THE EFFECTS OF 1-HYDRAZINOPHTHALAZINE UPON CORO-NARY HEMODYNAMICS AND MYOCARDIAL OXYGEN METABOLISM IN ESSENTIAL HYPERTENSION¹

BY GEORGE G. ROWE,² JOHN H. HUSTON,³ GEORGE M. MAXWELL, ARVIN B. WEINSTEIN, HERMAN TUCHMAN, and CHARLES W. CRUMPTON with the technical assistance of BERYL E. WELCH and AUDREY L. PETERSON

(From the Cardiovascular Research Laboratory and the Department of Medicine, University of Wisconsin Medical School and the University Hospitals, Madison, Wis.)

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Since it has been shown that the most deleterious effects of hypertension occur in cerebral, renal and coronary vascular beds, it seems wise to evaluate these circulatory regions in relation to the effect of anti-hypertensive drugs. Reports of the hemodynamic effects of Hydralazine 4 on the renal (1-3) and cerebral (4, 5) circulations are already available, but comparable information is lacking in relation to the coronary circulation. Observations concerning coronary flow after the administration of Hydralazine are particularly desirable since it is known to precipitate angina pectoris in some patients (6). The current report concerns an investigation of the cardiovascular hemodynamic effects of Hydralazine in subjects with arterial hypertension.

MATERIAL AND METHOD

Eleven hypertensive subjects from general medical wards were studied. Five of these subjects served as controls with determination of the various cardiac functions before and after administration of 1 cc. of saline solution.

Six served as experimental subjects with the same determinations made before and after Hydralazine. The determination of hemodynamic functions in this study was by the usual methods and has been reported previously from this laboratory (7). The determination of coronary blood flow was by the nitrous oxide saturation method (8). In each patient, cardiac output was deter-

⁴ Hydralazine was supplied by Ciba Pharmaceutical Products, Inc., Summit, N. J. mined by the Fick principle. The catheter was then withdrawn from the pulmonary artery and placed in the coronary sinus for coronary blood flow determination. Approximately one-half hour after administration of either Hydralazine or saline through the cardiac catheter coronary blood flow determination was repeated. The catheter was then placed in the pulmonary artery and cardiac output was again determined. Thus each patient served as his own control, and the five patients who received the saline placebo served as controls for the method and procedure.

RESULTS

The results are seen in Table I. Significant changes occurred in the placebo (saline) group in only two of the determinations made. One was a slight fall in the body respiratory quotient and the other a slight fall in the mixed venous oxygen content. The reason for these two changes is not apparent, but it is of interest that their significance depends upon the consistency rather than the magnitude of change.

After administration of Hydralazine, hemodynamic changes occurred similar to those already reported by others (1, 3) and by this laboratory These changes included an increase in (7). heart rate, a fall in systemic blood pressure and peripheral arterial resistance, a decreased arterial and mixed venous carbon dioxide content, and a smaller arteriovenous carbon dioxide difference. The change in cardiac index in this series was variable, as has already been reported (7), but the mean average tended to increase following Hydralazine administration. Total body carbon dioxide production and oxygen consumption were unchanged and the respiratory quotient was constant. The hemodynamic data concerning these five patients were reported previously exclusive of the coronary metabolic data (7). Hydralazine

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produced an increase in coronary blood flow in five out of six subjects, the over-all increase being 34 per cent. Simultaneously, with the decrease in perfusion pressure, there was a fall in coronary vascular resistance (-35 per cent). The increased coronary blood flow was accompanied by a decrease in the arterial-coronary sinus oxygen difference, such that left ventricular oxygen utilization was unchanged.

DISCUSSION

This study reveals that Hydralazine decreases coronary vascular resistance to such a degree that an increase in flow occurs in spite of the reduced perfusion pressure. Simultaneously, the arteriovenous oxygen difference across the myocardium narrows so that the left ventricular oxygen consumption per 100 g. remains unchanged. It was noted previously that the blood carbon dioxide levels were altered by the administration of Hydralazine (7), and these observations show that the changes are extended to the coronary circulation where a significant fall in coronary sinus carbon dioxide level occurs. These were correlated previously with an increase in minute volume of respiration and a decrease in oxygen consumption per liter of ventilation. Similar changes occurred in this series but were not significant, probably because this group is smaller than the previous series.

