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Review Article

A REVIEW ON TELMISARTAN DRUG**¹Mr. Milind D. Kate, ²Mr. Shubham S. Gulhane, ³Miss. Manisha R. Chavhan, ⁴Mr. Gajanan J. Rathod, ⁵Mrs. Priyanka R. Jayaswal**¹Assistance Professor Department of Quality assurance, P. Wadhwani college of pharmacy Yavatmal (M.S.)²Assistance Professor Department of Pharmaceutics., P. Wadhwani college of pharmacy Yavatmal (M.S.)³Assistance Professor Department of Quality assurance., P. Wadhwani college of pharmacy Yavatmal (M.S.)⁴Lecturer Department of Pharmaceutics., P. Wadhwani college of pharmacy Yavatmal (M.S.)⁵Lecturer Department of Pharmaceutics, P. Wadhwani college of pharmacy Yavatmal (M.S.)**Abstract:***Always consult a healthcare provider for personalized medical advice and information.**Telmisartan is an angiotensin II receptor blocker (ARB) primarily used to treat hypertension and reduce cardiovascular risk. It works by blocking the action of angiotensin II, a hormone that constricts blood vessels, thereby promoting vasodilation and lowering blood pressure.**To achieve blood pressure control in the early morning, a long-acting antihypertensive agent is essential. Telmisartan, an angiotensin II receptor blocker, as well as having a terminal elimination half-life of 24 h, has a large volume of distribution due to its high lipophilicity.***Key words-** Telmisartan, ARB, Angiotensin, Hypertension, Lowering blood pressure**Corresponding authors:****Mr. Milind D. Kate,**
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1.INTRODUCTION:

Telmisartan is an antihypertensive medication used primarily to treat high blood pressure (hypertension). It belongs to a class of drugs known as angiotensin II receptor blockers (ARBs), which work by relaxing blood vessels to improve blood flow and lower blood pressure. Telmisartan is an angiotensin II receptor antagonist (ARB) commonly used in the management of hypertension (high blood pressure). It works by blocking the action of angiotensin II, a hormone that constricts blood vessels, leading to lowered blood pressure and reduced strain on the heart.

2.Formula and Structure-

C₃₃H₃₀N₄O₂

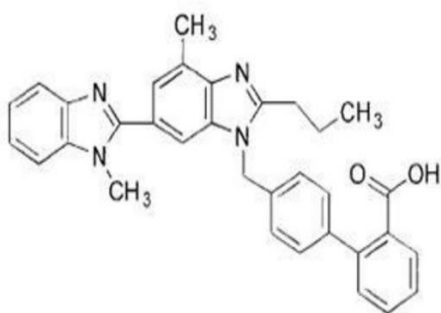


Fig. Telmisartan

3.Mechanism of action

Telmisartan selectively inhibits the AT₁ receptor, which helps relax blood vessels, thereby improving blood flow and reducing blood pressure. This action also has beneficial effects on the cardiovascular system, including decreasing the risk of heart failure and stroke.

Telmisartan selectively blocks the AT₁ receptor, which is responsible for the effects of angiotensin II.

This leads to:

- Vasodilation
- Decreased secretion of aldosterone
- Reduced reabsorption of sodium

3.1Indication

Telmisartan is primarily indicated for:

- Essential hypertension (primary high blood pressure)
- Cardiovascular risk reduction in certain patients, particularly those with diabetes or metabolic syndrome

4.Dosage of administration

Typically available in tablet form, telmisartan is usually taken once daily, with or without food. Dosage may vary based on individual patient needs and response to treatment.

4.1 Side Effects

Common side effects may include:

- Dizziness
- Fatigue
- Headache
- Elevated potassium levels (hyperkalemia)

Serious side effects are rare but can include kidney problems or allergic reactions.

5.Key Points about Telmisartan:

- **Indications:** Primarily for hypertension; may also be used to reduce the risk of cardiovascular events in certain patients.
- **Mechanism of Action:** Blocks the action of angiotensin II, a hormone that causes blood vessels to constrict.
- **Dosage:** Typically prescribed in doses ranging from 20 mg to 80 mg once daily.
- **Side Effects:** Common side effects may include dizziness, fatigue, and increased potassium levels. Serious side effects can include kidney problems and allergic reactions.
- **Contraindications:** Should not be used in patients with severe kidney impairment, pregnancy, or certain other conditions.

