



## Patients Advised to Take More Blood Pressure Pills

[Worldwide headlines](#) were released on September 11, 2015, through the general media (newspapers, Internet, radio, and TV), about benefits derived from more aggressively treating high blood pressure (hypertension) with drugs. This news was based on the unpublished SPRINT trial: a randomized clinical trial of over 9,000 Americans, 50 years and older with high blood pressure, and an increased risk for heart and/or kidney disease. Half the participants were given a blood pressure target of 120 mmHg systolic pressure (top number) and the other half were given a target of 140 mmHg. An average of 3 kinds of antihypertensive medications were needed to reach the lower target goal (120 mmHg), whereas, only 2 drugs achieved the higher target (140 mmHg). The new target of 120 mmHg was publicized to reduce the rate of heart attacks, heart failure, and stroke by 30%, and cardiovascular deaths by 25%. (Likely, these figures are *relative risk reductions*, rather than *absolute reductions*, which means the perception of benefit is greatly exaggerated.)

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This news release was bold, unusual, and improper because no evidence, statistics, or other information necessary to evaluate the clinical worthiness of these findings was simultaneously released. The scientific data required to independently assess the value of the SPRINT study will not be fully available until 2017; however, the practice of medicine has been changed, today, with this news. Drug companies have directly funded many of the people and organizations involved in the SPRINT study, yet no conflicts of interest have been reported that could point to strong financial biases.

One undeniable result of this media campaign to have physicians prescribe more pills is to bring tens of billions of dollars to the pharmaceutical industry. Furthermore, physicians, emergency rooms, and hospitals will experience financial gains from initiating more treatment, and the side effects that always follow. There has been nothing in the news releases about the potential harms of treating to a lower target of 120 mm Hg. Past research has shown that [aggressive treatment](#) of blood pressure with medications [increases the risk of stroke, heart attacks, and death](#).

For treating high blood pressure, my fundamental recommendation is for [a change in diet...](#) and then, judicious use of medication (usually chlorthalidone) for people with a sustained blood pressure of 160/100 mmHg or greater. My target blood pressure **with medication** is no lower than 140/90 mmHg.

### How I Treat Patients with Elevated Blood Pressure

From the November 2009 McDougall Newsletter

Elevated blood pressure, or hypertension, is associated with serious health problems, such as strokes, heart attacks, and kidney failure. Most people believe the problem with hypertension is that the elevated pressure damages the arteries and the body's organs. Actually, it is more

often the other way around. The rise in blood pressure is a response to a sick body—the blood pressure goes up as a natural and proper adaptation—as an attempt to compensate for a plugged up cardiovascular system. After years of consuming the rich Western diet, the blood vessels develop blockages referred to as atherosclerosis, the artery walls stiffen, and the blood itself becomes viscous. All this change creates a resistance to flow, resulting in a decrease in the ability to deliver nutrients to the tissues. The body responds, as it should, with a rise in blood pressure.

The correct action for the patient to take is to decrease the resistance to flow by eating a healthy diet and exercising. Most people who follow the McDougall diet find their blood pressure decreases within a few days. Based on several collections of results from my clinic, the average reduction of blood pressure is about 14/11 mmHg in seven days, and at the same time medications used for treating hypertension are usually stopped. My customary protocol is to stop all blood pressure-lowering medications the first day of the Program, except for beta-blockers, which I slowly discontinue by cutting the dosage in half every two to three days. Unfortunately, not every patient experiences the reduction in numbers they desire. Despite their best efforts some people may need medications.



These blood-pressure-lowering drugs function by poisoning the body in various ways. "Poison" is the correct word. In chemistry poison means to inhibit a substance or a reaction. Beta-blockers inhibit the action of adrenalin on the heart muscle, calcium channel blockers inhibit the contraction of the blood vessels, ACE inhibitors and angiotensin receptor blockers do just that (inhibit and block) the blood pressure regulating hormones produced by the adrenal glands, and diuretics poison the water and electrolyte conserving functions of the kidneys.

These five major classes of medications are discussed in more detail below.

### **Take Measurements at Home for Months before Starting Drugs**

Before starting medications in non-emergency situations, people with concerns about their blood pressure should first, buy a good quality blood pressure cuff (an oscillometric monitor for \$50 to \$100) and use it to monitor their blood pressure at home.<sup>1</sup> I suggest they then record the values several times a week and take these numbers to their private doctor for further discussion.

