / Strength / Dosing

- **Dosage Form:** Tablet, Solution
 - Tablet: 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg
 - Solution: 1mg/ml (150ml)
- Dosing for **Hypertension:**
 - Start at 5mg to 10mg once daily w/ pt evaluation every 4-6 weeks. Double dose until recommended 40mg/day reached or pt tolerance
- Dosing for **Acute coronary syndromes:**
 - **STEMI:** 2.5mg to 5mg once daily (started within 24 hour of event) titrate up to 10mg/day, max 40mg/day
 - **NSTEMI (Off-Label):** 2.5mg to 10mg once daily, titrate up to 40mg/day
- (OFF-LABEL) dosing similar for transplant patients (2.5mg to 10mg once daily dosing, etc.)
- Also used in hypertensive pediatric patients (limited data) with 0.07mg/kg/day dose once daily with a max 5mg/day initially; with a goal of 0.6mg/kg/day or 40mg/day generally being accepted.

Mechanism of Action & Pharmacology

- Works through the **competitive inhibition** of the **angiotensin-converting enzyme** responsible for converting angiotensin I to angiotensin II (which is a strong vasoconstrictor).
- Next a reduction of angiotensin II increases plasma renin activity which decreases secretions of aldosterone.
- Then a decrease of angiotensin II also decreases adrenergic outflow from the CNS while vasoactive kallikreins are also decreased.
- **Metabolism:** Not metabolized | **Excretion:** Unchanged drug in urine | **Onset:** 1 hour, Peak at 6 hours | **Median peak** is 5-7 hours | 24 hour **duration**, 12 hour **half-life** | Special considerations in renally impaired patients

Side Effects

- **Major:** Cardiovascular hypotension, dizziness | **Minor:** Syncope, chest pain, headache, change in sense of smell, skin rash, vision issues | **Warning:** Cough, Angioedema, Cholestatic jaundice

Drug Interactions

- May increase **allopurinol** hypersensitivities | diminished effects with **amphetamine** usage | ARBs generally enhance adverse/toxic effects of ACEs | Watch for sources of **potassium** such as potassium-containing salt substitutes | Antipsychotics, mood stabilizers, and barbiturates may increase the hypotensive effects of lisinopril
- **DO NOT USE IF PREGNANT due to fetal toxicity:** If pt is (or believed to be) pregnant d/c ASAP. Will cause injury and can lead to death of fetus.

Monitoring Parameters

- Potassium, Renal function within 1-2 weeks after initiation, Pregnancy in females | Liver enzymes, serum bilirubin

Patient Counseling Information

- Watch for **cough** | Headaches are common | Watch for dark urine | Fatigue | Abnormal heartbeat

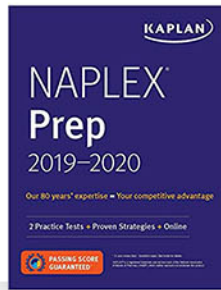
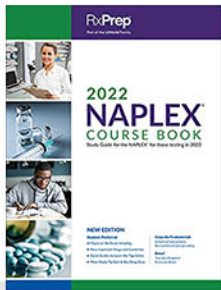
Reference(s)

- <https://www.drugs.com/ppa/lisinopril.html>

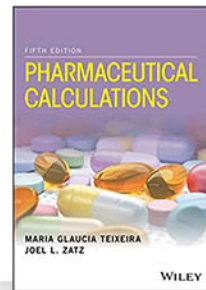
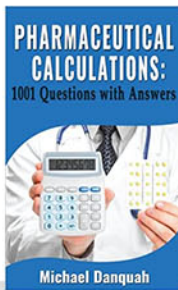
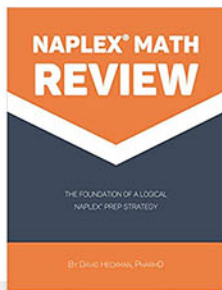
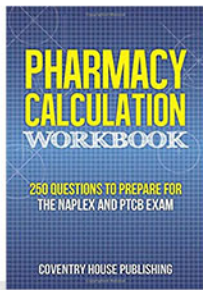


PREPARE FOR SUCCESS!

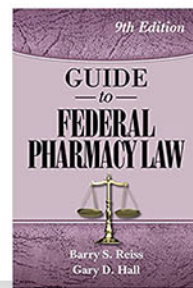
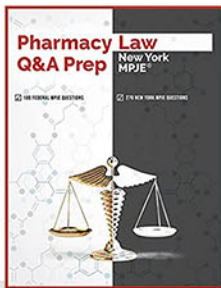
Comprehensive (NAPLEX)



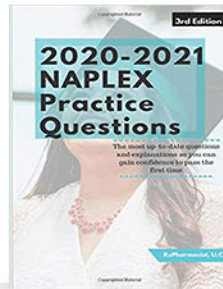
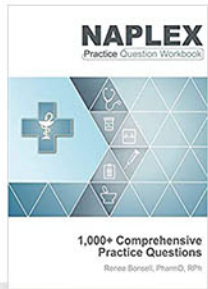
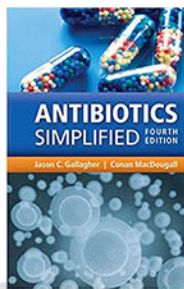
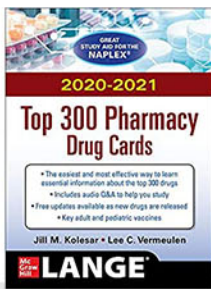
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX

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