

**HEALTH**

**TALK WITH YOUR DOCTOR IF RECENT REPORTS HAVE RAISED CONCERNS ABOUT BLOOD PRESSURE MEDICATIONS**

Don't stop taking your blood pressure medication without checking with your physician first, cautions a Stanford University cardiologist.

Dr. John Schroeder, professor of medicine and director of outpatient cardiology services, says millions of Americans taking calcium channel blockers, or CCBs—a type of blood pressure drug—may be needlessly frightened by recent reports that drugs in this class may pose a greater risk of

heart attack when compared with other blood pressure medications.

"The bottom line is that only one particular drug, a short-acting CCB called nifedipine, has raised serious issues," says Schroeder. The National Heart, Lung and Blood Institute issued a warning August 31, of this year, that nifedipine should be used with 'great caution (if at all).'

"Patients taking this drug should indeed talk with their doctors about changing to a

similar, potentially safer and longer-acting channel blocker that will accomplish the same objectives," Schroeder says.

However, the cardiologist cautions that stopping medication altogether is far more risky than continuing to take CCBs, even if the recent warnings turn out to be well-founded.

News accounts were numerous after the Journal of the American Medical Association (JAMA) published

an August 23 report about nifedipine and other short-acting CCBs based on one of many studies. "Other studies have drawn different conclusions," notes Schroeder. "We simply need more information, and a larger study is in fact under way to answer further questions about blood pressure medications.

"The study in JAMA didn't look at currently available once-a-day CCBs which are now used for treatment of hypertension [high blood pressure] and angina [chest pain caused by a blockage of blood flow to the heart]. These agents have gained widespread use because of their effectiveness, their safety and their lack of adverse side effects. Therefore, the current findings do not apply to how we're practicing medicine now, even if the report findings were conclusive," says Schroeder.

"CCBs and another class of drugs, called ACE inhibitors, have become the drugs of choice for many patients with high blood pressure, because of their remarkable freedom from the adverse side effects that for years have plagued many patients taking other blood pressure drugs, including diuretics and beta blockers," says Schroeder. CCBs and ACE inhibitors help patients avoid the fatigue, lethargy, sexual dysfunction, nightmares and adverse effects on blood cholesterol that sometimes result from these other medications, he adds.

"There are no simple answers when it comes to choosing high blood pressure medication. That's why it's important to talk with your physician about the potential risks vs. benefits—including comfort and convenience—of the drug program that's best for you," Schroeder says.

**SENIORS GET FREE PRESCRIPTION MEDICATIONS WITH U.S. SENATOR REID'S FREE INFORMATION BROCHURE**

Washington D.C.—U.S. Senator Harry Reid is helping low income seniors get the facts about free prescription medications in a new information paper available free for all Nevadans.

Many prescription drug manufacturers make their medications available free-of-charge to patients who do not have the resources to pay for them. Senator Reid's hand-out provides a handy list of the most frequently prescribed drugs covered under the manufacturers' program.

"With pending cuts to Medicare and Medicaid, more seniors may be looking for help getting affordable medicine," Reid said.

As a member of the Special Committee on Aging, Reid has fought to protect seniors for years.

"I am proud to be able to bring seniors helpful information such as these free brochures on prescription medications," Reid said.

"I hope they will share these important facts with relatives and friends because Nevada seniors should not be forced to go without necessary medications."

The free Prescription Medication Brochures are available at all his state offices. Or if you prefer, they can be mailed to you, free of charge. For more information please call 474-0041.

**Genetic Defect Related To Heart Disease Discovered**

HOUSTON — A genetic defect responsible for a common form of heart muscle disease has been discovered on chromosome 1, say heart specialists at Baylor College of Medicine and The Methodist Hospital in Houston.

Familial dilated cardiomyopathy (FDCM) runs in families and usually leads to heart failure. The ventricles enlarge, resulting in loss of pumping strength.

The scientists detected the chromosomal defect after analyzing the genetic make-up of 46 living members spanning four generations of an afflicted family living in California and Utah. Eighteen cases of FDCM, eight of them fatal, have occurred in the family.