A sustained elevation of blood pressure to 160/100 mmHg or greater over months suggests the need for treatment with medication.<sup>2</sup> A word of caution: If you do start blood pressure-lowering medications, avoid overly aggressive treatment. In general, reducing blood pressure below 140/90 mmHg with medication is not beneficial and actually will increase the risk of heart attacks, strokes, and death.<sup>3,4</sup> A recent review by the well-respected Cochrane Collabo-

ration concluded with: "Treating patients to lower than standard BP targets,  $\leq 140/90$ - $160/100$  mmHg, does not reduce mortality or morbidity."<sup>5</sup>

## **Chlorthalidone Is the Drug of Choice**

Chlorthalidone is an oral diuretic (a water pill taken by mouth) with a prolonged action of 48 to 72 hours and low toxicity. Diuretics lower blood pressure by reducing fluid volume, which decreases the output of the heart causing the blood pressure to fall. Doctors and patients often believe that all diuretics have similar benefits. This is not the case, and chlorthalidone is the preferred kind of diuretic for most patients.<sup>6,7</sup> In 1990, the Multiple Risk Factor Intervention Trial (MRFIT) reported a reduction in nonfatal cardiovascular events when the diuretic treatment was changed to replace hydrochlorothiazide (HCTZ) with chlorthalidone in men at high risk for coronary heart disease.<sup>8</sup> Chlorthalidone is also more effective at lowering systolic blood pressure (the top number) than HCTZ. The starting dosage used was 12.5 to 25 mg daily; but the dosage can be increased to 50 to 100 mg daily. All patients receiving chlorthalidone should be checked after one month for evidence of fluid or electrolyte imbalance: namely, low sodium, low chloride, and low potassium (by blood tests). Other periodic laboratory tests should be performed to look for adverse effects from this potent diuretic. For example, blood levels of cholesterol, triglycerides and uric acid can be increased by this medication. Chlorthalidone is inexpensive; a 30-day supply is \$4 and a 90-day supply is \$10 for 25 or 50 mg tablets at Walmart.

## **Why I No Longer Routinely Prescribe Beta-blockers**

For many years beta-blockers were considered one of the first line therapies for the treatment of hypertension. Current evidence suggests that beta-blockers (like Atenolol) should not be prescribed unless there is some other reason for their use (like atrial fibrillation, heart failure, or myocardial infarction).<sup>9</sup> A recent Cochrane Collaboration concluded: "The available evidence does not support the use of beta-blockers as first-line drugs in the treatment of hypertension. This conclusion is based on the relatively weak effect of beta-blockers to reduce stroke and the absence of an effect on coronary heart disease when compared to placebo or no treatment."<sup>10</sup>

Examples of commonly prescribed beta-blockers are: acebutolol (Sectral), atenolol (Tenormin), betaxolol (Kerlone), betaxolol (Betoptic, Betoptic S), bisoprolol fumarate (Zebeta), carteolol (Cartrol), carvedilol (Coreg), esmolol (Brevibloc), labetalol (Trandate, Normodyne), metoprolol (Lopressor, Toprol XL), nadolol (Corgard), nebivolol (Bystolic), penbutolol (Levatol), pindolol (Visken), propranolol (Inderal, InnoPran), sotalol (Betapace), and timolol (Blocadren).

## **I Never Prescribe Calcium Channel Blockers**

Calcium channel blockers are also called "calcium antagonists" and "calcium blockers." They may decrease the heart's pumping strength and relax the blood vessels, and are commonly

used to treat high blood pressure, angina (chest pain), and some arrhythmias (abnormal heart rhythms). However, they increase the risk of dying from heart disease and cancer (especially breast cancer), and the risk of developing open-angle glaucoma, suicide, and bleeding.<sup>11-17</sup>

Examples of commonly prescribed calcium channel blockers are: amlodipine (Norvasc), clevidipine (Cleviprex), diltiazem (Cardizem), felodipine (Plendil), isradipine (Dynacirc), nifedipine (Adalat, Procardia), nicardipine (Cardene), nimodipine (Nimotop), nisoldipine (Sular), and verapamil (Calan, Isoptin).

## **I Never Prescribe Angiotensin Receptor Blockers (ARBs)**

Angiotensin is a hormone found in the body that causes blood vessels to constrict, resulting in higher blood pressure and extra work on the heart. Angiotensin receptor blockers (ARBs), also called angiotensin II receptor antagonists, prevent angiotensin from binding to its receptor in the walls of the blood vessels. This results in a lower blood pressure. These medications are often prescribed because they are less likely to cause a chronic cough than medications called angiotensin converting enzyme inhibitors (ACE Inhibitors), which also work on the "angiotensin system" to control high blood pressure.

