Letter to the Editors

Safety of amlodipine use in patients with acute intermittent porphyria

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Acute intermittent porphyria (AIP) is probably the most common of the genetic porphyrias [1]. Drugs reported as unsafe in patients with porphyria include sulphonamides, erythromycin, barbiturates, hydantoins, carbamazepine, valproate, oestrogens, oral contraceptives, tricyclic antidepressants, benzodiazepines, calcium channel blockers [2] (especially nifedipine) and angiotensin-converting enzyme inhibitors (especially enalapril) [3]. We report here a case of AIP where the patient used amlodipine for hypertension and was free from attacks.

A 28-year-old female patient who has been followed up with the diagnosis of AIP for 6 years was admitted to our outpatient clinic. The diagnosis had been made at our university clinic 6 years previously after finding 24-h urinary porphobilinogen excretion of 10.2 mg (normal values 0–2.0 mg) and 24 h urinary aminolaevulinic acid excretion of 7.2 mg (normal 0–7.0 mg), upon presentation to our emergency clinic with severe abdominal pain and mental status change. The patient had had 17 AIP attacks during 6 years of follow-up. The attacks ranged from severe abdominal pain to respiratory and following cardiac arrest. Attacks were provoked by the use of 'unsafe drugs in acute porphyrias', urinary tract infections and lower respiratory tract infections, which had been managed appropriately.

She had been treated for hypertension for the last 2 years. Atenolol 100-mg tablets p.o. qd were started, but as arterial blood pressures approached 150/85 mmHg, the dose of atenolol had to be increased to 100-mg tablets p.o. bid a week later. Her hypertension remained well controlled until about 10 months later, when she started to have high blood pressure readings of approximately 160/90 mmHg. Amlodipine tablets 5 mg p.o. qd were added to the regimen, the dose increasing to 10 mg p.o. qd a few days later. Blood pressure control

was achieved around 130/80 mmHg with this regimen. The patient remained on 100-mg atenolol tablets p.o. bid and amlodipine 10-mg tablets p.o. qd for the last 10 months with stable arterial blood pressure control at approximately 130/80 mmHg.

The patient was closely followed up during last 10 months with regular office visits, during which detailed history and physical examination was performed. She remained AIP attack and symptom free during this period.

Hypertension in subjects with AIP is due to sympathetic overactivity [4]. Hypertension and impaired renal function are commonly found in AIP, but most drugs for hypertension are contraindicated, either because they have precipitated attacks or because they are porphyrinogenic in nonhuman tissue [1]. Safe antihypertensive drugs are limited to β -adrenoceptor blockers, mainly propranolol, and the peripheral sympathetic neurone-blocking compounds guanethidine and bethadine [5]. Calcium channel blockers, especially nifedipine, are known to be unsafe. There are contradictory reports about amlodipine classifying the drug as safe [5] and unsafe [6]. Our report is another positive indicator for amlodipine use in AIP. When the prevalence and limited number of safe drugs for hypertension in AIP patients are taken into account, amlodipine may still be tried with caution in patients needing combination therapy.

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