

Newsletter- Comment (December 2012)

### **Chlorthalidone – Again!**

I have mentioned chlorthalidone frequently on these pages. See my “Tip” of May 2009 and my “Comment” of September 2009, and elsewhere.

Chlorthalidone is the most effective thiazide (-like) antihypertensive and is the cornerstone of antihypertensive therapy for many individuals.

As many of you know, the New Zealand supplies of chlorthalidone dried up during 2012, and it was unobtainable for nearly 6 months. (the same thing happened in 2009) I never found out exactly what the problem was, but it is now available again on Section 29. I hold New Zealand’s drug-buying agency Pharmac, and the drug importers and wholesalers equally accountable for this. It was never a priority. If it had been, interim urgent supplies could have been flown in from overseas while the long-term supply issues were sorted out. As I’ve mentioned in the past, because it’s a low cost generic drug, no-one’s making much money out of it. Does the country ever run out of high cost drugs? Infliximab for example; the biggest single pharmaceutical cost for hospital budgets? I don’t think so.

Many of my patients were adversely affected, and the alternative which I suggested to GP’s, bendrofluazide, and indapamide, just did not do the job in many cases to the detriment of (my and your) patients’ blood pressure control.

I urge you, if you have patients who swapped to alternative drugs when chlorthalidone was unavailable, to swap them back again now that it’s back in stock, particularly if their blood pressure is not at target