Convincing evidence shows that angiotensin receptor blockers (unlike ACE inhibitors) increase the rates of myocardial infarction (heart attacks) despite their beneficial effects on reducing blood pressure.<sup>18</sup>

Examples of commonly prescribed angiotensin receptor blockers are: candesartan (Atacand), eprosartan (Tevetan), irbesartan (Avapro), telmisartan (Mycardis), valsartan (Diovan), and losartan (Cozaar).

## **ACE Inhibitors Are Less Beneficial and More Dangerous Than Advertised**

Angiotensin converting enzyme inhibitors (ACE Inhibitors) have been used for decades to treat hypertension and heart disease. Their main selling point is that they are said to be "renal-protective," meaning they help protect the kidneys from failing, especially for people with already existing kidney disease and/or diabetes. However, their value for protecting the kidneys has been largely refuted.<sup>20-23</sup> The ALLHAT data (the largest antihypertensive trial and the second largest lipid-lowering trial) showed that among those patients with diabetes, more patients in the ACE inhibitor (lisinopril) group progressed to end stage kidney failure compared with the chlorthalidone group.<sup>23</sup> Acute and chronic kidney failure from the use of these drugs is also reported (and is much more common than most doctors realize).<sup>19,23</sup>

Examples of commonly prescribed ACE inhibitors are: benazepril (Lotensin), captopril (Capoten), enalapril (Vasotec), fosinopril (Monopril), lisinopril (Prinivil, Zestril), moexipril (Univasc), perindopril (Aceon), quinapril (Accupril), ramipril (Altace), and trandolapril (Mavik).

## Medication Benefits Are Oversold

Not surprisingly, pharmaceutical companies make great efforts to advertise the benefits of their products and to cover up the harms. To be more blunt, these companies lie to doctors, patients, medical journals, and the media.<sup>24</sup> One common method used is to report unimportant benefits from use of their products, such as lowering the blood pressure, rather than reporting very important end points like staying alive and reducing the risk of a stroke or heart attack.

They also report "relative benefits" rather than "absolute benefits." For example, the risk of stroke over five years is fifteen cases per thousand for untreated patients and nine cases for those actively treated with medications.<sup>25</sup> The relative risk reduction is 15 minus 9 divided by 15 or a 40% reduction. Forty percent sounds like a great benefit. However, figuring more honestly with reports of the absolute benefit are far less impressive. The absolute reduction in stroke from treatment with medication is 15 minus 9 strokes, which equals only 6 strokes prevented after treating a thousand people with medication for five years. In other words, annually, one stroke is prevented by treating one thousand patients. That's a lot of money spent and side effects suffered for a very low absolute benefit. (Would you trade sexual dysfunction for this one in a thousand possible benefit?)

The bottom line is this: Make all efforts to avoid the need for medications or any other medical services by staying healthy. This means following the McDougall diet, exercising and practicing clean habits.

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## Featured Recipes

During the fall months I usually make a lot of vegetable soups, stews and chili dishes. They are easy to start in the morning and then just let them cook for several hours. You'll have enough for dinner and several days of leftovers for lunches.

### MINESTRONE SOUP

This is our favorite vegetable soup. It makes a wonderful meal with a loaf of fresh bread. It also reheats well and we like to have it for several lunches during the week.

Preparation Time: 30 minutes

Cooking Time: 3 hours

Servings: 8

- 1 ¼ cups dried red kidney beans
- 8 cups water
- 1 onion, chopped
- 1 teaspoon minced garlic
- 1 stalk celery, sliced
- 1 carrot, sliced
- 6-8 fingerling potatoes, chunked
- 1 ½ cups fresh green beans, cut into 1½ inch pieces
- 1 cup tomato sauce
- ¼ cup parsley flakes
- 1 ½ teaspoon basil
- 1 ½ teaspoons oregano
- ½ teaspoon marjoram
- ¼ teaspoon celery seed
- ¼ teaspoon ground black pepper
- 1 15 ounce can garbanzo beans, drained and rinsed
- 1 15 ounce can chopped tomatoes
- 1 zucchini, chopped
- 1 ½ cups shredded cabbage
- ½ cup uncooked whole wheat elbows

Place the beans in a large pot with water to cover. Bring to a boil, cook for 2 minutes, turn off heat and let rest for 1 hour. (To eliminate this step, soak beans overnight.) Drain off water. Add onion, garlic and 8 cups of fresh water. Bring to a boil, reduce heat, cover and cook for 1 hour. Add celery, carrot, potatoes, green beans, tomato sauce and all the season-

ings. Return to a boil, reduce heat and cook for 45 minutes. Add the garbanzo beans, canned tomatoes and zucchini. Cook for another 30 minutes. Then add the cabbage and pasta and cook for an additional 30 minutes.

