

Table 2 Compelling and possible indications, contraindications, and cautions for the major classes of antihypertensive drugs

Class of drug	Compelling indications	Possible indications	Caution	Compelling contraindications
α blockers	Benign prostatic hypertrophy	—	Postural hypotension, heart failure*	Urinary incontinence
Angiotensin converting enzyme inhibitors	Heart failure Left ventricular dysfunction post-myocardial infarction or established coronary heart disease Type 1 diabetic nephropathy Secondary stroke prevention†	Chronic renal disease† Type 2 diabetic nephropathy Proteinuric renal disease	Renal impairment† Peripheral vascular disease‡	Pregnancy Renovascular disease ^{use}
Angiotensin II receptor blockers	Angiotensin converting enzyme inhibitor intolerance Type 2 diabetic nephropathy Hypertension with left ventricular hypertrophy Heart failure in angiotensin converting enzyme intolerant patients, after myocardial infarction	Left ventricular dysfunction after myocardial infarction Intolerance of other antihypertensive drugs Proteinuric renal disease, chronic renal disease† Heart failure	Renal impairment† Peripheral vascular disease‡	Pregnancy Renovascular disease ^{use}
β blockers	Myocardial infarction, angina	Heart failure**	Heart failure** Peripheral vascular disease, Diabetes (except with coronary heart disease)	Asthma or chronic obstructive pulmonary disease, Heart block
Calcium channel				

blockers (dihydropyridine)	hypertension			
Calcium channel blockers (rate limiting)	Angina	Elderly patient	Combination with β blockade	Heart block, heart failure
Thiazides or thiazide-like diuretics	Elderly patient, isolated systolic hypertension, heart failure, secondary stroke prevention	—	—	Gout ^{††}

* In heart failure when used as monotherapy.

[†] Angiotensin converting enzyme inhibitors or angiotensin II receptor blockers may be beneficial in chronic renal failure but should only be used with caution, close supervision, and specialist advice when there is established and significant renal impairment.

[‡] Caution with angiotensin converting enzyme inhibitors and angiotensin II receptor blockers in peripheral vascular disease because of association with renovascular disease.

[§] Angiotensin converting enzyme inhibitors and angiotensin II receptor blockers are sometimes used in patients with renovascular disease under specialist supervision.

[¶] In combination with a thiazide or thiazide-like diuretic.

** β blockers are used increasingly to treat stable heart failure but may worsen heart failure.

^{††} Thiazides or thiazide-like diuretics may sometimes be necessary to control blood pressure in people with a history of gout, ideally used in combination with allopurinol.