

Diuretics and Lymphoedema

Diuretics make the kidneys work harder by losing a high throughput of water. They are helpful in treating conditions where too much water is retained by the body such as in heart failure.

Diuretics are prescribed for anyone who develops oedema because it is an easy and safe option, particularly if the actual cause may not be immediately obvious. However, if the swelling does not resolve, the diuretic should be stopped and appropriate investigations undertaken to discover the cause of the oedema.

Why not Diuretics in Lymphoedema? – Generally results from either too much fluid escaping from the blood into the tissues or not enough fluid draining from the tissues via the lymph route or a combination of these two processes. Diuretics can influence the passage of fluid from blood to tissues but do not appear to influence lymph drainage. They are not therefore helpful in pure lymphoedema where the fault lies solely with the lymph drainage (non reabsorption of some proteins). Indeed oedema that responds to diuretics is unlikely to be lymphoedema and, vice versa, oedema that does not respond is likely to be lymphoedema.

In severe cases, the situation is complicated by excessive fluid escaping from the blood into the tissues and the addition of diuretics maybe helpful.

Long term use of diuretics - These come in different strengths. Diuretics used in correct conditions usually do not cause any serious problems.

The less powerful ones (as used in the treatment of high blood pressure), could be used over long periods of time.

Stronger diuretics, if used over a long period of time, could reduce blood potassium levels which causes weakness. Therefore raising uric acid levels which may bring on gout and blood sugar levels disturbed. These conditions do not occur if used for the short term but could if used with chronic usage.