

myocardial infarction and coronary artery disease in those intolerant of ACE inhibitors. (Malmqvist K, 2000) to reduce cardiovascular death and to reduce heart failure hospitalizations. Candesartan cilexetil also has an added effect on these outcomes when used with an ACE inhibitor (Fei Yu a, *et al.*. 2008; Ross A, Papademetriou V, *et al.*. 2004).

The antihypertensive effect of candesartan cilexetil has been documented in doses up to 16mg/day in European studies, receptor blockade by candesartan is more potent than that by valsartan, irbesartan or losartan in vitro and it has been shown that candesartan binds more tightly to and dissociates more slowly from the AT1 receptor than those other ARBs. (US Food and Drug Administration, 2006; Karlson BW, *et al.*. 2009).

1.3.4 Contraindication

Candesartan is contraindicated in patients who are hypersensitive to candesartan. Do not co-administer aliskiren with candesartan in patients with diabetes.

Candesartan is FDA pregnancy category D Use of candesartan is not recommended during the second and third trimesters of pregnancy, reports state that using candesartan reduces renal function and increase fetal and neonatal morbidity.(Ouaret, S *et al.*. 2004).

Breast feeding mother, because no information is available on the use of candesartan during breastfeeding, an alternate drug may be recommended.

Severe hepatic impairment and/or cholestasis.(Gleiter, *et al.* 2004).