

Hydralazine

Class: Direct-acting vasodilator **Route of administration:** Oral, Intravenous **Main indications:**

- Hypertension (especially in pregnancy-related hypertensive emergencies)
- Congestive heart failure (often combined with nitrates)

Mechanism of Action

Hydralazine causes direct **relaxation of arteriolar smooth muscle**, leading to **arteriolar vasodilation** (with minimal venous effect). This reduces peripheral vascular resistance and lowers systemic blood pressure.

Dosage

Oral:

- Initial: 25 mg two to four times daily
- Maintenance: 100-200 mg/day in divided doses

Intravenous (emergency use):

- Typically 10-20 mg IV every 4-6 hours as needed

Adverse Effects

- Reflex tachycardia
- Fluid retention and edema
- Drug-induced lupus-like syndrome (especially with doses >200 mg/day)
- Headache, flushing, nausea
- Postural hypotension

Contraindications

- Coronary artery disease (active ischemia)
- Aortic dissection
- Hypersensitivity to hydralazine

Monitoring

- Blood pressure and heart rate
- Renal function and electrolytes

- Antinuclear antibodies (ANA) in long-term therapy to monitor for lupus

Notes

- Often combined with beta-blockers and diuretics to counteract reflex tachycardia and fluid retention
- Considered safe during pregnancy

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