

# WHY FRUSEMIDE IS NOT APPROPRIATE FOR CHRONIC VENOUS OEDEMA

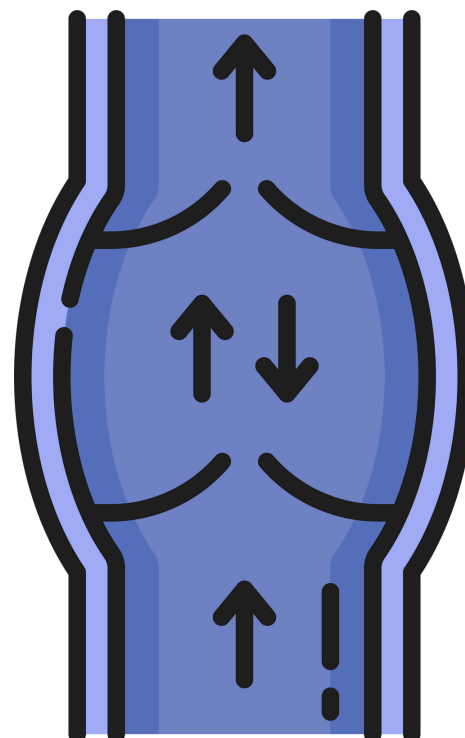
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✗ Doesn't treat the underlying cause.

Chronic venous oedema results from **venous insufficiency**, not fluid overload.

It's due to **poor venous return**, typically from valve incompetence, immobility, or calf muscle pump failure.

**Diuretics** like frusemide target **systemic fluid overload**, which is not present in most venous oedema cases.



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⚠ Risk of ***dehydration, electrolyte Imbalance*** and ***falls***. Frusemide promotes diuresis, which can cause:

- Dehydration
- Frequent toileting (urgency, nocturia)
- Postural hypotension /dizziness
- Electrolyte disturbances (low potassium, sodium and others)
- These are ***dangerous in the elderly***  
↑ risk of confusion, weakness, and falls.



# THE PHARMACIST'S ROLE

💡 As part of **clinical recommendations** in the report to the GP, the Home Medicines Review (HMR) Pharmacist can consider:

- Reviewing **indication for frusemide** in patients with persistent oedema
- Recommending a **trial of cessation** if no heart failure or renal overload
- Recommending **first line non-pharmacological management: compression therapy + lifestyle factors**

