

Spirolactone Monotherapy in Special Population of Patients with Hypertension

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To the Editor:

We read a recent letter about the results of our trial which showed that low dose spironolactone monotherapy can effectively reduce blood pressure in patients with stage one hypertension.¹

The comments from the authors were interesting and their suggestions seemed logical; however, several points should be considered.

First of all, in our trial we used a very low dosage of spironolactone, and as we and some others have shown, side effects in such dosages are very low. On the other hand, the anti-androgenic side effects of spironolactone happen in higher dosages and consequently, they may not be helpful in patients with polycystic ovary syndrome and prostatic carcinomas in the dosages we have examined in our trial.² It is logical to assume that higher dosages have the same or more potent antihypertensive ef-

fects. But this assumption needs to be clinically tested before being suggested. It is also important to remember that the anti-androgenic effects of spironolactone are not a class effect and other aldosterone receptor antagonists such as eplerenone are not useful for such purposes.³

Finally, it should be remembered that there are other populations like cirrhotic patients with abdominal ascites that have gains from taking spironolactone⁴ and trials to use spironolactone in such populations as the first line drug to treat hypertension are necessary to make the final judgment.

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