

BPH

β -Blockers mitigate exacerbation of heart failure by α -antagonists

Men with heart failure who are receiving α -antagonists for symptomatic benign prostatic hyperplasia (BPH) are at increased risk of hospitalization for cardiac crises. Concomitant β -blocker therapy ameliorates this risk, according to an analysis of data from 388 men admitted between 2002 and 2004. "Background β -blocker therapy appears to be protective against the potential harmful effects of α -adrenergic antagonist therapy in patients with heart failure," says senior author Biykem Bozkurt from the Baylor College of Medicine, Houston, Texas.

A quarter of men in the study had been prescribed an α -antagonist such as terazosin, doxazosin or tamsulosin, primarily for BPH. Overall, use of these drugs was not associated with increased mortality or hospitalization for heart

failure. However, among the subgroup of patients who were not taking a β -blocker such as metoprolol, use of an α -antagonist increased the likelihood of admission for heart failure by a factor of almost two.

The use of α -antagonists to treat hypertension has been largely abandoned, following the emergence of worrying results from several large cardiology trials. As BPH is very common among aging males, the putative cardiac harm caused by these drugs warrants further investigation. To that end, Bozkurt and colleagues plan to "...examine the interaction ... in a much larger number of patients, as the current study might have been underpowered to demonstrate all the potential harmful effects of α -adrenergic antagonists on clinical outcomes."

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Original article Dhaliwal, A. S. *et al.* Impact of alpha 1-adrenergic antagonist use for benign prostatic hypertrophy on outcomes in patients with heart failure. *Am. J. Cardiol.* 104, 270-275 (2009).