

DIURETICS INDICATIONS & COMMON USES

Drug Class	Ascites	Edema	Epilepsy	Heart Failure	CKD in Type 2 Diabetes	Hypertension	Intracranial Pressure Reduction	Intraocular Pressure Reduction	Mountain Sickness	Primary Hyperaldosteronism
Thiazides and Thiazide-Like Chlorothiazide Hydrochlorothiazide Chlorthalidone Indapamide Metolazone										
Loop Diuretics Bumetanide Furosemide Torsemide										
Mineralocorticoid Receptor Antagonists Eplerenone Finerenone Spironolactone	✓				✓					
Potassium Sparing Diuretics Amiloride Triamterene										
Carbonic Anhydrase Inhibitors Acetazolamide Methazolamide										
Osmotic Diuretics Mannitol							✓	✓		



MINERALOCORTICOID RECEPTOR ANTAGONISTS

INDICATIONS & COMMON DOSING

Medication	INDICATIONS				
	Ascites	Chronic CKD in Type 2 DM	Heart Failure	Hypertension	Primary Hyperaldosteronism
Eplerenone	--	--	25-50 mg daily	50 mg daily or BID	25 mg BID-300 mg daily
Finerenone	--	10-20 mg daily	10-20 mg daily	--	--
Spironolactone	100-400 mg daily	--	12.5-50 mg daily	12.5-50 mg daily	12.5-400 mg daily



MINERALOCORTICOID RECEPTOR ANTAGONISTS (MRA) PHARMACOKINETIC & PHARMACODYNAMIC PROFILES

Medication	PHARMACOKINETIC (PK) PROFILE				PHARMACODYNAMIC (PD) PROFILE					
	F	Distribution	Metabolism	Half-Life (hrs)	Selectivity to MR	Affinity (Potency) to MR	Anti-Fibrotic Effects	BP Lowering Effects	Risk of Hyperkalemia	Sexual Side Effects
Steroidal MRAs (Chemical Structure = Flat)										
Spironolactone	-90%	Kidney » Heart (by > 6-fold). +CNS	CYP3A4 (Substrate; Major) Pro-drug --> Active metabolites	>20	Low	High	+++	+++++	+++++	++
Eplerenone	69%	Kidney > Heart (- 3-fold). +CNS	CYP3A4 (Substrate; Major) Inactive metabolites	4 to 6	Medium	Low	+++	++	+++	+
Non-Steroidal MRA (Chemical Structure= Bulky)										
Finerenone	44%	Kidney = Heart (at 1:1). -CNS	CYP3A4 (Substrate; Major). CYP2C8 (minor) Inactive metabolites	2 to 4	High	High	+++++	++	++	-