

Myths with diuretics

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Problem

Observational data suggest an association between hydrochlorothiazide and the risk of Squamous Cell Carcinoma (1). Risk is consistently higher with large doses and long duration (example: 5 years of use increases risk 3-4 times) (2, 3). This data leads me to review my registered patient list who are currently taking hydrochlorothiazide (HTCZ), in order to minimize the risk of SCC by changing to newer diuretic agents. Of the estimated 76,100 Of Canadians affected by non-melanoma skin cancer annually, approximately 23% are diagnosed with SCC (4). It is the second most common form of skin cancer after Basal cell carcinoma.

Methods

I planned to review all my registered patients who were taking HTCZ. I communicated with them this recent study and its outcome and gave them a chance to minimize the risk of SCC by changing HTCZ to either indapamide or chlorthalidone.

I reviewed 55 patients who were on HTCZ already. Most of them have been taking HTCZ for more than 3 years. Only two of them started during the last one year. Out of these two patients, one was taking a small dose of HTCZ for ureteric stone suggested by Urologist. I discussed the new study with all of the patients on HTCZ and all of them agreed to change the medication (except one patient taking HTCZ recommended by Urologist).

Results

All of my patients accepted this change of medication except the one patient who will consider this change if he noticed any change in skin or after prolonged use of this medication. We can minimize the risk of SCC by the simple effort of reviewing patient notes or at the time of annual renewal of medications.

Discussion

This unproven link directs us to start a discussion of skin cancer patients' (as one of my patients was taking HTCZ and getting recurrent SCC) link to HTCZ and lawsuit against manufacturers. It also leads us to think whether any other kind of medication may cause skin lesions or cancers, which requires more observation and research in future.

References

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