Monthly Newsletter-Comment (October 2009)

Erratic availability of Chlorthalidone in New Zealand

I don't feel strongly about too many things, but one of the things that really makes my blood boil is when a pharmacy calls me to tell me that they are unable to dispense a medication because their stocks are exhausted and they cannot access any more locally until the supplier brings in additional product in several weeks time.

This happened to me last week with the drug chlorthalidone, for which I wrote a prescription for a new patient I saw at my hospital clinic the day before. Chlorthalidone is a cheap, widely used thiazide (-like) antihypertensive agent, on the New Zealand formulary, and fully subsidised.

I have referred to this drug in previous "Monthly Tips" and "Comments" and it was the subject of the May 2009 "Tip" where the appropriate literature references are listed.

It is probably the most effective diuretic antihypertensive agent (and thus probably the most important antihypertensive drug, period) , and should be the most widely used.

To put it in to context, patients swapping from other thiazides (eg bendrofluazide, hydrochlorothazide) to chlorthalidone are likely to experience a mean 9mmHg lowering of systolic blood pressure. It has additional advantages (including very long ½ life, and reasonable efficacy at lower GFR's).

I suspect that one of the reasons the local supply has dried up is that GP's have been following my advice and prescribing a lot more of the drug. This is no excuse though for the importers to allow the supply to run out. I called the local distributor (AFT Pharmaceuticals Ltd) and they told me that a consignment of chlorthalidone was expected to arrive by air freight within a couple of days.

The basic problem of course is that it is a cheap medicine which has been off-patent for decades, and no-one is making much money out of it.

It would be a major setback for the cardiovascular medicine in New Zealand if this drug became permanently unavailable, which it will, unless it is prescribed in sufficient volume. So I would encourage my GP colleagues to use it as the thiazide of choice, and in patients whose blood pressure is not controlled on their existing regimen to swap from their existing thiazide to chlorthalidone;- or to start chlorthalidone de-novo if they are not currently on a diuretic.

Security of supply of many drugs is an ongoing issue in New Zealand, and I'm not talking about expensive drugs. Unfortunately this does not seem to be an issue the Ministry of Health or Phamac concerns themselves with. Because of the small market, drug companies don't bother to bring in or register cheap drugs , even if these are absolutely indispensible in certain conditions. A number of drugs used in dialysis patients fall in to this category (we just can't get them). Another example is potassium citrate tablets (or solution);- this is a dirt-cheap product which is the urinary alkaliniser of choice in patients with renal tubular acidosis (admittedly uncommon) but also in recurrent uric acid nephrolithiasis (not uncommon). All we have available in NZ is sodium citrate (Ural sachets) whch has several serious disadvantages in both conditions.