

# How low can you go?

A 30-year-old woman living in Britain goes to her doctor complaining of feeling tired and faint. The doctor examines her, and finds that her blood pressure is a little on the low side, with a systolic reading of 100mm Hg. The doctor is likely to say something along the lines of "at least that is one thing you don't have to worry about". The conversation shifts to a discussion of possible sources of stress in her life as an explanation for why she feels tired all the time.

If the same consultation took place in Germany, the script might be very different. The doctor would now conclude that her blood pressure was too low, and that this was the cause of her symptoms. The doctor might recommend a high salt diet, or give a prescription for a low dose of digitalis or orgotamine.

The Office of Health Economics, which records the 20 most frequent diagnoses and the 20 most frequent drugs used by general practitioners across the European Union, reports that in Germany the commonest recorded diagnosis of all is "myocardial insufficiency" — another term for low blood pressure.

Cardiac drugs such as digoxin that are used to treat this are the second commonest prescription. No fewer than 85 different medicines are available on prescription in Germany to increase blood pressure, at an estimated cost of £120 million annually. Neither the diagnosis nor any of these drugs figure in the top 20 for Britain.

Many symptoms we consider to be of psychological origin are, in Germany, viewed as the result of low blood pressure, a concept unknown in Britain and labelled a "non disease" in America. The same

## Low blood pressure is linked to tiredness and dizziness. Does it matter? Dr Simon Wessely reports

blood pressures that German doctors try to elevate, we regard as highly desirable. In consequence most British doctors view the tendency of German doctors to treat symptoms such as tiredness and dizziness with measures to elevate blood pressure as ineffective and rather amusing — a consultant quoted in a letter to *The Lancet* called hypotension a "continental medical myth" and another said that the drugs used by German doctors to treat people feeling off-colour were "rather stupid".

Back in 1990, I decided to carry out a study that would lay to rest what I also viewed as these quaint German theories. Together with colleagues at the University of Cambridge, I studied the relationship between low blood pressure and symptoms in a large British population sample, known as the Health and Lifestyle Survey. The first set of results was surprising — low blood pressure that ought to have had no effect on symptoms was indeed associated with fatigue and dizziness, although nothing else. However, I confidently expected that this was due either to people taking drugs that both lowered blood pressure and caused fatigue, or to those with a general lack of exercise having both increased

fatigue and poor muscle tone. It wasn't.

Even when taking account of smoking, body mass, alcohol, psychological distress and poor sleep, the link refused to disappear. When the results were reported in the *British Medical Journal* we were forced to conclude that a consistent relationship existed between common symptoms such as tiredness and dizziness and blood pressures that we had been taught were not only normal, but a good thing.

What could the explanation be? Perhaps there is some deficit in the autoregulatory system which protects the blood supply to the brain from both low and high blood pressure, but this is just speculation. Or perhaps both fatigue and low blood pressure could result from a third, unidentified

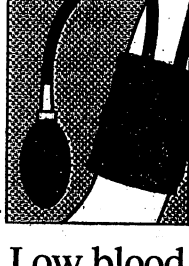
factor. Researchers led by Professor Michael Marmot at University College London suggest that this factor might be depression, although it still needs to be explained why depression would lower blood pressure.

Should we now start treating low blood pressure? At the moment, no. There is no dispute that low blood pressure protects against strokes and heart attacks. Furthermore, while lowering blood

pressure in those with high values is crucial, there is no evidence at all to suggest that raising blood pressure in those with low values does any good. Low systolic blood pressure is good for longevity, but perhaps symptoms such as fatigue are the price.

There is a moral to this story. When, as is inevitable, closer ties with the rest of Europe lead to a greater exposure to unfamiliar and apparently eccentric ideas about the causes and cures of sickness, we must be more careful before dismissing these ideas out of hand. The possibility that low blood pressure does cause certain symptoms is now receiving serious attention in Britain. In a final twist, figures released by the German Federal Ministry of Health and Social Security show that the frequency of the diagnosis of low blood pressure is falling there.

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### Low blood pressure protects against strokes

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