

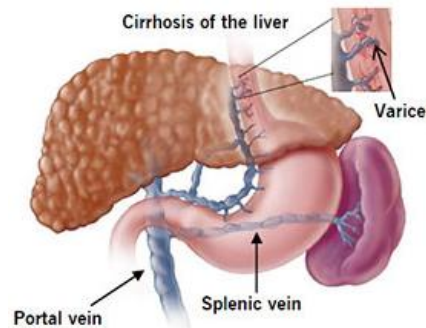
Clinical Pearls

Clinical Pearl 14/06/22

Each week we will aim to bring out a concise email that provides 4-5 key pieces of information addressing a specific issue in clinical therapeutics.

This week: Propranolol Use in Oesophageal Varices: Caution in Deprescribing

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- Oesophageal varices are abnormal, enlarged veins in the oesophagus, associated with severe liver disease. They develop when normal blood flow to the liver is blocked by a clot or scar tissue in the liver. The blood flow backs up, increasing pressure within the portal vein that carries blood to the liver. This increased pressure (portal hypertension) forces the blood to seek other pathways through smaller veins, such as those in the lowest part of the oesophagus. These thinner walled veins swell with the added blood. The veins can rupture and bleed which can be life threatening, each episode of bleeding can have a 30-70% mortality rate.
- Oesophageal varices usually don't cause signs and symptoms unless they bleed. Signs and symptoms include vomiting large amounts of blood, black, tarry or bloody stools and light headedness.
- The most effective medical therapy is use of a nonselective beta blocker, propranolol, which has been shown to reduce the incidence of first bleeding and bleeding-related mortality. Having a lower BP is acceptable in this instance.

Clinical Pearls



- When propranolol is being used for the treatment of oesophageal varices it should be continued unless significant side effects occur. The other treatment option is surgery.
- If considering deprescribing beta blockers, care should be given that these agents may have other benefits in patients with other comorbidities and they may be prescribed more specifically for these other purposes.
- Beta blockers for heart failure, atrial fibrillation or ischaemic heart disease and propranolol for oesophageal varices are examples of where cessation of these agents may worsen the underlying condition.

Reference:

<https://www.primaryhealthtas.com.au/wp-content/uploads/2018/09/A-Guide-to-Deprescribing-Antihypersensitive-Agents-2019.pdf>

Please consider these issues when preparing or interpreting RMMR reports or education sessions. Contributions of content or suggested topics are welcome and should be sent directly to natalie@wardmm.com.au