The reason for the precipitation of angina by Hydralazine is not apparent from this study. In four out of five subjects the coronary blood flow per kg. meter of left ventricular work rose. Although no clear relationship is noted here between left ventricular work and oxygen consumption it is interesting that in all but one subject the number of cc. of available oxygen per kg. meter of left ventricular work [(Art. $O_2 \times CBF$) ÷ L.V. Work] increased after Hydralazine. In confirmation of these ratios the coronary sinus blood oxygen content rose in each instance and therefore the myocardial oxygen tension must have been higher after Hydralazine than it was before. Four out of five patients eliminated more CO₂ from the heart per kg. meter of left ventricular work after Hydralazine but it cannot be stated definitely whether this was due to the falling level of CO, in the blood and heart. In view of these findings it may be speculated that angina is precipitated only in those patients who have a fixed coronary vascular resistance, which cannot compensate for the decrease in perfusion pressure and therefore have a reduction in coronary flow. We did not observe such a response in this series. The possibility also exists that Hydralazine specifically alters myocardial oxidative metabolism so that available oxygen is not utilized and angina is precipitated by a metabolic block.

SUMMARY AND CONCLUSIONS

1. Coronary blood flow and myocardial oxygen metabolism have been studied in eleven hypertensive subjects.

2. Compared with the five placebo studies, there were in the six Hydralazine studies statistically significant changes in that coronary blood flow increased by 34 per cent, coronary vascular resistance decreased by 35 per cent, and the arterialcoronary sinus oxygen difference decreased by 27 per cent due to an 81 per cent increase in the coronary sinus oxygen content.

3. The cardiac metabolic rate for oxygen remained unchanged.

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Patient	Age	Sex	Ht. in cm.	Wt. in kg.	SA ¹ in M ²	Card. rate	Syst. ² BP mean <i>mm.</i> Hg	PA ³ BP mean <i>mm.</i> Hg	Min.4 vol. resp. L.	Ors. cons. cc./ min.	Oz ⁶ cons./ L. vent.	Art.' Oz Vol. %	Mixed ^s venous Oz Vol. %	ΔArt. ⁹ m. ven. Oz Vol. %	CS10 O2 Vol. %	ΔArt. ¹¹ CSO ₂ Vol. %	Art. ¹³ CO2 Vol. %
••••••••••••••••••••••••••••••••••••••								Part	I-Contr	ol series							
Т.О.	35	м	168	87	2.0	83 82	125 142	15 17	7.2 6.7	314 284	44 42	21.2 21.2	16.8 16.9	4.4 4.3	7.4 7.6	13.1 13.6	41.4 41.5
C. S.	31	м	168	70	1.8	81 81	129 132	7 6	5.0 4.7	228 218	46 46	18.7 18.3	14.3 13.4	4.4 4.9	7.3 7.2	11.4 11.1	42.9 42.3
н. ј.	45	м	170	59	1.7	89 84	162 166	17 19	6.2 6.0	236 247	38 41	18.4 18.6	13.2 12.3	5.2 6.3	6.9 6.3	11.5 12.3	48.5 46.4
Н. Р.	46	М	171	75	1.9	65 69	154 158	16 13	5.9 6.0	290 293	49 49	17.0 16.4	12.1 11.3	4.9 5.1	6.7 6.9	10.3 9.4	50.0 49.5
G. D.	57	М	165	80	1.9	83 79	128 139	14 14	7.7 9.8	253 277	33 28	20.1 19.4	15.0 14.8	5.1 4.6	5.8 5.8	14.3 13.6	47.6 42.8
1st ave. SD†	43					80 ±9	140 ±19	14 ±4	6.4 ±1.1	264 ±37	42 ±6	18.9 ±1.4	14.3 ±1.8	4.8 ±0.4	6.8 ±0.6	12.1 ±1.6	46.1 ±3.7
2nd ave. SD†						79 ±6	147 ±14	14 ±5	6.6 ±1.9	264 ±31	41 ±8	18.8 ±1.7	13.7 ±2.2	5.1 ±0.8	6.8 ±0.7	12.0 ±1.8	44.5 ±3.4
Change % Change P value						$^{-1}_{-1\%}$	+7 +5%	0 0	+0.2 +3%	0 0%	$^{-1}_{-2\%}$	-0.1 -1%	-0.6 -5% <0.05	+0.3 +7%	0 0	-0.1 -1%	-1.6 -3%
							i	Part II	—Hydral	azine seri	ies						
н. ј.	31	М	176	76	1.9	92 128	119 117	6 9	9.4 7.3	269 351	29 48	20.3 21.3	15.9 16.5	4.4 4.8	6.1 11.2	14.2 8.9	43.0 39.1
R. J.	47	м	173	79	1.9	78 98	136 128	14 11	5.7 7.6	280 303	49 40	18.2 18.7	13.5 15.3	4.7 3.4	5.4 11.9	12.8 6.8	45.3 39.7
A. R.	63	F	166	73	1.8	85 87	128 75	12 12	6.6 10.6	228 207	35 20	15.5 15.3	11.0 11.2	4.5 4.1	4.7 5.8	10.8 9.5	36.8 33.1
J. P.	32	F	166	57	1.6	100 102	168 105	4 7	5.9 7.6	226 196	38 26	19.3 19.0	14.1 14.3	5.2 4.7	3.6 7.8	15.7 11.2	44.7 39.7
J. V.	62	М	160	91	1.9	63 75	120 109	Ξ	_	Ξ		21.7 22.0	_	_	5.5 9.5	16.2 12.5	38.5 36.2
Y. B.	51	F	150	53	1.5	78 115	157 126	10 6	3.9 4.2	201 186	51 44	17.9 18.1	13.6 13.6	4.3 4.5	3.6 5.8	14.3 12.3	50.0 45.9
Cont. ave. S.D.†	48					83 ±13	138 ±20	9 ±4	6.3 ±2.0	241 ±33	40 ±9	18.8 ±2.1	13.6 ±1.7	4.6 ±0.4	4.8 ±1.0	14.0 ±2.0	43.1 ±4.8
Drug ave. S.D.†						101 ±19	110 ±19	9 ±3	7.5 ±2.3	249 ±74	36 ±12	19.1 ±2.4	14.2 ±2.0	4.3 ±0.6	8.7 ±2.6	10.2 ±3.8	39.0 ±4.3
Change % Change P value	:					+18 +22% <0.05	-28 -20% <0.05	0 0 —	+1.2 +19% <0.3	+8 +3% <0.8	-4 -10% <0.5	+0.3 +2% <0.3	+0.6 % +1% <.2	-0.3 -7% <0.4	+3.9 +81% <0.01	-3.8 -27% <0.01	-4.1 -10% <0.01