Hints: I have many varieties of minestrone that I make throughout the fall and winter months, but this one is our favorite. You may use any type of uncooked pasta that you like, we also like spaghetti broken into 2 inch pieces in this soup. To change the flavor of this soup a bit, stir in a tablespoon or two (or more) of oil free pesto.

## **SOUTH AMERICAN STEW**

This is a meal in a bowl, very satisfying and filling. It may be served with or without the Avocado sauce. All you need is a good loaf of fresh whole grain bread to complete the meal.

Preparation Time: 45 minutes

Cooking Time: 60 minutes

Servings: 6

1 32 ounce carton vegetable broth  
12 ounces boiling onions, cleaned and left whole  
2 cloves garlic, minced  
2 Roma tomatoes, chopped  
1 stalk celery, chopped  
1 small sweet potato, peeled and chunked  
2 medium red-skinned potatoes, chunked  
1 carrot, sliced ¼ inch thick  
¼ cup uncooked long grain brown rice  
1 jalapeno pepper, seeded and minced  
1 teaspoon ground cumin  
3 zucchini, sliced ½ inch thick  
¼ to ½ head of cabbage, cut in large pieces  
¼ cup chopped fresh cilantro

Place the vegetable broth in a large pot. Add onions, garlic, tomatoes, celery, potatoes, carrot, rice, jalapeno and cumin. Bring to a boil, cover, reduce heat and cook for about 30 minutes, stirring occasionally. Add remaining vegetables, except the cilantro, and cook an additional 30 minutes. Stir in the cilantro. Season with some freshly ground pepper and a dash of salt, if desired. Serve in a bowl and top with Creamy Avocado Sauce if desired.

Hints: Frozen whole boiling onions may also be used to save time. Use about 1 ½ cups. To clean fresh whole boiling onions, drop them into boiling water for a minute, then they will peel easily.

## **CREAMY AVOCADO SAUCE**

Preparation Time: 5 minutes

Servings: 6

1 ripe avocado  
3 tablespoons fresh cilantro  
1/3 cup water  
½ to ¾ teaspoon Tabasco sauce  
½ teaspoon rice vinegar  
1 teaspoon soy sauce

Peel and pit the avocado and place in a food processor. Add the remaining ingredients and process until smooth. Place in a bowl and use a small amount as a topping on each bowl of the South American Stew.

## **SOUTHWESTERN WHITE BEANS**

My family really likes bean dishes and so I am always trying out new and interesting recipes. I have made this one several times during the past month with the different variations and served it in several different ways. It is quick and easy to prepare and is also great for lunch or a snack the next day or two, if it lasts that long.

Preparation Time: 20 minutes

Cooking Time: 30-35 minutes

Servings: 6

1 1/2 cups vegetable broth  
1 onion, chopped  
2 cloves garlic, minced  
1 cup corn kernels, fresh or frozen  
3 15 ounce cans white beans, drained and rinsed  
2 cups chopped fresh tomatoes  
1 4 ounce can chopped green chilies  
1 teaspoon chili powder  
1/2 teaspoon ground cumin  
1/4 teaspoon smoked paprika  
1/8 teaspoon crushed red pepper  
3 cups fresh chopped, kale, chard or spinach  
hot sauce to taste (optional)

Place 1/2 cup of the broth in a large pot. Add onion and garlic. Cook, stirring occasionally, for 10 minutes, until onion is soft. Add corn, beans, tomatoes, chilies, and seasonings. Mix well. Bring to a boil, cover partially and simmer over low heat for 15 minutes, stirring occasionally. Add greens and cook for an additional 10 minutes (only 3 minutes for spinach). Season with hot sauce to taste.

Serve over baked or roasted potatoes, whole grains, or rolled up in a tortilla. This is also wonderful served in a bowl with some fresh bread on the side.

Hints: When fresh corn is in season, slice the kernels off 1 or 2 ears to use in this recipe. To use frozen corn, thaw first under cold running water (place in a strainer and hold under the water for about a minute). Bottled minced garlic may be used, you'll need about 1 1/2 teaspoons. If fresh tomatoes are unavailable, or not very appealing at certain times of the year, use drained, canned chopped tomatoes instead. Any variety of canned white beans may be used. Try either small, white beans or large cannellini beans. Smoked paprika is available in most natural food stores. It adds a delicious flavor to this dish. If you cannot find it, leave it out or use regular paprika instead. Any leafy green is delicious in this recipe. Adjust the cooking times according to the greens used.

