

the People's Doctor

A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

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High Blood Pressure & Antihypertensive Drugs



Dr. Robert Mendelsohn

Rivaling last year's epidemic of anti-arthritic medications in medical journals, this year's medical journals bear witness to the "greening of the antihypertensives." For example, the May 1977 Journal of the National Medical Assn. (an association of black doctors) contained 22 full pages of antihypertensive ads out of a total of 40 advertising pages. And not only the professional publications are affected. Hypertension is everywhere-- on the television screen, on radio, in the newspapers.

Now, it is one thing to launch a multimedia campaign against high blood pressure, replete with commercials reminding us all to be good Americans and take our medication. It's quite another thing to read the letters I receive about the results of people swallowing all those pills. The medical profession is being made amply aware of side effects from antihypertensives, because many of the ads which are not expressly for drugs that reduce blood pressure are for drugs that are used to treat potassium loss and other problems caused by antihypertensives. Perhaps this awareness will diminish some doctors' enthusiasm for chemical treatment of high blood pressure.

Q My husband has been taking Dyazide and Inderal for several years. He's developed itchy patches of dry skin on his chest and on other parts of his body. The dermatologist has given him ointments which haven't helped at all. Could Dyazide and Inderal be causing my husband's rashes? The doctors he has spoken to don't seem to think so.--Mrs. J.B.

A Dear Mrs. J.B.: Both Dyazide and Inderal can cause a variety of dermatologic reactions. While these side effects may be camouflaged in the medical literature by names such as erythematous rash, urticaria, photosensitivity, purpura, etc., your doctor should be able to decipher them.

*Dyazide
and
Inderal*

I hope the dermatologist knows about the medication prescribed for your husband by another doctor, since the dermatologist may be prescribing powerful ointments which are absorbed through the broken skin and may interact with oral medications.

Q I have high blood pressure, so I have been taking Quinaglute Dura-tabs for quite a while. Lately I have been feeling dizzy, and when I go in one direction, I feel as though I am going the opposite way. I know people think I am drunk, but my doctor doesn't seem worried--he says I might have hay fever. But I am worried, so I thought I'd ask you what's wrong. My doctor reads your column, so please don't use my name.--Dizzy in Detroit

A
*Quinaglute
Dura-tabs*

Dear Dizzy in Detroit: The prescribing literature for the medication you are taking reads: "The patient should be advised to report immediately to the physician any symptoms of cinchonism (poisoning by quinidine and related drugs), the symptoms of which are ringing in the ears, vertigo (dizziness), blurred vision, headache and double vision.

Since your doctor reads my column, I would suggest he consider extending his reading to the prescribing information for Quinaglute so that he looks for horses (side effects of the medication he has prescribed) rather than zebras (hay fever).

Q

I have been taking Diuril for hypertension for more than two years. I have been experiencing such severe pain in the calf of one leg that I am unable to sleep at night. When I asked my doctor if this might be the fault of the medication, he said Diuril was very mild and has hardly any side effects. Do you agree?--Mrs. L.B.

A

Diuril

Dear Mrs. L.B.: Diuril may cause changes in the electrolytes of the body, including sodium, potassium and chloride levels. Muscle pains or cramps are among the warning signs of these deficiencies. Is your doctor checking your electrolyte balance? Ask him to show you information on the side effects of Diuril so he can prove to you how mild it is.

Q

I have been taking Aldoril for more than a year, and I'd like you to tell me its side effects.--Dizzy in Florida

A

Aldoril

Dear Dizzy in Florida: Merck Sharp & Dohme's Aldoril, a combination of two drugs which have antihypertensive and diuretic actions has a list of contraindications, warnings, precautions and adverse reactions (of which dizziness is one) which fill up four columns of prescribing information in the Physicians' Desk Reference.

I presume your condition has not responded to previous drug therapy, since Aldoril carries a black-bordered box with the warning: "This fixed combination drug is not indicated for initial therapy of hypertension."