TABLE I

Body surface area in square meters.
Systemic arterial blood pressure mean in mm. Hg.
Pulmonary arterial blood pressure mean in mm. Hg.
Minute volume of air exhaled in litres.
cc. of O₂ consumed per minute.
cc. of O₂ consumed per litre of exhaled air.
7 Arterial O₂ content in vol. per 100 cc.
Mixed venous (pulmonary arterial) O₂ content in vol. per 100 cc.

Arterial-mixed venous O₂ difference in cc. per 100 cc.
Coronary sinus O₂ content in vol. per 100 cc.
Arterial-coronary sinus O₂ difference in vol. per 100 cc.
Arterial CO₂ content in vol. per 100 cc.
Mixed venous (pulm. arterial) CO₂ in vol. per 100 cc.
Arterial-mixed venous CO₄ difference in vol. per 100 cc.
Coronary sinus CO₂ content in vol. per 100 cc.

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Mixed ¹⁸ venous CO ₂ Vol. %	ΔArt. ¹⁴ venous CO ₂ Vol. %	CS# COn Vol. %1	ΔArt. ¹⁶ C.S. CO ₂ Vol. %	CO ₂ 17 prod./ min.	Cardiac ^u index	Total ¹⁹ periph. resist.	Total ²⁰ pulm. resist.	L.V. ²¹ work	R.V. ²² work	Cor.23 blood flow	CMR ²⁴ O ₂	C.V.R.*	Drug ²⁸ dose in mg.	Drug in mg./ kg.	Time ¹⁷ from drug to study	Body ²⁸ R.Q.
Part I—Control series																
45.5 45.8	4.1 4.3	52.3 52.2	10.9 10.7	245 217	3.8 2.6	1330 2187	155 262	12.8 10.0	1.5 1.2	67 62	8.8 8.4	1.9 2.1	Saline	Ξ	32	0.78 0.76
46.1 44.9	3.2 2.6	50.6 50.0	7.7 7.7	179 163	2.9 2.5	1989 2370	114 99	9.1 8.0	0.5 0.3	72 63	8.1 9.4	1.8 2.1	Saline	_	24	0.79 0.78
52.6 51.5	4.1 5.1	57.3 56.6	8.8 10.2	197 195	2.7 2.3	2853 3384	293 386	10.0 8.9	1.0 1.0	81 90	9.3 11.1	2.1 1.9	Saline	Ξ	23	0.84 0.79
53.0 53.1	3.0 3.6	58.3 56.9	8.3 7.4	220 216	3.2 3.1	1990 2161	219 174	12.0 12.5	1.3 1.0	65 69	6.7 6.5	2.2 2.1	Saline	Ξ	23	0.76 0.74
51.5 47.8	3.9 5.0	58.5 57.9	10.9 15.1	280 274	2.6 3.1	2042 1862	222 194	8.7 11.2	1.0 1.2	49 50	6.9 6.7	2.6 2.7	Saline	 Ave	34 =27	1.11 0.99
49.7 ±3.6	3.7 ±0.5	55.4 ±2.9	3.7 ±0.4	224 ±40	3.0 ±0.5	2041 ±541	201 ±60	10.5 ±1.8	1.1 ±0.4	67 ±14	8.0 ±1.1	2.1 ±0.3	=	Ξ	Ξ	0.86 ±0.14
48.6 ±3.6	4.1 ±0.8	54.7 ±3.4	4.1 ±1.0	213 ±41	2.7 ±0.4	2393 ±583	223 ±108	10.1 ±1.8	0.9 ±0.4	67 ±15	8.4 ±1.9	2.2 ±0.3	Ξ	Ξ	Ξ	0.81 ±0.10
-1.1 -2%	+0.4 +11%	-0.7 -1%	+0.4 +11%	-11 -5%	-0.3 -10%	+352 +17%	+22 +11%	-0.4 -4%	-0.2 -18%	0 0%	+0.4 +5%	+0.1 +5%	Ξ	_	Ξ	-0.05 -6% <0.01
