

CORRESPONDENCE

The Frequency of Prescription of Immediate-Release Nifedipine for Elderly Patients in Germany: Utilization Analysis of a Substance on the PRISCUS List of Potentially Inappropriate Medications

by Dr. rer. soc. Ingrid Schubert, Dr. sc. hum. Rebecca Hein,
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Psychosomatic Component

Long-term therapy with immediate-release nifedipine is rightly considered to be obsolete. However, the prescription observed by the authors, as a single administration, shows that the reason for the prescription was not long-term treatment. The authors' recommendation of supervising and monitoring patients in intensive care rather than issuing a prescription is often pointless, as primary care experiences have shown. Of course there are extreme hypertensive crises that require supervision and monitoring in intensive care, but this is not the most common course. Hypertensive crises are known to have a psychosomatic component. The patients are agitated; they have cardiac palpitations; on measuring their own blood pressure they find an increased value; and they become anxious. Their blood pressure rises further, and their anxiety turns into panic. Because of this feedback effect patients often develop so-called cardiophobia. The result: anxious self-monitoring with rising blood pressure, increased overall medication, and more frequent spikes in blood pressure. Frequent admission to hospital would increase the psychosomatic pathological process. Hypertensive crises can of course occasionally be resolved by the family physician, but the significance of the required medical consultation also increases the pathogenic feedback effect. On the other hand: if the effectiveness of a transmucosal-resorption nifedipine capsule for hypertensive crisis has been demonstrated by the doctor, then having a small quantity of this "rescue medication" in the cupboard has a calming effect on the patient. Experience has shown that utilization is low. Just the awareness that self-help is available reduces the anxiety, breaks the vicious cycle, and reduces drug costs, medical consultations, and admissions to hospital.

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REFERENCES

- Schubert I, Hein R, Abbas S, Thürmann P: The frequency of prescription of immediate-release nifedipine for elderly patients in Germany: utilization analysis of a substance on the PRISCUS list of potentially inappropriate medications. *Dtsch Arztebl Int* 2012; 109(12): 215–9.

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

The authors thank Dr Riehl for sharing his observations from the perspective of psychosomatic primary care. He sees an indication for immediate-release nifedipine as a "rescue medication" in order to enable patients with "cardiophobia" to break the vicious cycle of anxiety and rising blood pressure. We are not aware of any guideline recommendations for this problem, which is probably common in the primary care setting. In our article we advised against administration of immediate-release nifedipine in older patients (1). The desire to improve patients' self efficacy is understandable. We still have reservations against recommending self-administered treatment for older patients, particularly since in blood pressure spikes (not emergencies) immediate lowering of blood pressure is not required, but if medication is administered incorrectly there is a risk of hypotension and falls. We think it is important that in patients with (recurring) blood pressure spikes, adherence to their medication regimen should be checked and, if required, the patient's understanding of their illness should be discussed. This also offers a starting point for discussing the interplay of stressors (anxiety/fear) and rising blood pressure with the patient. We also think further differential diagnostic evaluation is essential, which should include psychological comorbidities (such as panic attacks). It would be highly desirable for guidelines for the treatment of hypertension to include the described problems and formulate therapeutic recommendations.

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REFERENCES

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