I hope your physician or pharmacist will share the prescribing information with you so that you can save yourself a trip to the public library where references such as the PDR and AMA Drug Evaluations usually can be found. If your doctor tries to put you off by telling you this information might confuse and frighten you, you might mention to him that your inadequate information about Aldoril has already made you suspicious. Since a little information is a dangerous thing, it's time for you to acquire a whole lot of information.

Q

Both my wife and I have high blood pressure and we are anxious to find a medication that has the least harmful side effects. One doctor prescribed Serapes for us, but we recently read an article that said it could cause cancer. Another doctor then prescribed Aldactazide, but you have said that particular medication could cause impotence.

Now we are afraid to take any medication. We are in our 50's, and our weight is normal. Can you tell us if there are any medications for high blood pressure that do not have harmful side effects?
--C.S.

A

*Serapes,
Aldactazide*

Dear C.S.: Sorry, there is no free lunch. I know of no medications to treat high blood pressure which do not have harmful side effects. Every such medication is accompanied by a good-sized list of mild and not-so-mild side effects in the Physicians' Desk Reference.

Check with your doctor to see whether you both really have high blood pressure or whether, as with so many others, your situations are "borderline." Did you have your pressure taken just once, or was it taken several times to try to ameliorate the stress that everyone undergoes in a doctor's office?

Your doctor might be willing to treat you with measures that do not involve drugs, such as exercise or diet.

If both you and your wife do have alarmingly high blood pressures, you must weigh the risks of taking drugs against the benefits they can bring in treating your symptoms. That's the trade-off each of us must make when taking medication.

Q

More than four years ago, I was told I had hypertension. I have been on several different medications and have had innumerable tests. My weight is normal, and I have never been overweight. I watch my diet carefully to avoid food high in cholesterol and salt; I have quit smoking, and I take my prescribed medicine--in short, everything the doctor tells me. But my blood pressure remains out of control.

The medicine makes me feel sick and depressed, and I wonder whether the rest of my life will be like this--just existing from day to day. I am going through menopause, and I guess this is just one more complication. Any help you can offer would be appreciated.--E.V.

A

*Blood
Pressure
Stays
Elevated*

Dear E.V.: Unfortunately, your letter does not contain enough information for me to provide a definitive answer. For example, how high is your "out of control" blood pressure?

When I have a patient who faithfully follows all my instructions and does not get better (or maybe even gets worse), my general policy is to call in a consultant. After all, as egotistical as we doctors are, deep down we know that none of us knows everything. Ask your doctor what he thinks about following such a policy in your case.

Q

I am in my early 60's and have lost some of my sex drive. I have high blood pressure for which I'm taking medication prescribed by my doctor. Our married life is miserable because I'm putting the blame on my wife, accusing her of being frigid. Could the medication I'm taking be responsible for my loss of interest in sex? Please answer this question in the newspaper since about half a dozen of us are waiting for the answer.--J.R.C.

A

*Loss of
Sex Drive-
Aldactazide,
Hydropres*

Dear J.R.C. and Friends: The antihypertensive drug Aldactazide, manufactured by Searle & Co., has listed among its adverse reactions "Inability to achieve or maintain erection." The drug Hydropres, manufactured by Merck, Sharpe, and Dohme, has impotence or decreased libido listed among its adverse reactions. These are just two examples of antihypertensives, and if you are taking one of these drugs and are switched by your doctor to another, make sure that

it's not just the same generic drug wearing a different trade name.

Many other kinds of medication can and do produce impotence in men. The main cause of impotence in this country may not be psychosomatic, as some would have us believe, but rather iatrogenic, which means doctor-produced. All the sex therapy in the world will not counteract drug-induced impotence.

Doctors owe it to their patients to tell them that the "loss of nature" that so many men complain about in their 60's and 70's may be a result of medication. Instead of telling these men that the condition is "something they have to learn to live with," thoughtful physicians should examine whether their prescribed treatment may be causing this damaging condition.

