

*Beta blockers appear to
increase the risk of
suicide by 60%.*

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

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LETTERS

 β -Blocker Therapy and Depression

To the Editor: In their review article, Dr Ko and colleagues¹ found no significant increased risk of depressive symptoms and only small increased risk of fatigue and sexual dysfunction associated with β -blocker therapy. They concluded that concerns about depression, fatigue, and sexual dysfunction should not deter physicians from initiating β -blocker therapy. I would like to raise the following caveats.

First, in addition to varying degrees of lipid solubility and generation, there are other pharmacological differences among β -blockers. Several β -blockers, such as pindolol, have antagonistic activity at somatodendritic 5-HT_{1A} autoreceptors, and thereby increase serotonin release.² This action may lead to an improvement in depression. Räsänen et al³ reported that treatment with pindolol was associated with a slightly but signifi-

To the Editor: We disagree with the conclusions of Ko et al¹ that the conventional wisdom of β -blocker therapy being associated with depressive symptoms, fatigue, and sexual dysfunction is not supported by data from clinical trials. Their data show that the withdrawal rate of β -blockers because of fatigue was more than 2 times higher, and that due to sexual dysfunction almost 5 times higher, than in patients receiving placebo. In the Medical Research Council studies,^{2,3} the withdrawal rate for patients taking β -blockers because of fatigue was between 10 and 24 times that for those receiving placebo and also significantly higher than that for those taking diuretics, which are known to have a well-documented adverse effects profile.

However, in contrast to β -blockers, diuretics have been clearly shown to reduce morbidity and mortality in hypertension.⁴ Withdrawal rates provide more reliable information than “reported symptoms” which according to the principle “don’t ask

heterogeneity associated with different β -blockers.

Second, and in contrast to the above findings, Sørensen et al⁴ found that the standardized mortality ratio for suicide in users of β -blockers was 1.6 (95% confidence interval, 1.2-2.1). This suggests that β -blockers may increase the risk of suicide. If so, depression also may be increased by the use of β -blockers because most suicides are a consequence of depression. Thus, it is possible that the majority of studies in the meta-analysis of Ko et al did not have sufficient sensitivity to detect depression.

Finally, Ko et al investigated depression, fatigue, and sexual dysfunction individually, but fatigue and sexual dysfunction also may be attributed to depression. As such, the authors could

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Second, and in contrast to the above findings, Sørensen et al⁴ found that the standardized mortality ratio for suicide in users of β -blockers was 1.6 (95% confidence interval, 1.2-2.1). This suggests that β -blockers may increase the risk of suicide. If so, depression also may be increased by the use of β -blockers because most suicides are a consequence of depression. Thus, it is

Suicide was 60% more common in people given blood pressure medicines called beta blockers such as atenolol and propranolol.

also may be attributed to depression. As such, the authors could

β -blockers yield conflicting results. This inconsistent relationship suggests that some β -blockers may improve depression, others may worsen it, and yet others may have little effect.

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1. Ko DT, Hebert PR, Coffey CS, Sedrakyan A, Curtis JP, Krumholz HM. β -Blocker therapy and symptoms of depression, fatigue, and sexual dysfunction. *JAMA*. 2002; 288:351-357.

2. Terao T. β -Adrenoceptor blockers and serotonin. *Br J Clin Pharmacol*. 2002; 53:407.

*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
(taken last night).***

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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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R. C. Morris, Jr.
D. E. Sellmeyer
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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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