

DIURETIC THERAPY

DRUG	DOSE	COMMENTS
K+ sparing – HTN, CHF, endocrine dx		
amiloride (Midamor)	20-120mg qd-bid	similar to triamterene
eplerenone (Inspra)	25-100/day	SARA-selective aldosterone receptor antagonist, like spironolactone but w/less endocrine effects, do not use if CrCl <50
spironolactone (Aldactone)	25-100mg qd-bid	rebound effectiveness esp in CHF
triamterene (Dyrenium)	25-100 qd-bid	causes Mg+ loss, weak diuretic
loop – CHF, edema,		
bumetanide (Bumex)	0.5-2 qd	more potent than furosemide
ethacrynic acid (Edecrin)	25-400/day	effective in low renal states, ototoxicity risk
furosemide (Lasix)	20-120mg qd-bid	loop; gold standard, less effective in w/low renal function
torseamide (Demadex)	5-100mg qd	loop: longer acting than furosemide
thiazide – HTN, edema		
chlorothiazide (Diuril)	250-500 qd-bid	used also in cirrhosis
chlorthalidone (Hygroton)	25-100 qd	less effective in low renal states, high k+ loss, most potent thiazide
hydrochlorothiazide (Hydrodiuril, HCTZ)	25-100 qd-bid	thiazide: higher doses no more effective w/more k+ loss,
indapamide (Lozol)	1.25-5/day	indoline; similar to thiazides
methylclothiazide (Aquatensin, Enduron)	2.5-10/day	used also in diabetes insipidus
quinazoline – CHF, edema		
metolazone (Zaroxolyn, Diulo)	2.5-10 qod-qd	quinazoline; large k+ loss, very potent diuresis
combination – less effective in low renal states		
amiloride/HCTZ (Moduretic)	5/50 qd-bid	moderate success
spironolactone/HCTZ (Aldactazide)	25/25-100/100 /day	used in ascites, hepatic encephalopathy
triamterene/HCTZ (Dyazide 25/37.5, Maxzide 50/75)	1-2/day	widely successful as initial HTN therapy, less effective in low renal states