Q

Impotence-Harmony!

I am approaching my 71st birthday and believe I am in excellent general health. However, about 10 years ago, my personal physician found my blood pressure somewhat high (150/90) and prescribed Harmony tablets. I took two a day as directed and successfully lowered my pressure.

Unfortunately, my doctor did not tell me that the medicine would make me impotent. I have discontinued all medication for the past six months and feel fine, but I still am impotent. Could you suggest something?--Anonymous for Obvious Reasons

Hygroton

Hygroton makes my sex life rotten.--Chicago reader

Q

In one of your recent columns, I read that Hydropres (prescribed for hypertension) can and does produce impotence in men. Would Hydropres cause loss of interest in sex among women? Please answer --several of my club members are also anxiously awaiting your reply. --Mrs. M.L.

A

Hydropres and Woman's Loss of Interest in Sex

Sometimes I wonder how much of the middle-aged male population suffers from impotence, not from any psychologic cause but simply from antihypertensives. Abbott's Harmony clearly lists impotence or decreased libido among adverse reactions; Merck Sharp and Dohme's Hydropres does the same; USV's Hygroton certainly CAN make one's sex life rotten.

These side effects involving sex apply to women as well as men (Mrs. M.L. from New Orleans and fellow club members please note.)

Let's assume a patient wasn't at all excited when his pressure was taken. Let's also assume that the doctor's stethoscope and blood pressure machine were in perfect working order. Even under such ideal circumstances, it might be well to wonder whether a PHYSICIAN who was found to have hypertension himself would be willing to take these drugs and risk impotence, loss of libido, weakness (or any of the other side effects). It might be a good question to ask.

Q

I am a 55-year-old woman with practically no sex drive. Do you think this might be due to Dyazide which I've been taking for two years to lower my blood pressure? Which is worse, the side effects

of the medication or a stroke or cerebral hemorrhage that can result if the pressure is not treated?

One doctor told me my blood pressure (which usually fluctuated between normal to around 135 to 140 over 90 to 100) was nothing to worry about. He said I should forget about pills and just cut out salt and lower my cholesterol intake (easier said than done). Another doctor told me that I must NEVER stop taking Dyazide for even one day because of the danger of a stroke. He scared the day-lights out of me, so I've been taking the medication steadily. I feel pretty good most of the time, except for the loss of my sex drive. What is your answer to all this?--Florida Reader

A

*Dyazide
and Loss
of Sex Drive*

Dear Florida Reader: Although Dyazide (a combination drug for high blood pressure) does not list lowering of sex drive among its side effects, it can cause (among other things) weakness, dizziness, vasculitis (inflammation of blood vessels), parasthesias (a sensation of pricking, tingling or creeping on the skin). All these conditions might well influence sexual activity.

The question you raise about the danger of cerebral hemorrhage or stroke versus the danger of antihypertensive drugs is, of course, the key issue. On this question, honest doctors will have differences of opinion. Some scientists are very enthusiastic about these drugs, while some physicians feel that appropriate changes in diet, exercise and lifestyle offer greater benefits and fewer risks than medication does.

You have consulted doctors who have given you both opinions. Apparently the scare tactics of the Dyazide-prescribing doctor were more effective than the advice of the doctor who counseled a change in diet. You opted in favor of taking the medication, even though the figures you report for your blood pressure are fairly close to normal.

Since doctors often have to frighten patients into taking their advice, perhaps it's time we struck a balance by adding the frightening effects of some medications to our standard lectures.

Q

Some time ago, you wrote that the antihypertensive drugs Aldactazide and Aldactone, manufactured by G. D. Searle & Co., might be carcinogenic. At that time, I was taking Aldactazide and, at my insistence, the doctor took me off that drug and substituted Naqua. I have developed the following side effects: dry mouth (especially in the morning), intermittent itching, occasional diarrhea, and an irritation in my left eye.

