Acarbose Effective for Postprandial Hypotension

BY BRUCE JANCIN
Denver Bureau

SAN ANTONIO — Acarbose is a novel effective therapy for postprandial hypotension in patients with autonomic failure, Dr. Cyndya Shibao said at a meeting of the American Heart Association Council for High Blood Pressure Research.

The α-glucosidase inhibitor significantly reduced the postmeal plunge in blood pressure in 13 severely affected patients in a placebo-controlled study, said Dr. Shibao of Vanderbilt University, Nashville, Tenn.

Postprandial hypotension is a common condition, particularly in the elderly, in whom it is an important cause of syncope and falls. It has also been associated with angina and cerebrovascular events.

Postprandial hypotension mostly occurs in patients with hypertension or impaired autonomic nervous system function caused by diabetes, Parkinson's disease, or other disorders. Premeal caffeine or octreotide reduces blood flow to the intestines and can improve symptoms.

Dr. Shibao explained that because insulin is a known vasodilator, and because high amounts of enteric glucose may be a factor in postprandial hypotension, she reasoned that acarbose (Precose) might have clinical utility for the condition. The drug reduces enteric glucose absorption and dampens the postprandial insulin peak.

She studied the effects of 100 mg of acarbose vs. placebo taken 20 minutes prior to a 423-kcal meal in 13 patients with severe postprandial hypotension due to pure autonomic failure. The patients' mean age was 65 years, and their average body mass index was 25 kg/m^2.

With placebo, systolic blood pressure fell by 50 mm Hg within 30 minutes after the meal from a baseline of 145 mm Hg. Systolic blood pressure fell by about 30 mm Hg with acarbose. The 60-minute postprandial plasma insulin peak was reduced by one-third with acarbose vs. placebo. ■