

■ Link between heart drugs and suicide

The March 7, 1998 issue of the *British Medical Journal* finds a significant correlation between suicide and the use of calcium channel blockers used to treat high blood pressure.

The study found that patients using calcium channel blockers were five times more likely to commit suicide than those not taking the drug. ▲

■ FDA: Popular heartburn drug causes heart problems

On January 24, 2000, the United States Food and Drug Administration (FDA) issued a warning that the popular heartburn drug Propulsid should only be used as a last resort—and then only after the patient has had an EKG to rule out heart problems.

The warning comes after 70 deaths and 200 reports of irregular heartbeat and other heart disturbances since Propulsid was introduced in 1993.

The FDA warning says that patients should not be given Propulsid if they have: heart disease, valve disease, any history of an irregular heartbeat, abnormal EKG, kidney disease, lung disease, low blood levels of potassium, calcium or magnesium, eating disorders, dehydration or prolonged vomiting.

Propulsid should not be taken with antibiotics, antifungals, drugs for irregular heartbeat, protease inhibitors (taken for AIDS), antidepressants, antipsychotics or grapefruit juice.

Aspirin a day dangerous

The November 11, 2000 issue of the *British Medical Journal* finds that even small doses of aspirin every day can cause such serious damage to the body that patients need to reconsider very closely the trade-off between the possible benefits and the likely damage.

According to the study, in which doctors reviewed 24 different studies involving almost 66,000 patients, people over 50 who take the drug daily almost double their chances of developing ulcers and internal bleeding which can lead to death.

The researchers found that "no evidence exists that reducing the dose or using modified release formulations would reduce the incidence of gastrointestinal haemorrhage."

■ Natural Estrogen Better For Heart Protection Than Synthetic Hormone

The February 15, 2002 issue of the *American Journal of Epidemiology* reports that a woman's natural supply of estrogen provides more protection from heart disease than Hormone Replacement Therapy (HRT) using synthetic estrogen.

Researchers at the University Medical Center, Utrecht, the Netherlands, found that women who begin menopause later in life stand less chance of dying from heart disease. They theorize that it's because she is exposed to her own natural estrogen for a longer period of time.

Last July, the American Heart Association issued an advisory saying that there wasn't enough evidence to warrant the use of HRT for the prevention of heart disease.

Commentary: It's possible that medicine is looking in the wrong direction in the first place. First off, early menopause may be normal for that particular woman experiencing it. Secondly, if early-menopausal women are more likely to develop heart disease, it may be from other factors besides reduced estrogen.

Interference in the form of vertebral subluxation, dietary deficiencies, or environmental, chemical or emotional stresses could be causing the body to prematurely shut down estrogen production. Removing these different types of interference makes much more sense to us. Simply replacing natural estrogen with synthetic estrogen does not address the underlying cause of why production is decreasing and certainly doesn't even approach the question of whether or not it's even necessary. When working without interference, our bodies know what they need to do and when to do it.

■ Vioxx linked to blood clots, heart attacks and strokes

Reuters news service reported on April 19, 2002 that sales of the arthritis drug Vioxx are down because the drug has been linked to blood clots that can cause heart attacks and stroke. Vioxx is produced by the drug manufacturer Merck & Co.

Last year, Vioxx revenue fell nearly \$1 billion short of initial projections because of concerns that patients taking the drug develop blood clots that can cause heart attacks and stroke. An August, 2001 study in the *Journal of the American Medical Association* found that the class of drugs known as COX-2 inhibitor drugs, which includes Vioxx, Celebrex and Bextra, increased the risk of heart attack, stroke and other cardiovascular problems.

Commentary: Over and over again we hear of new “miracle” drugs that end up causing more problems that are more dangerous than the disease they are supposed to treat. Taking drugs does nothing to allow the highest expression of health. Making sure your body is functioning at its highest potential possible with Chiropractic wellness care is the best way to get and stay healthy.

■ Viagra Linked To Blood Clotting, Heart Attacks

The January 10, 2002 issue of Cell reports that research at the University of Illinois at Chicago College of Medicine has found Viagra may be the cause of heart attack and strokes in men who take the impotence drug.

This study surprised the researchers because for the past 20 years, it has been thought that a compound in cells called cGMP prevented heart attacks and stroke by keeping blood platelets from clumping together or clotting. This study found that not only does cGMP cause platelet clumping that can lead to heart attacks and strokes, but also that Viagra actually increases levels of cGMP in the body.

Viagra was originally developed to prevent heart attacks and strokes by stopping platelets from clumping together. As of July 1999, 564 deaths of men taking Viagra have been reported.

■ Heart Bypass linked to lingering brain damage

The New England Journal of Medicine recently reported that Heart Bypass surgery causes serious, lingering brain damage in as many as 25,000 Americans per year.

Six percent of people undergoing Heart Bypass surgery suffer significant, perhaps permanent, brain damage. “That's a frightening figure for an elective procedure,” said the director of the study, Dr. Dennis Mangano of the San Francisco Veterans Affairs Medical Center.

Worldwide, 800,000 bypass surgeries are done each year with 400,000 in the United States. Doctors believe the surgery knocks loose tiny bits of fatty deposits that then float in the bloodstream until they block the small vessels of the brain, starving it of oxygen.

Dr. Philip Wolf, of Boston University, a stroke specialist not involved in the study, called the degree of brain damage “a gross underestimation, because these people were not seen systematically by a neurologist. It must be the tip of the iceberg.” ▲

■ Heart test increases chance of death

A study in the *Journal of the American Medical Association* says that a heart test performed on 1,000,000 critically ill patients each year has no medical benefit and increases the chance of death.

