CHAPTER – VIII

CONCLUSION
CONCLUSION

Amlodipine induced pedal edema is the most common adverse effect of amlodipine therapy. The incidence of pedal edema is substantially high. Due to considerable discomfort and disfigurement as induced by amlodipine, several patients revoke this medication. The primary reason for amlodipine induced pedal edema is by preferential arteriolar or precapillary vasodilation without proportionate dilation in the venous or post-capillary circulation and additionally impaired reflex vasoconstriction against increased hydrostatic pressure.

Catecholamines, plasma renin, and vasopressin were the independent predictors of pedal edema in AIPE cases. A persistent rise in adrenergic activities induced by amlodipine could possibly result in activation of causative factors for pedal edema. The adrenergic vasoconstrictive action results in an imbalance between pre- and post-capillary flow, it may significantly contribute to the establishment of peripheral edema. Cilnidipine is L/N type of calcium channel blocker which relatively suppresses the sympathetic activity and inhibits the catecholamine release. By this mechanism it dilates capillaries, this results in complete resolution of amlodipine induced pedal edema and significantly reduces catecholamines, plasma renin, and vasopressin levels in blood. Cilnidipine is a suitable alternative antihypertensive drug for amlodipine induced pedal edema patients and improves the quality of life.