						Part	II—Hyd	Iralazine	series							
45.7 40.7	2.7 1.6	45.2 43.3	2.2 4.2	313 221	3.3 6.0	1554 823	83 60	9.9 17.9	0.5 1.3	70 110	10.0 9.8	1.7 1.0	<u>19</u>	0.25	30	1.16 0.63
48.1 41.5	2.8 1.8	52.6 45.0	7.3 5.3	200 207	3.1 4.6	1826 1147	189 96	11.0 15.5	1.1 1.3	76 118	9.7 8.0	1.8 1.0	<u>20</u>	0.25	<u>30</u>	0.71 0.68
38.7 35.8	1.9 2.7	43.5 43.8	6.7 10.7	143 159	2.8 2.8	2015 1189	187 184	8.8 5.1	0.8 0.8	79 71	8.6 6.8	1.6 1.2	18	0.25	<u>30</u> 、	0.62 0.77
48.4 42.8	3.7 3.1	55.8 48.3	11.1 8.6	166 179	2.7 2.6	3077 2021	81 131	9.9 6.0	0.3 0.4	119 167	18.7 18.7	1.4 0.6	14	0.25	32	0.73 0.92
_	_	50.2 44.8	11.7 8.6	Ξ	Ξ	_	_	Ξ	_	56 72	9.1 7.8	2.1 1.5	15	0.17	<u>32</u>	_
53.5 49.1	3.5 3.2	59.8 54.7	9.8 8.8	145 129	3.2 2.9	2685 2427	160 123	10.0 7.1	0.6 0.4	98 132	14.1 16.2	1.6 1.1	<u>11</u>	0.20	<u>30</u>	0.72 0.70
46.9 ±2.0	2.9 ±0.7	51.2 ±6.2	9.3 ±1.5	193 ±71	3.0 ±0.3	2231 ±631	160 ±46	9.9 ±0.8	0.7 ±0.3	83 ±22	11.7 ±4.0	1.7 ±0.2	Ξ	_`	Ξ	0.79 ±0.21
42.0 ±4.3	2.5 ±0.7	46.6 ±4.3	10.2 ±3.1	179 ±37	3.8 ±1.5	1521 ±672	119 ±46	10.3 ±5.9	0.8 ±0.5	112 ±37	11.2 ±5.0	1.1 ±0.3	<u>16</u>	0.23	31	0.74 ±0.11
-4.9 -10% <0.01	-0.4 -14% <0.05	-4.6 -8% <0.02	+0.9 +9% <0.5	-14 -7% <0.6	+0.8 +27% <0.3	710 32% <0.01	-41 -26% <0.3	+0.4 +4% 	+0.1 +14% <0.4	+28 +34% <0.05	-0.5 -5% <0.5	-0.6 -35% <0.01	Ξ	Ξ	_	-0.05 <0.8

TABLE I

¹⁶ Arterial-coronary sinus CO₂ difference in vol. per 100 cc.
¹⁷ CO₂ produced in cc. per minute.
¹⁸ Cardiac index in litres per sq. meter body surface area per min.
¹⁹ Total systemic arterial resistance in dynes per cm.⁻⁴/sec.
¹⁹ Total pulmonary arterial resistance in dynes per cm.⁻⁴/sec.
¹⁹ Left ventricular work in kg. meters per min.
¹⁰ Right ventricular work in kg. meters per min.

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²⁸ Coronary blood flow in cc. per 100 gm. myocardium per min.
 ³⁶ Cardiac O₁ utilization per 100 gm. per min.
 ³⁶ Coronary vascular resistance (MABP ÷ cor, blood flow).
 ³⁶ Hydralazine dose given through cardiac cath.
 ³⁷ Hydralazine dose in mgm. per kg. body weight.

- Body respiratory quotient.
 † Standard deviation from the mean.

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