6.Pharmacokinetics: Telmisartan has a long half-life, allowing for once-daily dosing. It is well absorbed, with peak plasma concentrations occurring 0.5 to 1 hour after oral administration. Food does not significantly affect its absorption.

6.1 Indications:

- **Hypertension:** Telmisartan is effective as monotherapy or in combination with other antihypertensives.
- **Cardiovascular Risk Reduction:** It is indicated for reducing the risk of myocardial infarction and stroke in patients with cardiovascular conditions.

6.2 Efficacy: Clinical studies have shown that telmisartan effectively lowers blood pressure and has a favourable impact on cardiovascular outcomes. It has demonstrated comparable efficacy to other ARBs and ACE inhibitors.

6.3 Side Effects:

- Common side effects include:
- Dizziness
 - Fatigue
 - Hyperkalemia
 - Renal impairment

Serious adverse effects are rare but may include angioedema and hypotension.

6.4 Contraindications: Telmisartan is contraindicated in:

- Patients with a history of hypersensitivity to ARBs
- Pregnant women (especially in the second and third trimesters)
- Severe renal impairment

6.5 Drug Interactions: Telmisartan may interact with other medications, including:

- Diuretics (increased hypotensive effect)
- NSAIDs (potential for renal impairment)
- Potassium supplements (risk of hyperkalemia)

7. Marked Available Telmisartan Dosage-

7.1 Telmisartan is typically available in the following dosages:

- 20 mg
- 40 mg
- 80 mg

Always consult a healthcare provider for personalized advice and recommendations regarding medication.

7.2 The Brand are available in Indian market

- **Micardis**
- **Telma**
- **Telma-H** (combination with hydrochlorothiazide)
- **Tazloc**
- **Telvas**

7.3 The International brand available in market

- **Micardis**
- **Tarbis**
- **Twynsta** (combination with amlodipine)
- **Telmisartan (generic)**

Availability may vary by country, so it's best to consult local pharmacies for specific options

8. CONCLUSION:

Telmisartan is a well-tolerated and effective antihypertensive agent with additional cardiovascular benefits. Its long half-life and once-daily dosing make it a convenient option for patients. Regular monitoring for side effects, especially in patients with renal issues or those on concurrent medications, is essential for safe and effective use.

9. REFERENCES:

1. ADA] American Diabetes Association. Treatment of hypertension in adults with diabetes. *Diabet Care*. 2002;25:199–201. [[PubMed](#)] [[Google Scholar](#)]
2. Basile J. Hypertension in the elderly: a review of the importance of systolic blood pressure

elevation. *J Clin Hypertens*. 2002;4:108–12. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]

3. Bjorklund K, Lind L, Zethelius B, et al. Isolated ambulatory hypertension predicts cardiovascular morbidity in elderly men. *Circulation*. 2003;107:1297–302. [[PubMed](#)] [[Google Scholar](#)]
4. Bobrie G, Chatellier G, Genes N, et al. Cardiovascular prognosis of “masked hypertension” detected by blood pressure self-measurement in elderly treated hypertensive patients. *JAMA*. 2004;291:1342–9. [[PubMed](#)] [[Google Scholar](#)]
5. Brunner HR. The new oral angiotensin II antagonist olmesartan medoxomil: a concise overview. *J Hum Hypertens*. 2002;16(Suppl 2):S13–16. [[PubMed](#)] [[Google Scholar](#)]
6. Burnier M, Maillard M. The comparative pharmacology of angiotensin II receptor antagonists. *Blood Press*. 2001;10(Suppl 1):6–11. [[PubMed](#)] [[Google Scholar](#)]
7. Chobanian AV, Bakris GL, Black HR, et al. The seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. *JAMA*. 2003;289:2560–72. [[PubMed](#)] [[Google Scholar](#)]
8. Clement DL, De Buyzere ML, De Bacquer DA, et al. Prognostic value of ambulatory blood-pressure recordings in patients with treated hypertension. *N Engl J Med*. 2003;348:2407–15. [[PubMed](#)] [[Google Scholar](#)]
9. Cohen MC. Meta-analysis of the morning excess of acute myocardial infarction and sudden cardiac death. *Am J Cardiol*. 1997;79:1512–16. [[PubMed](#)] [[Google Scholar](#)]
10. Cuspidi C, Meani S, Fusi V, et al. Metabolic syndrome and target organ damage in untreated essential hypertensives. *J Hypertens*. 2004;22:1991–8. [[PubMed](#)] [[Google Scholar](#)]
11. Eguchi K, Kario K, Shimada K. Comparison of candesartan with lisinopril on ambulatory blood pressure and morning surge in patients with systemic hypertension. *Am J Cardiol*. 2003;92:621–4. [[PubMed](#)] [[Google Scholar](#)]
12. Elliott WJ. Circadian variation in the timing of stroke onset: a meta-analysis. *Stroke*. 1998;29:992–6. [[PubMed](#)] [[Google Scholar](#)]
13. Gosse P, Ansoborlo P, Lemetayer P, et al. Left ventricular mass is better correlated with arising blood pressure than with office or occasional

