**Wytensin (guanabenz acetate) Tablets**

**Indication and Usage**

Wytensin is indicated in the treatment of hypertension. It may be employed either alone or in combination with a thiazide diuretic.

**Contraindication**

Wytensin is contraindicated in patients with a known sensitivity to the drug or any of the tablet ingredients.

**Precautions**

**GENERAL**

1. Severe Wytensin causes sedation or drowsiness in a large fraction of patients. When Wytensin is used with centrally active depressants, such as phenothiazines, barbiturates, and benzodi- azepines, the potential for additive effects should be considered.

2. Patients with vascular insufficiency. Wytensin, like other antihy- pertensive agents, should be used with caution in patients with severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease, or severe hepatic or renal failure.

3. Rebound: Sudden cessation of therapy with central alpha agonists like Wytensin may result in “overall” hypertension and more commonly produces an increase in sympathetic outflow from the brain at the bulbar level to the peripheral circulatory system.

**PHARMACOKINETICS**

In human studies, about 75% of an orally administered dose of Wytensin is absorbed and metabolized with less than 1% of unchanged drug recovered from the urine. Peak plasma concen- trations of unchanged drug occur between two and five hours after a single oral dose. The average half-life of Wytensin is also about seven hours. The main metabolic products of Wytensin have not been determined. The effect of meals on the absorption of Wytensin has not been determined.

**PHARMACODYNAMICS**

The antihypertensive action of Wytensin begins within 60 minutes after a single oral dose and reaches a peak effect within two to four hours. The effect of an acute single dose is reduced appreciably six to eight hours after administration, and tolerance for alcohol and other CNS depressants may be diminished. Patients should be advised not to discontinue therapy abruptly. Laboratory Tests

In clinical trials, Wytensin, given orally to hypertensive patients, effectively lowered blood pressure without any significant effect on glomerular filtration rate, renal blood flow, body fluid volume or body weight. Wytensin given parenterally to dogs has pro- duced a natriuresis (5% to 240% increase in sodium excretion) following a single oral dose of Wytensin. After seven consecutive days of administration and effective blood-pressure control, no significant change on glomerular filtration rate, renal blood flow, or body fluid volume or body weight was noted in clinical trials of six to thirty months duration, hypertensive patients with effective blood-pressure control using Wytensin lost one to four pounds of body weight. The mechanism of this weight loss has not been established.

The antihypertensive effect of Wytensin occurs without major changes in peripheral resistance, but its chronic effect may also be associated with a natriuretic effect. Wytensin given parenterally to dogs has pro- duced a natriuresis (5% to 240% increase in sodium excretion) following a single oral dose of Wytensin. After seven consecutive days of administration and effective blood-pressure control, no significant change on glomerular filtration rate, renal blood flow, or body fluid volume or body weight was noted in clinical trials of six to thirty months duration, hypertensive patients with effective blood-pressure control using Wytensin lost one to four pounds of body weight. The mechanism of this weight loss has not been established.

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