

Kidney stones

(OCTOBER 2009)

TO THE EDITOR: Thanks for the excellent review articles on nephrolithiasis in your October 2009 issue.^{1,2}

Dr. Hall¹ cites studies in which patients given the alpha blocker tamsulosin (Flomax) or the calcium channel blocker nifedipine (Procardia) had improved rates of kidney stone passage compared with placebo. As a primary care physician, I am often confronted with the challenge of managing a patient who is waiting for a kidney stone to pass while taking tamsulosin. Is Dr. Hall aware of any clinical studies, or at least theoretical reasons, which would support adding nifedipine in such cases?

Secondly, Dr. Hall cites studies that demonstrated that a higher intake of dietary calcium is actually associated with fewer calcium stone events in both men and women. An unanswered question is whether patients taking calcium supplements for osteoporosis or osteopenia can safely continue to do so after a calcium stone event, or indeed, whether calcium supplementation might actually be helpful in preventing a recurrent calcium stone.

If there is an absence of randomized studies to answer these questions, Dr. Hall's recommendations based on his expert experience would be most welcome.

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1. Hall PM. Nephrolithiasis: treatment, causes, and prevention. *Cleve Clin J Med* 2009; 76:583–591.
2. Samplaski MK, Irwin BH, Desai M. Less-invasive ways to remove stones from the kidneys and ureters. *Cleve Clin J Med* 2009; 76:592–598.

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IN REPLY: I thank Dr. Keller for his kind letter.

With respect to expulsive therapy, Dellabella et al¹ randomly assigned 210 patients to receive nifedipine, tamsulosin, or phloroglucinol. All the patients also received a corticosteroid. The most effective therapy was tamsulosin, though this was not a placebo-controlled study. In a separate study, Borghi et al² compared methylprednisolone plus nifedipine and methylprednisolone plus placebo. The nifedipine-methylprednisolone combination seemed to result in more prompt stone passage.

With respect to calcium supplements in calcium kidney stone disease, Curhan et al³ prospectively examined stone risk associated with dietary calcium as well as calcium supplements. This seemed to show that with calcium supplements there was no increased risk, and there may have even been some benefit. In another study by Borghi et al,⁴ normal dietary calcium intake was shown to be associated with lower stone risk than a low calcium intake. Further, the study by Curhan et al³ seemed to indicate the same.

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