Letters to the Editor

Incidence of Urologic Disease

To the Editor:

Volume 3, Number 1 was the first copy of *The Journal of Family Practice* that I had seen. The study by Drs. Marsland, Wood, and Mayo gives an important perspective to medical practice in this country.

The incidence of diagnoses of disease of the genitourinary system interests me. It is shown that the frequency of these diagnoses varies from the third to sixth most common disease seen by the family practitioner, depending where he lives. The high frequency of urologic disease is well known to us. It is the reason we have fought for maintaining a place in the medical school curriculum for the teaching of urology.

I hope to see more such articles. They are of help to us in dealing with curriculum committees and should help in our planning of material to be covered.

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Guanethidine Therapy of Hypertension

To the Editor:

We have read the article by Grissom and Jewett (*Management of the Patient with Uncomplicated Hypertension: An Update. J Fam Pract 3:135-139, 1976*) and found it to be a useful summary of current therapy of hypertension. One statement, however, should be corrected so as not to mislead the *Journal's* readers. In the discussion of guanethidine, the authors correctly point out the inhibition of guanethidine's antihypertensive effects by tricyclic antidepressants, which has been reported and well documented.[1,2] The authors, however, have given as an example of the tricyclics the drug Thorazine (chlorpromazine) which is in actuality a major tranquilizer of the phenothiazine class. The appropriate example might be Tofranil (imipramine) or others of that group.

The authors refer to the "... peculiar pharmacologic interaction ..." which causes this therapeutic blockade. Actually a well-defined mechanism of blockade of guanethidine uptake by the adrenergic neuron has been identified not only for tricyclic antidepressants, but also for other drugs such as sympathomimetic amines (such as amphetamine) and cocaine.[3] In fact, guanethidine has been shown to be actively transported into the nerve ending by the same mechanism as that of endogenous norepinephrine, such that substances blocking norepinephrine uptake (tricyclics, ephedrine, tyramine, metaraminol, and others) likely would block guanethidine uptake also. Thus, the patient taking guanethidine should be closely monitored by the health-care team for potential alterations in therapeutic response by a variety of potentially offending agents.

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1. American Hospital Formulary Service. Section 24:08 — Hypotensive Agents — guanethidine. Washington, DC, American Society of Hospital Pharmacists, 1976
2. Hansten PD: Drug Interactions, ed 2. Philadelphia, Lea & Febiger, 1973
3. Melmon KL, Morrelli, HF: Clinical Pharmacology — Basic Principles in Therapeutics. New York, MacMillan, 1972, pp 157-158

The above letter was referred to Dr. Robert Grissom who responds as follows:

You are correct. Thank you for your comments.