Cocaine use has increased at an alarming rate, with the attendant increase in cardiovascular complications. Acute coronary syndrome associated with cocaine use is becoming more prevalent. The current consensus on beta-blockers and cocaine use suggests that these medications are contraindicated in acute cardiac conditions coexisting with cocaine intoxication or overdose. However, there is a lack of evidence for the use of benzodiazepines, nitroglycerin, and aspirin as first-line drugs in cocaine-induced coronary vasospasm. Alpha-adrenergic receptors (phentolamine) and calcium blockers (verapamil) are recommended for second-line hypertension therapy. In cases of ST segment elevation, primary percutaneous coronary angioplasty is recommended, which has a higher incidence of coronary vasospasm and a greater risk of bleeding in other organs.

As toxicologists and emergency room physicians, we consider that the attending physician should take this contraindication into consideration not only in patients first seen for an acute coronary syndrome but also in patients whose clinical condition deteriorates after initiating standard treatment that includes beta-blockers.

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Response

To the Editor:

Cocaine use has increased at an alarming rate, with the attendant increase in cardiovascular complications. Acute coronary syndrome related to the use of cocaine (or crack) can
concerned reader can find highly specific recommendations in the most recent guidelines of the American Heart Association/American College of Cardiology. Nevertheless, these recommendations are based on logic, and not on clinical evidence, which is nonexistent. Antiplatelet therapy is essentially the same, and nitroglycerin is the preferred drug to treat acute ischemia or possible hypertension. Tachycardia therapy is recommended preferably with diltiazem or verapamil. When there is persistent pain with ST segment elevation, emergency catheterization is recommended (due to potential coronary occlusion secondary to thrombosis, rather than spasm). Thrombolytic therapy is recommended if catheterization cannot be performed within 90 minutes. Careful use of beta-blockers in patients with hypertension and sinus tachycardia is recommended if the patient is also receiving nitrates or calcium blockers (IIb, evidence C). According to the same reasoning, it is also inadvisable to administer beta-blockers to stable patients who occasionally or regularly use cocaine, regardless of whether they have heart disease.

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