COMMENTARY

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Comment on "Orthostatic changes in blood pressure and survival in elderly cardiopaths"

Ming Zhao[1]

Dear Editor,

We were very pleased to read the article entitled "Orthostatic changes in blood pressure and survival in elderly cardiopaths" by Wang and his colleagues[1]. In this study, the authors revealed that there was a low frequency of orthostatic hypotension (OH) and a mild high frequency of orthostatic hypertension when compared with previous studies, and no association was observed with overall mortality or with the survival time of elderly patients with heart disease. However, some concerns should be raised according to my opinion.

The main problem of the study was that taking central nervous system acting medications was not considered an exclusion criterion. Several psychoactive medications may alter the blood pressure response to standing, leading to drug-related orthostatic hypotension (OH) (Figure 1)[2]. A study found that OH develops in up to 40% of patients taking antipsychotics[3]. Thus, exclusion criteria need to include patients taking cardiovascular drugs and patients taking central nervous system drugs.

Therefore, both cardiovascular drugs and central nervous system drugs can increase the risk of OH. Medical therapy is one of the most common causes of OH. When considering OH, both groups should be excluded.

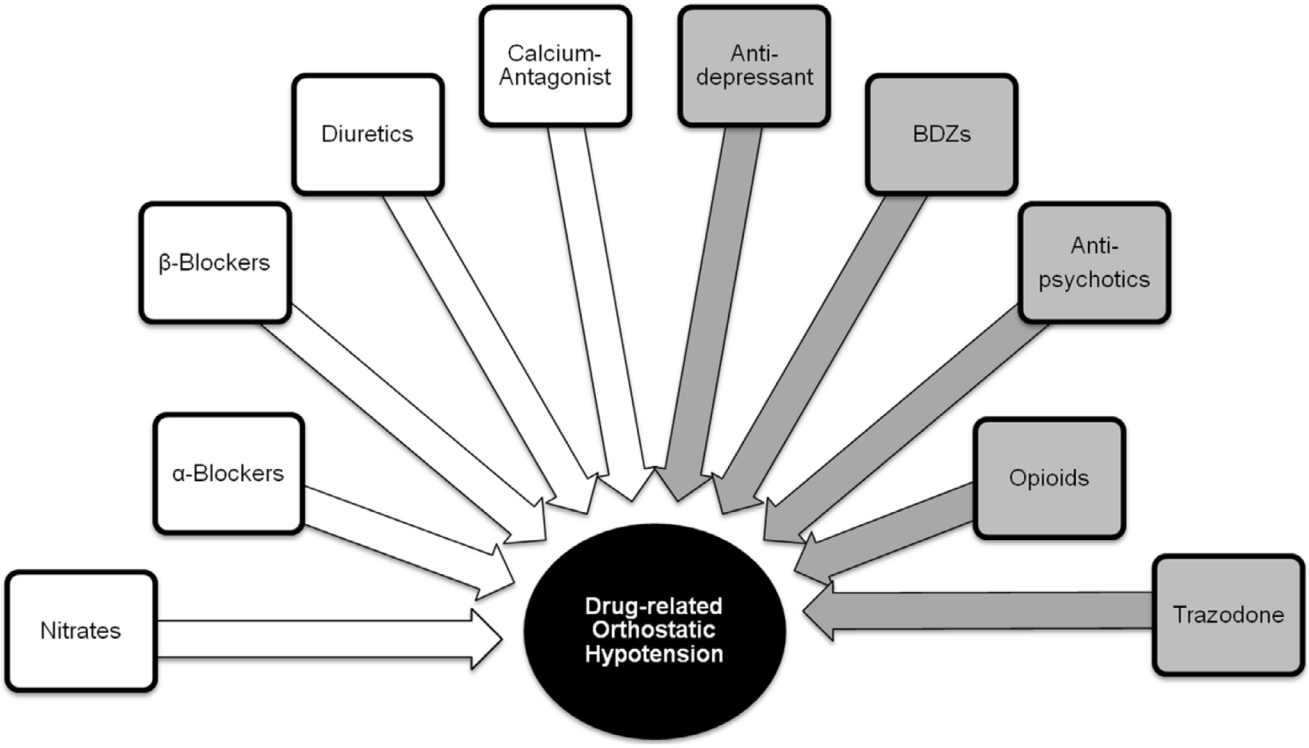

Figure 1. Medications acting on cardiovascular system (white) and central nervous system (dark gray) potentially responsible for drug-related orthostatic hypotension[2].

[1]Cangzhou Central Hospital, Department of Cardiology – Cangzhou, China.
*Corresponding author: xinneikeyisheng@163.com
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