"We have anchored the first major step—isolating the gene," said co-investigator Dr. Robert Roberts, a professor of medicine and cell biology and chief of the cardiology section at The DeBakey Heart Center of Baylor and Methodist. "Now, we want to identify what is responsible for the defect. No gene defect has ever been identified for this disease."

While several genes are suspect on chromosome 1 and the culprit has not been pinpointed, the research team say their findings pave the way to screening to look for genetic markers on and around the

chromosome among family members with the disorder.

Results from the multi-center study led by Baylor researchers Dr. Jean-Bernard Durand and Roberts and their colleagues at Kaiser Permanente Hospital in Los Angeles, The University of Texas Health Science Center in Houston, and the University of Utah, appeared in the Dec. 15 issue of Circulation.

Other Baylor researchers collaborating with Durand and Roberts are Dr. Linda L.

Bachinski, Lisa C. Bieling, Grazyna Z. Czernuszewicz, Antoine B. Abchee, Qun Tao Yu, Terry Tapscott, Rita Hill, Jonah Ifegwu, Dr. A.J. Marian, Dr. Ramon Brugada, Dr. Miguel Quinones, and Dr. Jeffrey A. Towbin.

The study was funded by the National Heart, Lung, and Blood Institute, the American Heart Association Bugher Foundation Center for Molecular Biology, and the Robert Wood Johnson Foundation.

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**Health Briefs**

**EAT LIGHTLY BEFORE THAT FESTIVE DINNER**

You may shovel in less food at that holiday meal if you eat light but regular meals earlier in the day, says a Stanford University dietitian.

"You're probably more likely to binge on your holiday meal, rather than sit back and enjoy it, if you're exceptionally hungry," says JoAnn Hattner, a dietitian and spokesperson for the American Dietetics Association.

Hattner recommends a wholesome breakfast, and then a light snack or meal at midday if the holiday meal isn't until evening. "But keep in mind that calories are calories, and the total for the day is what counts," she says.

"If you begin a meal extremely hungry and with accompanying low blood sugar, you are more likely to overeat. For many people, fasting all day before a late afternoon or evening meal will actually cause more weight gain than if they'd eaten lightly before the feast," says Hattner.

Social influences also prompt many people to eat more at holiday gatherings, says Hattner. "Studies have shown that the more people gathered at a meal, the more they tend to eat. This may be particularly true at large social gatherings, where people often linger over the end of the meal and where the fare includes a high-calorie dessert—or multiple desserts," she says.

"And you may eat more because you're eating comfort foods that remind you of happy times with family. These are often foods that you haven't enjoyed for a long time," she adds.

"Even if you go ahead and gorge yourself, remember that just as the holiday was special, the next day gives you another chance. Try some brisk exercise the next morning, followed by a return to your wholesome diet—and memories of holiday good cheer."

**REMINI DOCTORS OF FOOD ALLERGIES BEFORE TAKING NEW DRUGS, PHARMACIST ADVISES**

Most medications contain more than their active ingredients, so it's important to remind your doctor of any food allergies, food sensitivities or dietary restrictions before you start taking a new drug, cautions a registered pharmacist at Stanford University. "Tell your doctor about allergies to foods, including food colorings, and especially be sure to remind the physician if you are on a special diet, such as low sugar or low salt," says Lisa Tuomi, drug education coordinator for Stanford Health Services.

Usually, the physician can prescribe alternative medications that deliver the active ingredients without the troublesome substance, Tuomi says. Sugar, various salts and dyes are commonly found in medications, Tuomi notes. Alcohol is often found in liquid medications, particularly cough syrups, posing problems for persons with alcohol intolerance or others who need to avoid alcohol.

Another potential problem, she says, is that some medications contain potassium. Taking such drugs in combination with a salt substitute that also contains potassium may cause a troublesome rise in the level of potassium in the blood stream.

Additives are often put in pills or liquids for flavoring, for color coding or as fillers to firm up the medication's consistency.

"Your doctor probably has a record of your allergies and sensitivities, but it doesn't hurt to remind the caregiver, especially if it's your first or an infrequent visit," Tuomi says.

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