Table 4 The mainly drugs candesartan have been reported to interact with.

Drug	Interaction
Amiloride	Increased risk of hyperkalemia
Drospirenone	Increased risk of hyperkalemia
Lithium	The ARB increases serum levels of lithium
Potassium	Increased risk of hyperkalemia
Spironolactone	Increased risk of hyperkalemia
Tobramycin	Increased risk of nephrotoxicity
Trandolapril	The angiotensin II receptor blocker, Candesartan, may increase the adverse effects of Trandolapril.
Treprostinil	Additive hypotensive effect. Monitor antihypertensive therapy during concomitant use.
Triamterene	Increased risk of hyperkalemia

(Andersson OK, *et al.*. 1998)

1.3.9 Pharmacokinetic data

Candesartan inhibits the effects of angiotensin II infusion in a dose-dependent manner. After 1 week of once daily dosing with 8 mg of candesartan cilexetil, the pressor effect was inhibited by approximately 90% at peak with approximately 50% inhibition persisting for 24 hours. (See, S., & Stirling, A. L. *et al.*. 2000).

Plasma concentrations of angiotensin I and angiotensin II, and plasma renin activity (PRA), increased in a dose-dependent manner after single and repeated administration of candesartan cilexetil to healthy subjects, hypertensive, and heart failure patients. ACE activity was not altered in healthy subjects after repeated candesartan cilexetil administration. The once-daily administration of up to 16 mg of candesartan cilexetil to healthy subjects did not influence plasma aldosterone concentrations, but a decrease in the plasma concentration of aldosterone was observed when 32 mg of candesartan cilexetil was administered to hypertensive patients. In spite of the effect of candesartan cilexetil on aldosterone secretion, very little effect on