

Perindopril/Indapamide A Viewpoint by Alberto Zanchetti

University of Milan, Ospedale Maggiore,
Milan, Italy

Combination therapy is often necessary in hypertensive patients in order to achieve a suitable blood pressure reduction. Even in the classical randomised trials of antihypertensive therapy conducted during the 1970s and 1980s, despite the use of large doses of diuretics, about 50% of patients had to be treated with combination therapy in order to achieve the blood pressure goal. In the recently published Hypertension Optimal Treatment (HOT) study,^[1] diastolic blood pressure could be effectively reduced to ≤ 90 mm Hg in 91.5% of the patients by giving combination therapy to two thirds of the participants. It is interesting that about half of the patients on combination therapy had a good response to a low dose combination of two agents. Consequently, combination therapy is given particular relevance in the new World Health Organization/International Society of Hypertension guidelines for the management of hypertension.^[2] Among effective drug combinations, the associa-

tion of a diuretic and an ACE inhibitor is rational (the diuretic potentiates the action of the ACE inhibitor and the ACE inhibitor limits the side effects of the diuretic, especially hypokalaemia) and well proven. This is clearly shown by the numerous studies that have investigated the fixed-dose combination of perindopril/indapamide. The careful studies done with this combination also give clear evidence that fixed dose combinations are of use to the treating physician. Doses of the two components are selected on the basis of large scale evaluation of various possible doses of each compound in order to obtain the greatest blood pressure decrease with the lowest incidence of adverse effects in the largest proportion of patients. ▲

References

1. Hansson L, Zanchetti A, Carruthers SG, et al. Effects of intensive blood pressure-lowering and low-dose aspirin in patients with hypertension: principal results of the Hypertension Optimal Treatment (HOT) randomised trial. *Lancet* 1998; 351: 1755-62
2. Guidelines Subcommittee of the WHO-ISH. 1999 World Health Organization-International Society of Hypertension guidelines for the management of hypertension. *J Hypertens* 1999; 17: 151-83