The test is called Right Heart Catheterization (RHC). In the study, 5735 intensive care patients records were examined. Of those, 2184 underwent RHC. The findings revealed that:

- 24% had a higher death rate than those who did not have the test but were just as sick.
- ICU stays were longer, 14.8 days vs. 13 days.
- RHC patients incurred higher costs, \$49,300 vs. \$35,700.

Five previous studies also linked the test to an increased risk of complications and death while adding \$2 billion a year to the cost of health care.

Of 1.7 million tests done each year world wide, 1.2 million are done in the United States. There is no consensus on appropriate use of RHC and no study has ever proven that it saves lives. ▲

■ Common heart procedure increases chance of death

The *Journal of the American Medical Association* reported in September of 1996 that a common heart procedure, right side heart catheterization, increases the likelihood of death by 21% within 30 days after the procedure is done.

Since over one million of the procedures are performed every year, this study suggests that right side heart catheterization alone accounts for 210,000 premature or unnecessary deaths annually.

In an accompanying editorial, a moratorium on the procedure was suggested until further research can be conducted. ▲

■ Bypass Surgery Can Increase Stroke Risk

A study in the July 17, 2001 issue of *Circulation: Journal of the American Heart Association* finds that patients who have heart bypass surgery soon after having a heart attack or an episode of severe chest pain may have an increased chance of having a stroke in the following months.

More than 18,000 patients who had heart-related chest pain called unstable angina or a less severe form of heart attack called a non-Q-wave heart attack were studied. Patients who had heart bypass surgery within 2 weeks of either of these episodes occurring were, on average, four times as likely to have a stroke as patients who did not have bypass surgery at all. The risk was even higher in elderly patients and those with a past history of stroke, diabetes and high heart rates.

■ Heart catheters increase risk of stroke in some

A study in the April 12, 2003 issue of the British journal *The Lancet* finds that using heart catheters to diagnose a certain type of heart problem can unnecessarily increase the risk of the patient having a stroke.

Patients with aortic-valve stenosis (narrowing) did much better when surgeons relied on non-invasive echocardiograms.

Associate professor of cardiology at the University of Bonn in Germany and lead researcher Dr. Heyder Omran says, “if you do a good echocardiogram and you are confident about the results, I don’t see a reason for doing the [invasive catheter procedure]. Those who do will certainly expose the patient to the risk of stroke.”

22% of the 101 patients in the study who had the catheterization procedure had indications of blood clots after the treatment. Three patients in the study who had catheterization had impairments in neurological function indicating they suffered a stroke.

■ Study: Angioplasty, Stenting Increase Stroke Risk

The September 17, 2003 issue of the Journal of the American College of Cardiology highlights a study showing more than 20% of people who have undergone carotid angioplasty and stenting procedures may have particles break off from the artery walls and travel to the brain causing stroke.

Carotid angioplasty involves inserting a small balloon into a narrowed carotid artery and inflating it to spread the blockage open wider so more blood can flow through. Stents are small wire mesh tubes that are left behind to hold the artery open. Small particles can break off of the artery walls during the procedures and travel to the brain, blocking blood flow and causing strokes.

Researchers in Germany looked at MRI studies of 42 patients before and after they had the procedures. They found that protection devices designed to trap the small particles before they get to the brain don't always work.

Of the 42 patients studied, 9 of them (21%) had particles break free, bypass the protection devices and travel to the brain, blocking blood flow.

Common Heart Tests Not For Everyone

New federal guidelines presented in the February 17, 2004 issue of the *Annals of Internal Medicine* recommend that three common heart tests used to detect problems should not be done on low-risk patients who are experiencing no cardiovascular symptoms.

The three tests in question are the Treadmill Test, Resting EKG and the Electron Beam Computerized Tomography Scan. The new guidelines for their use were issued by the U.S. Preventive Services Task force and replaced ones issued in 1996.

The Task Force Chairman, Dr. Ned Calonge, says that if “you are a low-risk adult with no symptoms, there is really no reason to experience these tests. We do not recommend them because of the risk of false positives.”

According to Calonge, false positives usually lead to further, much more invasive tests such as coronary angiography and unnecessary medical treatment including dangerous medications.

Interestingly, the task force found there was insufficient evidence that the three tests were even effective in adults who were at an increased risk for heart disease.

■ Invasive Heart Procedures Lead To Higher Death Risk, Bleeding At Six Months

The February 20, 2005 issue of the British Medical Journal finds that people with a specific heart condition that end up undergoing more invasive heart procedures suffered a higher risk of death six months later than patients who didn't.

The study involved more than 28,000 patients in 14 countries including the U.S., Europe, Argentina, Brazil, Australia and Canada who were admitted to the hospital after suffering acute coronary syndrome between April 1999 and March 2003. Some of the hospitals had catheterization facilities, some did not.

The authors found that “in the total population of patients with acute coronary syndrome, and after adjustment for baseline characteristics, medical history and geographical region, patients first admitted to hospitals with catheterization facilities were at a 14% increased risk of death at six months. The risks of in-hospital stroke or major bleeding were also higher (53% and 94% respectively).”

The researchers concluded that the “results do not suggest that an invasive approach to patients with acute coronary syndrome is harmful but that a more restrictive selective use of invasive procedures...is a least effective as a more liberal routine use.” They also conclude that the results argue “against the early routine transport of these patients to a specialized...hospital with interventional facilities.”