interaction. The other drugs which this patient was receiving have not been reported to interact with glyburide or other sulfonylureas. As with most rifampin interactions, the probable mechanism is the induction of hepatic drug metabolizing enzymes by rifampin causing stimulation of glyburide metabolism. Glyburide undergoes oxidation by the liver.4 Despite the great increase in glyburide serum concentrations following rifampin discontinuation, blood glucose concentrations did not change appreciably (240 mg/dl December 5, 318 mg/dl December 16, 245 mg/dl December 30). This observation is consistent with studies showing a lack of correlation between serum glyburide concentration and blood glucose concentration.7 In some patients, however, it is possible that such dramatic increases in glyburide concentrations could result in hypoglycemia.

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REFERENCES

Dosages for Labetalol

To the Editor:

We read with interest the report by Gonzalez and Ramì on the treatment of hypertensive urgencies and emergencies. However, we have some concerns regarding the dosing guidelines they offered for labetalol.

According to the product information for labetalol HCl injection (Trandate, Glaxo; Normodyne, Schering), either a continuous infusion administered at an initial rate of 2 mg/min or intermittent injections of 40 or 80 mg at 10 min intervals following an initial 20 mg injection are recommended. None of the alternative dosages suggested by the authors can be recommended at this time. Maximum cumulative dose used in US clinical trials for this indication was 300 mg* rather than the 150 mg maximum noted in the report. Finally, maximum blood pressure response following intermittent injections is usually observed within 5 min, not 15 min. Although the response is more gradual using a continuous infusion, it does not require six hours to achieve a maximum effect.

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REFERENCES

To the Editor:

I am appreciative of the clarification offered by Drs. Mitchell and Sirgo regarding the dosage of labetalol injection. Generally, an acceptable therapeutic response can be achieved at 150 mg dosage although a higher dosage (300 mg) has been recommended. Maximal blood pressure response to bolus injections occurs between five and 15 mins, while the response to continuous infusion is more gradual.

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