The risk of fall and fracture with the initiation of a prostate-selective α antagonist

This report from Canada examines the possibility that the prostate-selective α antagonist therapy may induce hypertension and falls. Approximately 150,000 men were found to have been treated with tamsulosin, alfuzosin or silodosin in Ontario over a 10-year period. They were matched with an equal-sized cohort who had not been treated. The outcome sought was an emergency room visit or inpatient admission for a fall or fracture in the 90 days after exposure. The treated cohort were found to have a significantly increased risk of falling and fractures. The authors note that their study only included men ≥66 years old and that 84% of the exposed men were prescribed tamsulosin.

Spironolactone—the optimal treatment for drug-resistant hypertension?

Resistant hypertension, defined as suboptimal blood pressure control despite treatment with at least three blood pressure-lowering drugs, is associated with a poor prognosis. The proposition reviewed in this study is that resistant hypertension is most often caused by excessive sodium retention, and that spironolactone would therefore be superior to non-diuretic add-on drugs at lowering blood pressure. Three hundred and fourteen patients with drug-resistant hypertension were rotated in a preassigned, randomised order, through 12 weeks of once daily treatment with each of spironolactone (25–50 mg), bisoprolol (5–10 mg), doxazosin modified release (4–8 mg), and placebo, in addition to their baseline blood pressure drugs.

Spironolactone was found to be superior to placebo, bisoprolol and doxazosin in lowering the blood pressure. The researchers conclude that spironolactone was the most effective add-on drug for the treatment of resistant hypertension. The superiority of spironolactone supports a primary role of sodium retention in this condition.

Isosorbide mononitrate in heart failure with preserved ejection fraction

Although nitrates are commonly prescribed for symptom relief in heart failure, the effects of nitrates in patients with heart failure and a preserved ejection fraction have not been extensively studied. Hence this study.

In this multicentre, double-blind, crossover study, 110 patients with heart failure and a preserved ejection fraction were randomly assigned to a 6-week dose-escalation regimen of isosorbide mononitrate (from 30 mg to 60 mg to 120 mg once daily) or placebo. Efficacy of the treatments was assessed by activity as assessed by accelerometry, number of hours of activity per day and a six minute walk test. Quality of life was assessed by questionnaires.

The conclusions reached were that those treated with isosorbide mononitrate did not have better quality of life and were less active than those who received placebo.

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