Blood Pressure Management Medication Information

**Why would I have to take these medications after my transplant?**
Some of the immunosuppressive medications you have to take after your transplant can cause your blood pressure to be elevated. If you took high blood pressure medications before your transplant you will likely need to continue on some of them after your transplant.

**What are the different names of these medications?**

*Medications used for high blood pressure:*
There are many different medications that can be used to manage high blood pressure. Some of the most commonly used medications are: Cardizem® (diltiazem), Vasotec® (enalapril), Procardia® or Adalat® (nifedipine), Norvasc® (amlodipine), Tenormin® (atenolol), Lorpessor® or Toprol XL® (metoprolol) and Capoten® (captopril).

*Medications for low blood pressure:*
The two most commonly used medications for low blood pressure are ProAmatine® (midodrine) and Florinef® (fludrocortisone). They are sometimes used in combination or alone.

**How long will I have to take these?**
You will stay on blood pressure medications until your doctor feels it is safe to take you off them. Just because your blood pressure is normal now that you take these medications does not mean that you can stop them. You can not stop taking these medications without your doctor telling you to do so, your blood pressure may get worse if you do.

**Do these medications interact with any other drugs?**
Some of the medications used for high blood pressure can interact with your tacrolimus, sirolimus, or cyclosporine. Some blood pressure medications can increase the levels of your immunosuppressants, stopping them abruptly without adjustment of your immunosuppressant doses may lead to a rejection episode. The medications that can do this are Cardizem® (diltiazem) and Calan® (verapamil).

**Are there side effects to these drugs?**
All of these medications can cause similar side effects. The most common side effects seen with these agents are dizziness or light-headedness for the first few days, fatigue, nausea, loss of appetite, headache, dry cough, swelling in the feet and a slow pulse rate.

Please direct your medication questions to your transplant coordinator or transplant pharmacist.