- blood pressure. *Am J Hypertens.* 1997;**10**:505–10. [[PubMed](#)] [[Google Scholar](#)]
14. Gosse P, Cipriano C, Bemurat L, et al. Prognostic significance of blood pressure measured on rising. *J Hum Hypertens.* 2001;**15**:413–17. [[PubMed](#)] [[Google Scholar](#)]
 15. Gosse P, Lasserre R, Minifie C, et al. Blood pressure surge on rising. *J Hypertens.* 2004;**22**:1113–18. [[PubMed](#)] [[Google Scholar](#)]
 16. Gosse P, Neutel JM, Schumacher H, et al. Reduction of early morning blood pressure surge with telmisartan compared with ramipril in mild-to-moderate hypertensive patients. *J Hypertens.* 2005;**23**(Suppl 2):S375–6. [[Google Scholar](#)]
 17. Guidelines Committee. European Society of Hypertension – European Society of Cardiology guidelines for the management of arterial hypertension. *J Hypertens.* 2003;**21**:1011–53. [[PubMed](#)] [[Google Scholar](#)]
 18. Heyden S, Schneider KA. Obesity and hypertension: epidemiological aspects of the relationship. *J Hum Hypertens.* 1990;**4**:431–5. [[PubMed](#)] [[Google Scholar](#)]
 19. Kario K, Pickering TG, Umeda Y, et al. Morning surge in blood pressure as a predictor of silent and clinical cerebrovascular disease in elderly hypertensives: a prospective study. *Circulation.* 2003;**107**:1401–6. [[PubMed](#)] [[Google Scholar](#)]
 20. Kearney PM, Whelton M, Reynolds K, et al. Worldwide prevalence of hypertension: a systematic review. *J Hypertens.* 2004;**22**:11–19. [[PubMed](#)] [[Google Scholar](#)]
 21. Lacourcière Y, Gil-Extremera B, Mueller O, et al. Efficacy and tolerability of fixed-dose combinations of telmisartan plus HCTZ compared with losartan plus HCTZ in patients with essential hypertension. *Int J Clin Pract.* 2003;**57**:273–9. [[PubMed](#)] [[Google Scholar](#)]
 22. Lacourcière Y, Krzesinski JM, White WB, et al. Sustained antihypertensive activity of telmisartan compared with valsartan. *Blood Press Monit.* 2004a;**9**:203–10. [[PubMed](#)] [[Google Scholar](#)]
 23. Lacourcière Y, Lenis J, Orchard R, et al. A comparison of the efficacy and duration of action of the angiotensin II receptor blocker telmisartan to amlodipine. *Blood Press Monit.* 1998;**3**:295–302. [[PubMed](#)] [[Google Scholar](#)]
 24. Lacourcière Y, Neutel J, Koval SE, et al. A prospective, randomized investigation of the safety and efficacy of telmisartan vs ramipril in mild-to-moderate hypertensives using ambulatory blood pressure monitoring. *Hypertension.* 2004b;**44**:576. [[Google Scholar](#)]
 25. Lacourcière Y, Neutel J, Davidai G, et al. A multicenter, 14-week study of telmisartan and ramipril in patients with mild-to-moderate hypertension using ambulatory blood pressure monitoring. *Am J Hypertens.* 2006;**19**:104–12. [[PubMed](#)] [[Google Scholar](#)]
 26. Lefebvre J, Poirier L, Lacourcière Y. Methodology to determine duration of action for antihypertensive drugs. *Ann Pharmacother.* 2002;**36**:874–81. [[PubMed](#)] [[Google Scholar](#)]
 27. Lewington S, Clarke R, Qizilbash N, et al. Age-specific relevance of usual blood pressure to vascular mortality: a meta-analysis of individual data for one million adults in 61 prospective studies. *Lancet.* 2002;**360**:1903–13. [[PubMed](#)] [[Google Scholar](#)]
 28. Littlejohn T, Mroczek W, Marbury T, et al. A prospective, randomized, open-label trial comparing telmisartan 80 mg and valsartan 80 mg in patients with mild-to-moderate hypertension using ambulatory blood pressure monitoring. *Can J Cardiol.* 2000;**16**:1123–32. [[PubMed](#)] [[Google Scholar](#)]
 29. Mallion JM, Siché JP, Lacourcière Y, et al. ABPM comparison of the antihypertensive profiles of the selective angiotensin II receptor antagonists telmisartan and losartan in patients with mild-to-moderate hypertension. *J Hum Hypertens.* 1999;**13**:657–64. [[PubMed](#)] [[Google Scholar](#)]
 30. Markham A, Goa KL. Valsartan. A review of its pharmacology and therapeutic use in essential hypertension. *Drugs.* 1997;**54**:299–311. [[PubMed](#)] [[Google Scholar](#)]
 31. Marler JR, Price TR, Clark GL, et al. Morning increase in onset of ischemic stroke. *Stroke.* 1989;**20**:473–6. [[PubMed](#)] [[Google Scholar](#)]
 32. Meredith PA. Angiotensin II receptor antagonists alone and combined with hydrochlorothiazide: potential benefits beyond the antihypertensive effect. *Am J Cardiovasc Drugs.* 2005;**5**:171–83. [[PubMed](#)] [[Google Scholar](#)]
 33. Meredith PA, Elliott HL. FDA guidelines on trough: peak ratios in the evaluation of antihypertensive agents. United States Food and Drug Administration. *J Cardiovasc Pharmacol.* 1994;**23**(Suppl 5):S26–30. [[PubMed](#)] [[Google Scholar](#)]
 34. Motwani JG. Combining renin-angiotensin-aldosterone system blockade with diuretic therapy

