CONTINUING PROFESSIONAL DEVELOPMENT
PEARLS

Low dose diuretics most effective first-line drug in hypertension

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The Problem: Hypertension is the bread and butter of primary care, both in New Zealand and internationally. Thiazide diuretics have been available since the 1960s. Intensive marketing of newer agents has convinced many colleagues that the newer medications are more effective and have fewer adverse effects. I have personally always found the antihypertensive medications with the fewest side effects are the low-dose diuretics. I am constantly frustrated with patients who cough on ACE inhibitors or get swollen ankles on calcium channel blockers yet rarely have problems with diuretics.

Clinical Bottom Line: Low-dose thiazides (bendrofluazide <1.25 mg) are more effective than first-line high-dose thiazides (e.g., hydrochlorothiazide 50 mg or more) and first-line beta-blockers, in reducing mortality and morbidity (stroke, myocardial infarction and heart failure). Note that hydrochlorothiazide is not available here other than in combination medications. The diuretic with the most evidence is Chlorthalidone (hygroton) which is available in New Zealand (funded). While 10 times the cost of bendrofluazide, a month’s supply can be as low as $3 per month for 12.5 mg daily. Bendrofluazide would be about 30 cents per month.