## **CHUNKY CHILI**

I make many variations of chili during the fall and winter months. Some of them take a long time to cook and seem to warm up the kitchen while they are cooking. This chili only takes 40 minutes to cook but it will warm you up when you eat it. It is just the thing for those days that never seem to have enough hours for cooking. It also tastes great reheated so you can take it with you for lunch (it will stay warm in a thermos).

Preparation Time: 15 minutes

Cooking Time: 40 minutes

Servings: 6-8

- 1 large onion, chopped
- ½ green or red bell pepper, chopped
- ½ yellow or orange bell pepper, chopped
- 1 teaspoon minced garlic
- 1/3 cup vegetable broth
- 2 15 ounce cans stewed tomatoes
- 2 15 ounce cans black beans, drained and rinsed
- 1 15 ounce can kidney beans, drained and rinsed
- 1 15 ounce can pinto beans, drained and rinsed
- 1 ½ tablespoons chili powder
- 1 tablespoon brown sugar

1 teaspoon ground cumin  
1 teaspoon dried oregano  
dash salt  
several twists of freshly ground black pepper

Place the onion, bell peppers, garlic and vegetable broth in a large pot. Cook over medium heat, stirring frequently, for 10 minutes. Add remaining ingredients, mix well and bring to a boil. Reduce heat and simmer for 30 minutes, stirring occasionally. Serve in a bowl with some bread on the side, or serve over brown rice or a baked potato.

## **FALL GARDEN BOUNTY SOUP**

Soups are the perfect one pot meal. All you need for dinner is a hearty soup and a great loaf of fresh whole grain bread. This is also the time of year that many gardens have an abundance of vegetables ready to harvest for your soup. This soup can easily be varied to contain whatever is most prolific in your garden this year. This also reheats well and freezes well.

Preparation Time: 45 minutes

Cooking Time: 60 minutes

Servings: 8

½ cup water  
1 onion, chopped  
2-3 teaspoons minced fresh garlic  
2 carrots, peeled and sliced into rounds  
2 stalks celery, sliced  
3 cups chopped Roma tomatoes (about 12)  
6 cups vegetable broth  
2 15 ounce cans cannellini beans, drained and rinsed  
2 tablespoons soy sauce  
2 cups sliced zucchini  
2 cups small cauliflower florets  
2 cups thinly sliced green cabbage  
2 cups thinly sliced Swiss chard  
½ cup small uncooked pasta  
¼ cup slivered fresh basil  
several twists freshly ground black pepper

Place the water, onion, garlic, carrots, and celery in a large soup pot. Cook, stirring occasionally for 5 minutes. Add tomatoes, broth, beans, and soy sauce. Bring to a boil, reduce heat, cover, and cook for 10 minutes. Add zucchini, cauliflower, and cabbage. Continue to cook for 15 minutes. Add Swiss chard and pasta and cook for an additional 10 to 15 minutes, or until

pasta is done. Stir in fresh basil and pepper.

## **SWEET POTATO BISQUE**

This is the time of the year when sweet potatoes and yams are found in abundance in all of our markets. Choose firm, smooth potatoes of either type for this recipe. The varieties that are sold in most markets in the US are all sweet potatoes. The yams are not really true yams, but are so labeled to distinguish them from the lighter fleshed sweet potatoes. The ones that are labeled yams have a brighter orange color and their flesh is more moist.

Preparation Time: 20 minutes

Cooking Time: 60 minutes

Servings: 6-8

1 onion, chopped  
4 ½ cups vegetable broth  
2 jalapenos, seeded and chopped  
3 cups peeled, chunked sweet potatoes or yams  
3 carrots, peeled and sliced  
1 cup soy or rice milk  
1-2 tablespoons fresh slivered basil  
1 tablespoon brown sugar  
dash cayenne pepper (optional)

Place ½ cup of the broth in a medium pot. Add the onion and cook stirring occasionally for 3-4 minutes. Add the jalapenos and cook for another 2 minutes. Add the remaining broth, the potatoes and carrots. Bring to a boil, reduce heat, cover and cook for about 45 minutes or until vegetables are tender.

Process in batches in a blender and return to pan, or use an immersion blender and process until the soup is smooth. Add soy or rice milk, basil, brown sugar and cayenne, if desired. Simmer for about 5 minutes, stirring occasionally.