When I told the doctor about my dry mouth, he evaded the question, telling me that I'm doing all right and the drug is good for me. My blood pressure reading is 148/88.

What are the long-term effects of Naqua? Will the side effects I already have get worse? Could this drug also prove to be carcinogenic? Will my kidneys be affected by the protracted use of Naqua? Should I be taking antihypertensives at all, since my readings are borderline, often lower?--S.W.

A

Naqua

Dear S.W.: Switching from one powerful antihypertensive to another is like a lateral pass on the football field--there is obvious movement, but no one gains any yardage.

The prescribing information on Schering's Naqua fills more than two columns in the "Physicians' Desk Reference," and your first step should be to sit down with your physician with this book and your

list of questions in front of you to determine whether Naqua offers any significant advantage over Aldactazide.

Even more important, ask your physician how necessary it really is for someone with your level of blood pressure to be taking ANY of these chemicals. You and your physician might read the commentary by Drs. Joseph Inglefinger and Peter Goldman of Harvard Medical School in the Journal of the American Medical Association (Sept. 26, 1977) entitled "Therapy for Hypertension: How Much of What Drug for Whom?" This critique of the often-cited Veterans Administration study on hypertension states: "The VA study found no association between blood pressure reduction and morbidity (illness and symptoms) in the treatment group."

It is important for you and all other patients on antihypertensive drugs to be aware of the raging argument in medical circles about the effectiveness and safety of these drugs. Rather than accepting them on blind faith, you should be able to make a rational decision about their relative risks and benefits.

Q After having blood pressure readings of as high as 220/120, my doctor put me on hydrochlorothiazide. I took the medication (along with thyroid medication and vitamins) for two years and developed dizziness, confusion, difficulty in concentration, joint aches, muscle spasms, and feelings of nausea and weakness. My pressure dropped to the 145/80 range, and I asked my physician if I could eliminate the medication to determine whether my head problems would improve. He agreed as long as I promised to come in and have my blood pressure checked.

Since stopping the drug, I feel much better oriented, have less head pressure and more energy, but I do have puffiness of my face and hands when I arise due to the fluids I now retain without the diuretic drug. I am 30 to 40 pounds overweight, and my most recent cholesterol reading was 358. My mother died of a massive stroke and, although she had no history of either high blood pressure or high cholesterol count, she was 50 pounds overweight. Should I continue to avoid taking this drug?--Mrs. D.H.

A

*Hydrochloro-
thiazide*

Dear Mrs. D.H.: I am not surprised that your "head problems" receded when you stopped your antihypertensives, since the side effects of hydrochlorothiazide include dizziness, headache, restlessness, muscle spasm, weakness, nausea--in short, practically all the symptoms you describe.

In the absence of any information to the contrary, I presume your pressure is remaining normal even though you apparently are retaining some fluids. As essential step in keeping your blood pressure normal without the need to resort to drugs is to shed that extra 30 or 40 pounds. Our belief in the magical power of chemicals is so great that both patients and doctors act as if drugs can compensate for the damage produced by obesity. But what about the damage produced by drugs?

Your questions about the medical problems that trouble you most, will be answered by Dr. Mendelsohn. Please send your questions to: The People's Doctor, 664 N. Michigan Ave., Suite 720, Chicago, Ill. 60611.

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Medical News

The powdered forms of Enfamil, Similac, Lactogen, and Sobee, all processed by the Nestle Co. at Tongala, Victoria, Australia, reportedly are the source of a major outbreak of gastroenteritis (infection of the gastrointestinal tract). At least 80 Australian babies have suffered from this potentially fatal infection, and there have been cases of blood poisoning caused by the contaminant, a salmonella germ. The Australian government has sent urgent warnings to some 30 countries throughout Europe and Asia which may have received this contaminated powdered milk, and Australia has ordered these formulas withdrawn from the market. (From Australian newspapers)

(Editor's note: Although this news created headlines in Australia, I have seen no mention of it in either the American mass media or in medical journals.)

