CHAPTER – III

RESEARCH GAP
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Ankle edema is one of the most common adverse effects of amlodipine therapy, and it is uncomfortable, sometimes intolerable and may cause considerable discomfort and disfigurement. This serious consequence leads to noncompliance and discontinuation of active amlodipine treatment. There is a neediness of research evidence in areas of amlodipine induced pedal edema (AIPE)

- There are several factors involved in amlodipine induced pedal edema, and no study explains the association of the demographic, clinical and biochemical factors for pedal edema.
- There are many mechanisms postulated for amlodipine induced pedal edema, but the exact mechanism for ankle edema by CCBs is not clearly understood.
- No study explains the contribution of the sympathetic and neurohormonal factors for amlodipine induced pedal edema.
- Till now there is no study conducted among hypertensive amlodipine induced pedal edema and amlodipine treated non edema groups.
- There is no study carried out to assess the quality of life of amlodipine induced pedal edema and amlodipine treated non edema groups, and cilnidipine treated groups by using EQ 5D-5L questionnaire.

Since, the causative factors for amlodipine induced pedal edema is unknown, this study results produces the associative causative factor for amlodipine induced pedal edema, and reestabishes the effect of amlodipine and cilnidipine on various aspects including sympathetic activity, hemodynamic changes, neurohormonal changes, plasma proteins and electrolytes and adds a new dimension to current treatment strategies.