

*“... **beta blocker** therapy
has been shown to cause...
weight gain...
and to significantly increase
the risk of developing **diabetes.**”*

— Franz Messerli, MD,

European Heart Journal, 2003

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*Beta blockers include drug like
**atenolol (Tenormin) and
propranolol (Inderal).***

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Larry Hobbs @ FatNews.com*

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European Heart Journal (2003) 24, 487–489



ELSEVIER



EUROPEAN
SOCIETY OF
CARDIOLOGY

Hotline Editorial

The LIFE study: the straw that should break the camel's back

Franz H. Messerli*

Ochsner Clinic Foundation, 1514 Jefferson Highway, New Orleans, LA 70121, USA

In the LIFE study, the most recent landmark trial in hypertension,^{1–3} more than 9000 hypertensive patients were randomized to either a losartan-

reliable and more powerful surrogate endpoint for cardiovascular fatal and non-fatal events than blood pressure per se.^{9,10} What has not clearly been

allow us to explain the discrepancy between cerebral and cardiac events in the losartan arm.¹²

2. We should not forget that there were small, albeit distinct, differences between the two treatment arms. Although blood pressure seemed to have been reduced to a very similar level, close scrutiny of the blood pressure curves in the diabetic population² shows that systolic pressure was consistently higher and diastolic pressure consistently lower in patients on atenolol compared with those on losartan. This is not surprising since beta-blockers have a negative chronotropic effect and increase stroke volume to some extent, which in turn usually leads to an increase (or to a lesser fall) in pulse pressure than is seen with vasodilatory agents such as losartan which do not affect stroke volume. In the betablocker compared with the losartin group, more patients withdrew from double-blind medication (27.1 vs. 22.6%; $P < 0.001$), whereas fewer proceeded to combination therapy

lic hypertension.³ However, the statement in this manuscript, "Previous intervention studies in ISH with diuretics or beta-blockers or calcium antagonists or angiotension converting enzyme inhibitors have shown 36%, 42% and 38% reductions in stroke or placebo. A further 40% reduction in stroke with losartan-based therapy is an important finding", is disturbing. The authors seemingly want us to believe that had losartan been compared to placebo, a reduction in stroke in the order of magnitude of 80% would have been achieved. The references that they give for their statements are Syst-Eur, Syst-China, and SHEP. None of these studies documented a stroke reduction with beta-blockers (or ACE inhibitors). Given that in patients with isolated systolic hypertension there was a robust 40% difference in stroke reduction between losartan and atenolol, there seems to be little need to inflate these findings by a deceptive statement.

sudden death or MI. On the contrary, beta-blocker therapy has been shown to cause systematic weight gain¹⁹ and to significantly increase the risk of developing diabetes.²⁰ Given the known spotty record of beta-blockers in the diabetic population, the superiority of an angiotensin receptor inhibitor

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superiority of losartan over atenolol, Brunner and Gavras²¹ wrote an accompanying editorial with the title, “Angiotensin blockade in hypertension: a promise fulfilled”. Mutatis mutandis one could change the title of this editorial to “Beta-blockers in hypertension—a promise broken”. This semantic

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in hypertension—a promise broken”. This semantic issue notwithstanding, the LIFE study should be considered as the final straw that will break the camel's back and hopefully motivate physicians to no longer expose their elderly hypertensive patients to the cost, inconvenience, adverse effects, and most importantly, to the inefficacy of beta-blockers.

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Franz H. Messerli, MD
Ochsner Clinic,
Section on Hypertension
1514 Jefferson Hwy
New Orleans, LA 70121
(504) 842-4077 phone
(504) 842-3144 phone
(504) 842-4220 fax
Fmesserli@aol.com

*Do not be fooled
into thinking that
just because a drug lowers
blood pressure, ...*

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... or blood sugar...

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... or cholesterol...

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... that it must be good for you.

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This is NOT necessarily so.

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*The only thing that matter is
how the drug affects your
Total Risk of Death.*

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*I believe that potassium
bicarbonate is vastly
superior to beta blockers...*

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*and the other blood
pressure medicines...*

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... for improving health.

