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RESISTANT HYPERTENSION MEDICATION COMPARISON CHART

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	Mechanism of Action	Typical Starting HTN Dose	Typical Max HTN Dose	Half-Life (Hours)	Benefits & Additional Indications	Medication-Specific SE's & Considerations	Cost	Overall Impression & Commentary
Spironolactone	MRA	12.5 – 25mg Daily	50mg Daily	~13 – 16 Hours	Most effective option for resistant HTN. Also used in PA, HFrEF, cirrhosis, hirsutism.	Gynecomastia Reduced Libido Hyperkalemia Hyponatremia	\$	Most effective; recommended agent by HC. Also useful for addressing concomitant PA. SE's are common.
Eplerenone	MRA	25mg BID	50mg BID	4 - 6 Hours	Less anti-androgen SE's than spironolactone.	Hyponatremia Hyperkalemia	\$\$	Less SE's than spironolactone but pricier and shorter-acting.
Amiloride	ENaC Blocker	5mg Daily	20mg / Day	6 – 9 Hours	CHF, cirrhosis.	Hyperkalemia Hyponatremia	\$	Alternative to MRA's. Less helpful if underlying PA.
Doxazosin	Alpha 1-Blocker	2 mg Nightly	8mg daily	22 Hours	BPH.	Edema, drowsiness, flushing.	\$	Commonly used after spironolactone. Variable side-effect profile and efficacy.
Terazosin	Alpha 1-Blocker	1mg Nightly	10 – 20mg	12 Hours	BPH.	Edema, drowsiness, flushing.	\$	
Bisoprolol	Beta1-Blocker	2.5mg daily	10mg daily	9 – 12 Hours	Anti-anginal, arrhythmia, HFrEF.	Bradycardia, fatigue.	\$	Less effective. Use often limited by side-effects. Consider if resting tachycardic or other indication such as arrhythmia.
Metoprolol	Beta1-Blocker	25mg BID	100mg BID	3 – 7 Hours	Anti-anginal, arrhythmia, HFrEF.	Bradycardia, fatigue.	\$	
Hydralazine	Unclear (vasodilator)	25mg TID	200mg / Day	3 Hours	HFrEF.	Reflex tachycardia, headache. DIL.	\$	Very short acting. TID dosing is challenging for patients.
Clonidine	Central Alpha-2 Agonist	0.1mg BID	2.4mg / Day	12 – 16 Hours	Sympatholytic. Often used in opioid withdrawal.	Drowsiness. Withdrawal with abrupt cessation.	\$	Typically a reserve agent for refractory HTN. Needs to be weaned off. Sedating.
Minoxidil	Peripheral Vasodilator	5mg Daily	100mg / Day	4 Hours	Also used topically for alopecia.	Edema, reflex tachycardia	\$	Diuretic and beta-blockade often necessary to address fluid retention and reflex tachycardia.

Table 1. Comparison chart of commonly-used medications in Canada for resistant hypertension. BID = Twice a Day; BPH = Benign Prostatic Hyperplasia; CHF = Congestive Heart Failure; DIL = Drug-induced Lupus; ENaC = Epithelial Sodium Channel; HC = Hypertension Canada; HFrEF = Heart Failure with Reduced Ejection Fraction; HTN = Hypertension; MRA = Mineralocorticoid Receptor Antagonist; PA = Primary Aldosteronism; PRN = As Needed; SE = Side Effect; TID = Three Times a Day

References:

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2. U.S. Food and Drug Administration (FDA). Drugs at FDA: FDA-Approved Drugs [Internet]. Silver Springs (MD): U.S. FDA; c2026 [cited 2026 June 5]. Available from: www.accessdata.fda.gov/scripts/cder/daf/index.cfm



3. Goupil R, Tsuyuki RT, Santesso N, Terenzi KA, Habert J, Cheng G, Gysel SC, Bruneau J, Leung AA, Campbell NR, Schiffrin EL. Hypertension Canada guideline for the diagnosis and treatment of hypertension in adults in primary care. Canadian Pharmacists Journal/Revue des Pharmaciens du Canada. 2025 Jul;158(4):188-205.