"... the risk of strokes was between two and four times higher... in middle-aged patients on [the beta blocker] atenolol compared to [a diuretic]."

— Franz Messerli, MD,
European Heart Journal, 2003

Hi, this is

Larry Hobbs @ FatNews.com

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EUROPEAN SOCIETY OF CARDIOLOGY

Hotline Editorial

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

Franz H. Messerli*

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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

European Heart Journal, March 2003, 24(6): 487-9

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 population[2] 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.

3. Last, but not least, we should also scrutinize the efficacy of the comparator to losartan, i.e. atenolol. In the MRC study in the elderly,[13] beta-blockers were no better than placebo, and whenever a beta-blocker was added to a diuretic,[14] the risk of cardiovascular morbidity and mortality paradoxically increased. Even in the younger hypertensive population,[15] beta-blockers only have been shown to reduce events in male non-smokers. The risk of strokes was between two and four times higher in the MRC study in middle-aged patients[14]

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beta blockers were no better than placebo..."
— Franz Messerli, MD

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— Franz Messerli, MD

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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r

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

… or blood sugar…

... or cholesterol...

... that it must be good for you.

This is NOT necessarily so.

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

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

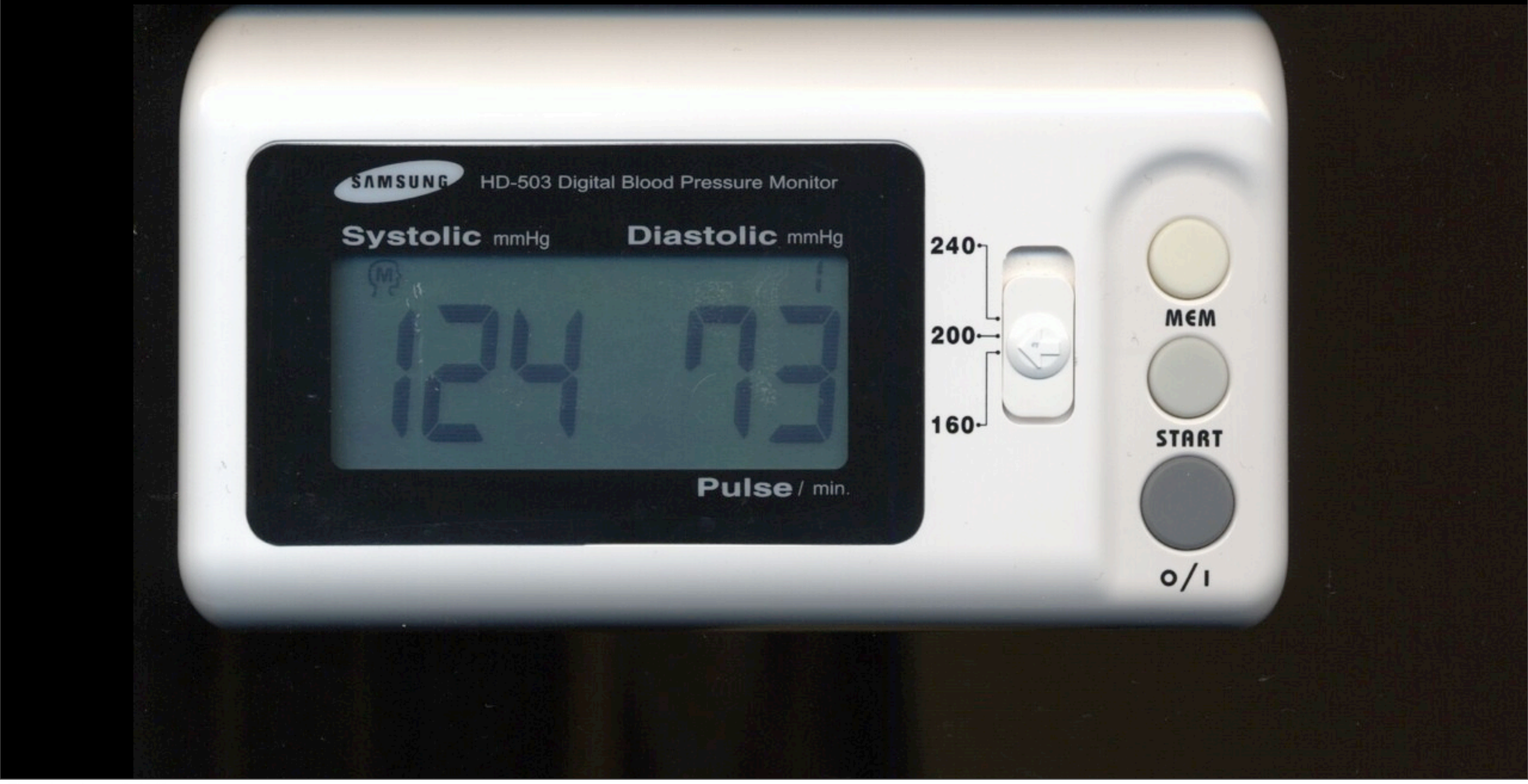
and the other blood

pressure medicines...

... for improving health.

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

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



Thursday, June 18, 2009

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

Eur J Nutr 40 : 200–213 (2001)

ORIGINAL CONTRIBUTION

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**

lions of years of hominid evolution than to the diet we have been eating

that correction of acidosis can ameliorate those conditions. Is it

occurred with NaCl administration alone.

~15/8 mm Hg

ORIGINAL PAPER

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 ± 16/89 ± 11, 147 ± 13/83 ± 12 and 145 ± 14/81 ± 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)

~15/8 mm Hg

LONG-TERM POTASSIUM SUPPLEMENTATION LOWERS BLOOD PRESSURE IN ELDERLY HYPERTENSIVE

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

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?

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

He uses natural treatments
*"**whenever possible**".*

— Daniel Amen, MD, psychiatrist

"I use medication in my practice, but it's NOT the first thing that I use."

— Daniel Amen, MD, psychiatrist

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

— Daniel Amen, MD, psychiatrist

"And often, with [psyciatric conditions] [I treat them] with..."

— Daniel Amen, MD, psychiatrist

"... natural supplements [first]..."

— Daniel Amen, MD, psychiatrist

"So in my mind, I think,
why not at least try that first?
— Daniel Amen, MD, psychiatrist

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

Why not try potassium (bicarbonate) first?