Consider cataract effects before prescribing alpha blockers

Publish date: Aug 11, 2008
By: Lois A. Bowers

Before prescribing alpha blocker treatment, a primary care physician (PCP) should consider involving the cataract surgeon when treating a patient with a known diagnosis of cataract. So says an "educational update statement" that the American Society of Cataract and Refractive Surgery (ASCRS) and the American Academy of Ophthalmology (AAO) have issued in partnership with the American College of Physicians (ACP) and the American Academy of Family Physicians (AAFP) in an effort to further educate PCPs about the connection between alpha blockers,

Dr. Chang Dr. Oetting

such as tamsulosin (Flomax, Boehringer Ingelheim Pharamceuticals), and intraoperative floppy iris syndrome (IFIS) during cataract surgery.

PCPs write most of the prescriptions for alpha blocker treatment for the symptoms of benign prostatic hyperplasia (BPH) in men, said David F. Chang, MD, chairman of the ASCRS Cataract Clinical Committee (urologists, he said, often do not see such patients until medical therapy has failed). The drugs, however, have been linked to IFIS, which manifests itself as poor pupil dilation before cataract surgery, billowing and prolapse of the iris, and progressive miosis during the surgery.

Dr. Chang and John R. Campbell, MD, published the first paper about the association between IFIS and the systemic alpha-1 adrenergic antagonist tamsulosin in the literature (*J Cataract Refract Surg*. 2005;31:664-673). Tamsulosin is the most commonly prescribed medication for BPH treatment, according to the ASCRS Cataract Clinical Committee. The drug is selective for the alpha-1A receptor subtype, which is predominant in the prostate and also in the iris dilator smooth muscle.

As part of the initiative, the ACP and AAFP recently posted the educational statement on their respective Web sites. In part, the statement says: "In a patient with a known diagnosis of cataract, prescribing physicians may wish to consider involving the patient's cataract surgeon prior to initiating nonemergent, chronic tamsulosin or alpha blocker treatment. Options might include an eye exam or having either the patient or the prescribing MD communicate with the cataract surgeon. Patients should also be encouraged to report any prior or current history of alpha-1 antagonist use to their ophthalmic surgeon prior to undergoing any eye surgery."

That last point aims to address the potential concerns of patients who already are taking alpha blockers, according to Dr. Chang, also clinical professor of ophthalmology, University of California, San Francisco. "It is important to reassure these patients that the prognosis of cataract surgery remains excellent, as long as the eye surgeon is forewarned about their medication history," he said.

The statement also points out that IFIS still can occur even after patients have discontinued tamsulosin therapy for more than a year, however. "We are trying to explain that it isn't the case that we simply can stop the drug to avoid IFIS altogether," Dr. Chang said.

IFIS survey

The statement was prompted by a recent survey undertaken by the ASCRS Cataract Clinical Committee.

A link to the online survey, which consisted of 26 multiple-choice questions, was sent to 6,000 ASCRS members in March; 957 members responded, 75% of whom said they were from the United States. Results were published in the July issue of the *Journal of Cataract and Refractive Surgery* (2008;34:1201-1209).

Get Email Newsletters Sign up!

Practice Tools
CODING COUNSELOR
Simple and accurate ICD-9 code search. START HERE

POPULAR ARTICLES
Weight-based dosing: Extended-release minocycline efficient, predictable
FDA warns Allergan on Aczone promotion
Exit Accutane: Derms' reactions mixed as Roche pulls long-standing remedy
Gaining control: Birth control pills, spironolactone first-line treatments for hormonal acne
Getting to the root: Look below the surface for cause of hyperandrogenetic symptoms
MORE POPULAR ARTICLES

Featured Jobs
More Jobs

SPONSORED MEDIA
OTLA Video Player
Multimedia: Why Patients Considering an IUC May Say YES to ParaGard
SPONSORED
sponsored multimediaPromiseb A non steroidal topical cream for managing seborrheic dermatitis
MORE MEDIA

Ninety-five percent of respondents said that tamsulosin use by patients makes cataract surgery more difficult, and 77% reported a belief that surgical risk is increased in patients with a known history of taking the drug.

Approximately 52% of respondents reported experiencing significant iris damage that was higher in patients with IFIS than in patients without IFIS during the 2 years preceding the survey, and 24% said that the rate of posterior capsule rupture they saw in patients with IFIS was higher than the rate in non-IFIS patients during the 2 years preceding the survey.

When asked whether IFIS is more likely to occur with tamsulosin or with a non-selective alpha-1 blocker, 21% of survey respondents said that they did not have enough experience to answer the question. Of those with an opinion, however, more than 90% expressed a belief that IFIS is more likely to occur with tamsulosin than with a non-selective alpha-1 blocker. IFIS also has been associated with non-selective alpha-1 blockers such as alfuzosin HCl (Uroxatral, Sanofi-Aventis), doxazosin mesylate (Cardura, Pfizer), and terazosin HCl (Hytrin, Abbott Laboratories), but several prospective and retrospective studies suggest that the complication is more likely to occur with tamsulosin than with non-selective alpha blockers, according to the ASCRS Cataract Clinical Committee.

Another survey question asked ophthalmologists whether they would take tamsulosin if they had BPH and mildly symptomatic cataracts. Twenty-three percent of respondents said they would avoid all alpha blockers if possible, 23% said they would undergo cataract surgery first, and 17% said they would take a non-selective alpha blocker instead of tamsulosin.

No treatment recommendations

The educational update statement does not make any recommendations regarding medical or surgical treatment of BPH or cataract, Dr. Chang stressed.

