DIURETICS FAMILIES

FAMILY	GENERIC DRUGS EXAMPLES	MECHANISM	EFFECTS	ADVERSE EFFECT	STRENGTH
Loop diuretics	Bumetanide, Ethacrynic acid, Furosemide, Torsemide, Fusid	Inhibits the Na-K-2Cl symporter	Causes potassium, sodium and magnezium blood levels decrease. Causes an increase in calcium blood levels.	Hyperuricemia Metabolic alkalosis Hypokalemia Hypovolemia	Very strong
Thiazides and like-thiazide drugs	Chlorothiazide, Hydrochlorothiazide, Bendroflumethiazide, Methyclothiazide, Trichlormethiazide	Inhibits reabsorption by Na+/Cl− symporter	Causes potassium, sodium andmagnezium blood levels decrease. Causes an increase in calcium and uric acid blood levels.	Hyperuricemia Hypercalcemia Metabolic alkalosis Hyponatremia Hypokalemia Hypovolemia	Strong (aren't effective as duretics if kidney function is low)
Carbonic anhydrase inhibitors	Acetazolamide Dorzolamide Methazolamide Zonisamid	Inhibits H+ secretion, resultant promotion of Na+ and K+ excretion	Causes potassium and sodium blood levels decrease. Increase bicarbonate excretion in urine and cause metabolic acidosis.	Metabolic acidosis Hypokalemia	Weak diuretic effect
Potassium-sparing diuretics	Amiloride, Spironolactone, Eplerenone, Triamterene, Potassium canrenoate	Inhibition of Na+/K+ exchanger: Spironolactone inhibitsaldosteroneaction, Amiloride inhibits epithelial sodium channels	Decreases sodium blood levels. Increases potassium blood levels. Consider weak therefore are usually given along with other diuretics.	Hyperkalemia	Very weak