- for treatment of hypertension. J Renin Angiotensin Aldosterone Syst. 2002;**3**:72–8. [[PubMed](#)] [[Google Scholar](#)]
35. Muller JE, Stone PH, Turi ZG, et al. Circadian variation in the frequency of onset of acute myocardial infarction. N Engl J Med. 1985;**313**:1315–22. [[PubMed](#)] [[Google Scholar](#)]
36. Neldam S, for the ATHOS Group Telmisartan + hydrochlorothiazide versus amlodipine + hydrochlorothiazide in older patients with predominantly systolic hypertension. J Hypertens. 2005;**23**(Suppl 2):S116. [[Google Scholar](#)]
37. Neutel JM, Littlejohn TW, Chrysant SGSA, et al. Telmisartan/hydrochlorothiazide in comparison with losartan/hydrochlorothiazide in managing patients with mild-to-moderate hypertension. Hypertens Res. 2005;**28**:555–63. [[PubMed](#)] [[Google Scholar](#)]
38. Nishimura T, Hashimoto J, Ohkubo T, et al. Efficacy and duration of action of the four selective angiotensin II subtype 1 receptor blockers, losartan, candesartan, valsartan and telmisartan, in patients with essential hypertension determined by home blood pressure measurements. Clin Exp Hypertens. 2005;**27**:477–89. [[PubMed](#)] [[Google Scholar](#)]
39. Ohkubo T, Kikuya M, Metoki H, et al. Prognosis of “masked” hypertension and “white-coat” hypertension detected by 24-h ambulatory blood pressure monitoring 10-year follow-up from the Ohasama study. J Am Coll Cardiol. 2005;**46**:508–15. [[PubMed](#)] [[Google Scholar](#)]