

Re: blood pressure pill nightmare

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*Source:* <http://sci.tech-archive.net/Archive/sci.med.cardiology/2009-01/msg00166.html>

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- *From:* bigvince <Vince.Miraglia@xxxxxxxx>
  - *Date:* Fri, 23 Jan 2009 14:13:59 -0800 (PST)
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On Jan 23, 4:54 pm, Bill <b2forewag...@xxxxxxxx> wrote:

In article

<41f67504-09d2-4047-ace6-7d2300ca7...@xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx>,

bigvince <Vince.Mirag...@xxxxxxxx> wrote:

On Jan 23, 11:28 am, Bill <b2forewag...@xxxxxxxx> wrote:

In article <t1bin4p27bhtuhfidhsadem3pps73t3...@xxxxxxx>,

zob <zob...@xxxxxxxx> wrote:

On Wed, 21 Jan 2009 15:15:11 -0500, Bill  
<b2forewag...@xxxxxxxx>  
wrote:

<snip>

Guess you know about this.

Bill  
.....

HYPERTENSION  
Reducing heart rate in  
hypertension is harmful9or

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is it just atenolol?  
OCTOBER 22, 2008 | Lisa Nainggolan  
New York, NY – Slowing the heart rate with beta blockers in people with hypertension is associated with an increased risk of cardiovascular events and death, a new systematic review shows [1]. Furthermore, the slower the heart rate, the greater the risk, report Dr Sripal Bangalore (St Luke's Roosevelt Hospital, New York) and colleagues in the October 28, 2008 issue of the Journal of the American College of Cardiology.

What we show is that in hypertension, when you slow down the heart rate with a beta blocker, it actually shortens your life. Senior author Dr Franz Messerli (St Luke's Roosevelt Hospital) told heartwire: "Slowing heart rate is known to prolong life expectancy, and with beta blockers post-MI and in heart failure, the slower you can make the heart rate, the better. But this new paper goes against the grain.

What we show is that in hypertension, when you slow down the heart rate with a beta blocker, it actually shortens your life expectancy, it causes more heart attacks, more heart failure, and more strokes."

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That makes no sense whatsoever to me! Beta Blockers do more than slow heartbeat, they also reduce blood pressure. So for the clown who wrote that to say that "in hypertension" slowing the heart rate with a beta blocker shortens your life expectancy is an oxymoron. It's a bit like saying that a fat person who diets will have their life expectancy shortened by anorexia. It's not even logical.

Life is not logical get over it.

Once again I will write that your age say 60 + 100 over 100 was considered normal before major drug interventions became the vogue .

Age 10 110/100  
Age 20 120/100  
Age 30 130/100  
Age 40 140/100

Do you see the pattern??

The above study says trying for an ideal gets you the low numbers BUT YOU DIE sooner.

Bon Appetite!

Bill

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Garden in shade zone 5 S Jersey USA

The really relevant part of this is that at least for atenolol .....

.But this new paper goes against the grain. What we show is that in hypertension, when you slow down the heart rate with a beta blocker, it actually shortens your life expectancy, it....causes more heart attacks, more heart failure, and more strokes."

And Why?

"Messerli says he and his team believe the likely explanation for this is "that slowing the heart rate with beta blockers increases the central pressure, and obviously the latter is one of the determinants of stroke and heart attack." "

It should be noted that both the American Heart association , and the America Society of Hypertension have removed Beta blockers as drugs recommended in hypertension why ?

It should also be noted that the Doctors quoted are the leaders in the field .

Another hypertension expert sees things slightly differently, however. Dr John Cockcroft (Wales Heart Institute, Cardiff, UK) argues that in this review, the studies included almost exclusively used

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atenolol something the authors do point out and that it is this drug  
per  
se that is likely the culprit here.  
What is vitally important to determine in this setting, he adds, "is  
whether it's atenolol that's bad or whether it's reduction of heart  
rate  
that's bad." This is crucial because there are other drugs that aren't  
beta blockers that lower heart rate, he explained, such as the new  
agent  
ivabradine (Procoralan, Servier). "This issue needs resolving because  
if  
it's heart-rate reduction [that is the cause], then that's bad news,  
and  
we need to know about it."

Atenolol is the most widely used beta blocker . No study anywhere  
has shown it to reduce either death rates ; heart attack or strokes.  
It does however have side effects As noted ...

" " Atenolol, he says, "has been tried and found guilty, and yet  
around 40% of prescriptions for beta blockers in the UK and in the US  
are still for atenolol. Atenolol should not be given to anybody.  
Nobody  
disagrees that atenolol is guilty, and yet we are still using it."

Any comment on the POISE study

No comments but as I wish I knew nothing about this stuff. Second site  
seems more human friendly.

Bill

180/110 seems to be not good see # 2 below.

<[http://www.ncbi.nlm.nih.gov/pubmed/18614596?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_DiscoveryPanel.Pubmed\\_Discovery\\_RA&linkpos=1&log\\$=relatedarticles&logdbfrom=pubmed](http://www.ncbi.nlm.nih.gov/pubmed/18614596?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_Discovery_RA&linkpos=1&log$=relatedarticles&logdbfrom=pubmed)>

<[http://www.ncbi.nlm.nih.gov/pubmed/18959836?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_DefaultReportPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/18959836?ordinalpos=2&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum)>

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<http://heartdisease.about.com/b/2008/05/16/poise-the-muddle-of-beta-blockers-in-noncardiac-surgery.htm>

By Richard N. Fogoros, M.D., About.com Guide to Heart Disease since 2000

POISE: The Muddle of Beta Blockers in Noncardiac Surgery

Friday May 16, 2008

The publication of the Perioperative Ischemic Evaluation trial (the POISE study) this week in The Lancet has the cardiology world in a semi-tizzy, since it suggests that certain guidelines published by the American Heart Association (AHA) and the American College of Cardiology (ACC) are causing more harm than good.

At issue is the question of whether patients having noncardiac surgery who are at increased risk for coronary artery disease ought to be given beta blockers in the perioperative period (i.e. during the time immediately before, during, and after surgery). Previous studies have shown that perioperative beta blockers in such patients can reduce the risk of heart attacks during and after surgery. ....

Unfortunately, the POISE study (which enrolled over 8000 patients from 23 countries who were over 45 years of age, had increased cardiac risk, and were having noncardiac surgery) showed that, while the risk of heart attack was indeed reduced in patients randomized to beta blockers, they also had a significantly increased risk of stroke and death. Overall, the use of beta blockers in these patients led to net harm.....

This was the gold standard of care . One estimate I read said I million needless deaths and 800 thousand strokes.

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