"A survey is not a scientific study and can have all sorts of biases. It does provide valuable insight into the clinical issues currently facing cataract surgeons and their patients taking these drugs, however," he said.

"We're not at all trying to make recommendations relating to timing of cataract surgery or to what should be prescribed for BPH or hypertension," Dr. Chang continued. "We're simply trying to call attention to the kinds of problems that ophthalmologists are encountering with IFIS and to suggest that the cataract surgeon can be an excellent resource in terms of educating the patient as well as the PCP."

Both Dr. Chang and Thomas A. Oetting, MD, chairman of the cataract/anterior segment section of the AAO Practicing Ophthalmologists Curriculum panel, said that part of the statement regarding the relatively higher risk of IFIS with tamsulosin compared with non-selective alpha blockers might be viewed as the most controversial.

"We don't have sufficient evidence to advocate one alpha blocker over another, and we certainly are not saying that tamsulosin, which is a good drug, should be avoided," Dr. Chang said. "But for patients with cataracts, their cataract surgeon is probably in the best position to assess the risk of starting therapy with an alpha blocker such as tamsulosin."

Ophthalmologists have varying opinions about how difficult alpha blockers can make cataract surgery, he said, adding that other co-morbidities, including pseudoexfoliation or a brunescent nucleus, enter into the treatment decision.

Other options

Echoing the research cited in the educational statement, however, and noting the results of the ASCRS survey, Dr. Oetting, also professor of clinical ophthalmology, Department of Ophthalmology and Visual Sciences, University of Iowa, Iowa City, said, "The one agent, tamsulosin . . . seems to be a little bit more likely to cause the syndrome, and so maybe if all other things were equal, [a physician] could consider trying one of the other agents."

New information about the 5-alpha reductase inhibitor finasteride, part of a different drug class for the treatment of BPH, seems encouraging, Dr. Chang said. In May, an analysis was released regarding a large randomized, prospective trial that followed more than 18,000 male patients aged more than 55 years. This new information strengthened the conclusion that finasteride, a generic drug, can reduce the risk of developing prostate cancer by approximately 30%, he said.

"There clearly are many factors to weigh when prescribing any drug," Dr. Chang said. "In light of this new information, however, I personally would try finasteride as a first-line treatment if I had a cataract and early BPH symptoms."

What happens next?

With the release of the educational statement and survey results, PCPs now will have additional information and literature references to consult about the alpha blocker/IFIS relationship, Dr. Chang said. Beyond that, he said, ASCRS and AAO leaders hope that the effort will facilitate more discussions between ophthalmologists and PCPs, PCPs and patients, and

ophthalmologists and patients.

The desired end result of the survey and initiative is improved patient safety for cataract surgery, a goal about which both ophthalmologists and PCPs can agree, Dr. Chang said.

"Those of us within ASCRS and AAO who worked on this educational update statement were quite concerned about not wanting to burden PCPs arbitrarily or unnecessarily, when they already have so many issues to juggle during the course of managing a patient's medical problem list," he said. "On the other hand, we do feel that if nearly two out of three ophthalmologists themselves would avoid tamsulosin if they had BPH and cataract, it makes sense that those same ophthalmologists would want their patients to understand the situation and to hear about other options."

For more information

The entire educational update statement and the *Journal of Cataract and Refractive Surgery* article are accessible via the American College of Physicians (ACP) and American Academy of Family Physicians (AAFP) Web sites.

ACP http://www.acponline.org/clinical_information/journals_publications/acp_internist/weekly/2008/7/1/index.html#iris

AAFP http://www.aafp.org/online/en/home/publications/news/news-now/clinical-care-research/20080702alpha-cataract.html

POST A COMMENT

Please complete the form below to post your comment.
Bold = Required
Email Address Your email address will NOT be published.
Display Name appears with your comment
City
State
Country

Remember me: **Yes** **No**
Comment read our privacy policy

Note: does not support HTML
All comments submitted are subject to review, and may be delayed before posting. We reserve the right not to post comments.

Submit Now »

LATEST PRACTICE NEWS

Rural Residents More Likely to Have Total Joint Replacement

Uninsured Show Higher Risk for Death Following Trauma

Medicaid Enrollment Common Among Overdose Deaths

Uninsured Children May Be More Likely to Die in the Hospital

SNS: Web Surfing Linked to Brain Function in Older Adults

→ **More**

LATEST DRUG NEWS

Cetuximab Linked to Resection of Liver Metastases

H1N1 Influenza Rates Drop in Many States

Zegerid OTC Approved for Frequent Heartburn

Observing Antiretroviral Therapy Yields Little Benefit

Morphologic Changes Gauge Liver Cancer Therapy Response

→ **More**

Clinical Perspectives

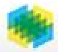
Acne
Adolescent Medicine
Allergy & Immunology
Alzheimer's Disease
Asthma
BPH
Breast Cancer

Business Perspectives

Coding Counselor
Liability & Risk Management
Health Care Information Technology
Practice Management
Business Operations
Human Resources

Popular Topics

CME/CE
Coding Counselor
eNewsletters
Patient Education Center
Blogs
Discussions
ModernMedicine Radio



ModernMedicine Bringing together Advanstar's trusted healthcare journals along with powerful tools, resource, decision support and advisory functions

Home | About Us | ModernMedicine Team | Editorial and Advertising Policy | Our Publications | Terms & Conditions | Contact Us | Medical News | Medical Articles | CME Center | Patient Education | Practice Management | All Content | Privacy Policy | Terms of Use | Linking and RSS Policy

© 2009 Advanstar Communications, Inc. All rights reserved.
Reproduction in whole or in part is prohibited.
Please send any technical comments or questions to our webmaster.