

# News

Office of Medical Information  
The University of Texas Southwestern Medical Center at Dallas  
5323 Harry Hines Boulevard Dallas, Texas 75235-9060 214/688-3404

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CONTACT: Mary Alice Rogers  
Office: 214/688-3404  
Home: 214/436-2547

\*\*\*\*UT Southwestern hypertension expert's  
advice reiterated by journal

DALLAS -- Dr. Norman Kaplan is hearing some extremely familiar words these days: Don't automatically prescribe diuretics for hypertensives. Instead, take the salt shakers off their tables. As director of the Hypertension Unit at The University of Texas Southwestern Medical Center at Dallas, Kaplan has been offering that very advice for more than 10 years.

A study reported in the Journal of the American Medical Association May 6 reiterates Kaplan's advice. By modestly limiting sodium intake, many hypertensives can reduce the amount of medication needed to control their blood pressures and lower the risk of unpleasant, even dangerous side effects.

"This is one of the better studies that shows, in a practical way, that a moderate reduction in dietary sodium intake can help control hypertension with less medication," Kaplan said.

Researchers at the Indiana University School of Medicine report that, in addition to the common side effects of dizziness, nausea and lethargy, some antihypertensive drugs may contribute to the risk of heart problems including atherosclerosis, which is the buildup of fatty deposits on artery walls.

To discover how a modest reduction in dietary salt could help control blood pressure with fewer drugs, the researchers studied 114 patients who received three counseling sessions on sodium-restricted diets. Of these patients, 97 were able to maintain a reduced sodium intake over a 30-week period. The sodium reduction lowered blood pressures enough to allow one-third of the patients to decrease medication, the report said.

Diuretics were the drugs most often decreased because of lower salt intake. The JAMA report said that the unpleasant side effects of diuretics often lead to non-compliance with the prescribed treatment. They also lower potassium levels, which may increase the chances of heart rhythm disturbances. Diuretics can cause a significant and sustained increase in total cholesterol and low-density lipoproteins and often raise the blood glucose concentration. Those factors may increase the risk of coronary artery disease and offset the benefits of blood pressure control.

Kaplan said doctors in his unit prescribe simple dietary changes to avoid problems caused by diuretics.

"We advocate low sodium diets for all our patients at Parkland Memorial Hospital in Dallas and those we see at the medical school," Kaplan said. "All you have to do is cut out the use of sodium at the table and limit the amount of fast foods and processed foods you eat. Substitute fresh food as much as possible. Avoid foods that are prepackaged or canned."

Kaplan and the Indiana researchers are not alone in their recommendations to

(More)



reduce sodium intake. Because many patients stop drug therapy within a year of diagnosis, the National Institutes of Health's 1988 Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure emphasized the need for non-drug treatment of hypertension such as sodium-intake reduction. It also called for greater patient involvement in making treatment decisions.

Kaplan, a committee member, stressed the group's recommendation that physicians should not depend on old treatment standards but should consider each patient individually if drugs are prescribed.

"We need to break loose from the old mold many physicians have adopted and attempt to individualize our treatment. We need to take more care in deciding if a patient is hypertensive and then in using the various non-drugs or choosing the most appropriate drug for each patient," he said. Some factors that should be considered before a prescription is written are race, age, lifestyle, pre-existing conditions and treatment costs.

The committee also made other recommendations. It suggested alcohol intake be cut to no more than two ounces of liquor or two glasses of wine or two bottles of beer a day. These amounts are about half the committee's 1984 recommendations.

It also emphasized that hypertensive patients should lose weight and avoid tobacco products. "That's not so much for blood pressure but for reducing overall cardiovascular risk," he said. The joint national committee also recommended relaxation, regular aerobic exercise and a reduction in saturated fats.

Committee members added two new classes of drugs for consideration as initial treatment. The new drugs, calcium antagonists and angiotensin-converting enzyme inhibitors, are more expensive but have fewer side effects, studies show.

In addition, recommended dosages are lower. The 1988 drug doses are about half those recommended in 1984. The committee reported that this should further reduce the incidence of adverse reactions to drug treatment.

Overall, Kaplan said he is pleased with the NIH committee's report. "The report goes a long way toward combining the best current thinking about hypertension management with day-to-day clinical practice."

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Note: The University of Texas Southwestern Medical Center at Dallas comprises Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences and the Southwestern Allied Health Sciences School.