

**“... Cozaar [losartan]...  
[reduced strokes by 40%, but]  
did NOT reduce  
[heart attacks]...”**

**— Franz Messerli, MD,  
European Heart Journal, 2003**

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*Cozaar [losartan] is an  
angiotensin II receptor blocker  
used for lowering blood pressure.*

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RX

MERCK & CO., INC.



951\* 25 mg



952\* 50 mg



960\* 100 mg

**Cozaar®**

(losartan potassium)

Registered trademark of E.I. du Pont de Nemours and Company.



*Note: Increasing potassium intake  
by 500 mg per day –  
the amount found in one banana  
or 8 ounces of orange juice –  
has also been associated with a  
40% reduction in the risk of stroke.*

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*In other words...*

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*... you can reduce your risk of stroke by 40% either by taking...*

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*... a blood pressure medicine  
every day for the rest of your life...*

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*... or by eating one banana per day...*

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*... or drinking one glass of  
orange juice per day.*

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*Which would you prefer?*

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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,<sup>1–3</sup> 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.<sup>9,10</sup> What has not clearly been

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

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<sup>2</sup> 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.<sup>3</sup> 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.

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— Franz Messerli, MD quoting an editorial

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Although in the UK Prospective Diabetes Study

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**“None of these studies [referenced in another editorial] documented a stroke reduction with beta blockers (or ACE inhibitors).”**

— Franz Messerli, MD

statement.

Although in the UK Prospective Diabetes Study



Thus, to put it somewhat pointedly, a losartan-based regimen did not reduce MI more than placebo (i.e. atenolol), but showed efficacy in reducing cerebrovascular events in the whole population, and cardiovascular events in the diabetic population. Of the two treatment strategies, the losartan-based one is clearly the better one, or as some might argue, since blood pressure was controlled only in about 10% of all patients with monotherapy, the lesser of the two evils. Underscoring the superiority of losartan over atenolol Brunner and

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reduced the risk of cardiovascular fatal and non-fatal events than atenolol per se.<sup>9,10</sup> What has not clearly been

*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 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

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  $56 \pm 23$ ,  $102 \pm 28$  and  $90 \pm 35$  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  $15 \pm 13$  mmHg (95% CI: 4, 26 mmHg,  $p=0.02$ ), although the fall in 24-h DBP was not significant ( $8 \pm 11$  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)

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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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