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*I've been taking 1000 mg
of potassium twice a day
(2000 mg per day)
in the form of potassium
bicarbonate since 2000.*

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***My blood pressure
dropped from roughly
140/80 mm Hg to
124/73 mm Hg.***

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SAMSUNG

HD-503 Digital Blood Pressure Monitor

Systolic mmHg

Diastolic mmHg

MEM
124 73

Pulse / min.

240

200

160

MEM

START

o/i

***WARNING: Only take
potassium under a
doctor's supervision.
Too much potassium
can kill you.***

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L. Frassetto
R. C. Morris, Jr.
D. E. Sellmeyer
K. Todd
A. Sebastian

Diet, evolution and aging

The pathophysiologic effects of the post-agricultural inversion of the potassium-to-sodium and base-to-chloride ratios in the human diet

They have found that potassium bicarbonate:

- Reduce muscle loss
- Reduces bone loss
- Increases growth hormone

ectors were exposed to during mil-
lions of years of hominid evolution
than to the diet we have been eating

and kidney stone formation, and
that correction of acidosis can
ameliorate those conditions. Is it

excretion and bone resorption, as
occurred with NaCl administration
alone.

LONG-TERM POTASSIUM SUPPLEMENTATION LOWERS BLOOD PRESSURE IN ELDERLY HYPERTENSIVE SUBJECTS

MD FOTHERBY MD, MRCP, JF POTTER DM, FRCP, University Department of Medicine for the Elderly, The Glenfield Hospital, Leicester

SUMMARY Following a randomised cross-over trial of the effect of a **four-week 60 mmol/day potassium supplement** versus placebo on blood pressure (BP), eight of the original 18 hypertensive subjects **continued with a 48 mmol daily potassium supplement for four months**. For these eight subjects 24-h potassium excretion during placebo, one month of 60 mmol and four months of 48 mmol daily potassium supplementation phases was 56 ± 23 , 102 ± 28 and 90 ± 35 mmol/24 hours, respectively, and mean 24-h BP following each phase was $160 \pm 16/89 \pm 11$, $147 \pm 13/83 \pm 12$ and $145 \pm 14/81 \pm 9$ mmHg respectively, a significant fall in mean 24-h SBP between four months of potassium supplement and placebo period of 15 ± 13 mmHg (95% CI: 4, 26 mmHg, $p=0.02$), although the fall in 24-h DBP was not significant (8 ± 11 mmHg, 95% CI: 0, 17 mmHg, $p=0.08$). Modest increases in dietary potassium intake could have significant effects on lowering BP in the large proportion of elderly subjects with hypertension. (*Int J Clin Pract* 1997; 51(4): 219-222)

LONG-TERM POTASSIUM SUPPLEMENTATION LOWERS BLOOD PRESSURE IN ELDERLY HYPERTENSIVE

Potassium chloride reduced blood pressure in older people from **160/89 to 145/81 mm Hg.**

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1750-2300 mg of potassium per day lowered systolic pressure by 15 point and diastolic pressure by 8 points.

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*Why not try
potassium (bicarbonate) first?*

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*Daniel Amen, MD,
a psychiatrist and author of
“A Magnificent Mind at Any Age”,
said on Public Television...*

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*He uses natural treatments
“**whenever possible**”.*

— *Daniel Amen, MD, psychiatrist*

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“I use medication in my practice, but it’s NOT the first thing that I use.”

— Daniel Amen, MD, psychiatrist

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“I always think about the least toxic, most effective treatment.”

— Daniel Amen, MD, psychiatrist

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*“And often, with
[psyciatric conditions]
[I treat them] with...”*

— Daniel Amen, MD, psychiatrist

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**“... *natural supplements*
[first]...”**

— *Daniel Amen, MD, psychiatrist*

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*“So in my mind, I think,
why not at least try that first?”*

— Daniel Amen, MD, psychiatrist

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*I have to ask the same
question about
blood pressure...*

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*Why not try
potassium (bicarbonate) first?*

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