Using oral contraceptives over a long period of time increases the risk of developing a certain type of liver tumor. A report issued by the National Center for Disease Control says the tumor is sometimes fatal, with death usually resulting from sudden rupture and hemorrhage. Risks of developing the tumor are said to be nine times greater for women who have taken the Pill for less than four years, 120 times greater for women who have taken the Pill four to seven years, and 500 times higher for women who have taken it for eight or more years. (United Press International, Sept. 10, 1977)

It has been reported that the incidence of ovarian cancer is 60 to 70 per cent higher in women who never married than in those who had married. This relationship was found in both whites and blacks and in all age groups over 25 years old. (Journal of the American Medical Assn., August 8, 1977)

Professor Maurice L. Farber of the University of Connecticut has compared suicide rates in two outwardly similar Scandinavian countries, Denmark, which has a high rate, and Norway, whose rate is low. He says the Danes suppress aggressive feelings, view life less hopefully, and feel less secure in their sense of competence than do the Norwegians. The Danes, unlike the Norwegians, says Farber, tend to view motherhood as a burden from which women should be relieved as much as possible. As a result, they have set up a great many child care institutions, while the Norwegians make greater efforts to keep mother and child together. Lack of mothering, according to Farber, would seem to result in damage to Danish children which makes them more vulnerable to suicide. (Behavior Today, June 20, 1977)

(Editor's note: What does this mean as far as the day-care movement is concerned?)

Another View

by Marian Tompson
President, La Leche League
International



Have you noticed the babies? They're everywhere! Snuggled close in a variety of baby carriers, or simply wrapped in mother's arms, they can be seen, surveying the scene at all sorts of social occasions. It wasn't too many years ago that babies were expected to be left at home when parents went out, especially if it was in the evening. But with the resurgence of breastfeeding and its fundamental requirement that mother and baby be together, we've been seeing a revolution in baby care taking place which I think is affecting the way we accept and care for all babies.

Mothers and babies belong together. We expect this elsewhere in nature and as we practice it with our own babies, we will discover that the effects are far reaching and of much broader consequence than the immediate satisfaction of both mother and baby.

Take, for example, the simple and recurring need to be fed. When a baby is carried close to his mother's body and gets hungry, he simply roots around in the direction of her breast and mother, without missing a beat, moves her clothing aside and lets the baby nurse. There's none of the crying that we have almost come to take for granted as a signal that baby needs to eat. Just a little nuzzling around and then satisfaction.

I've often wondered about the dichotomy between letting babies cry before they are fed and the oft repeated dictum given to us adults that we approach mealtime as serenely as possible. Upsets, we are told, interfere with digestion. Yet, how often do babies have to get emotionally upset before eating, especially in hospital nurseries where they are fed on schedules that have no bearing on their individual needs?

Last year at a symposium on "Hypertension in Childhood and Adolescence," Dr. James P. Henry of the University of Southern California made the interesting observation that tender loving care in the early months could protect an infant against high blood pressure later on. "The nurturances with which a mother envelops her infant may prove critical in protecting it from emotional storms that lead to elevations which, when repeated, lead to primary hypertension. It is a testable hypothesis that the children with lower blood pressure will be found to have been protected by a more consistent maternal nurturance...." He said further studies might clarify whether repeated stresses of maternal deprivation could, over a period of years, set the child's blood pressure at higher than normal limits.

This makes a lot of sense to me, and while no one knows now just how much stress will produce hypertension, I know most mothers won't feel they have to wait for research results before following their natural inclinations to keep their babies happy while keeping them close. And while responding to this elemental need of their babies, they can wait quietly for that day when science "discovers" that this is not only the most rewarding way of parenting but also the healthiest.