

Fixed Combination Verapamil SR/Trandolapril

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Combining 2 drugs to achieve a synergistic effect has a number of advantages. A lower dose of each drug may be used, resulting in fewer adverse events. If the adverse events produced by the 2 drugs are different, the usual therapeutic dose of each drug may be used if necessary, thus producing an increase in effect but not in adverse events. Compliance may improve because fewer tablets are needed, and combining 2 drugs which both have long elimination half-lives may allow once daily administration. In addition, a long half-life may provide 24-hour blood pressure control.

All these properties are important considerations when choosing a drug for patients with systemic hypertension or ischaemic heart disease. Drug treatment in these patients may prevent death, stroke, myocardial infarction, angina pectoris and the increased frequency of cardiovascular events in the early morning.^[1]

The combination of trandolapril and verapamil seems to fulfil the abovementioned requirements for a combination agent. Furthermore, the combination of these 2 drugs has the advantage that both individual components have been studied in a large number of patients and have shown good efficacy with few adverse events. Trandolapril prevented death and the progression of congestive heart failure in postinfarct patients with congestive heart failure.^[2] Verapamil prevented death and reinfarction in postinfarct patients, with the most pronounced effect occurring in patients without congestive

heart failure^[3] and in patients with systemic hypertension.^[4] Furthermore, the combination of trandolapril and verapamil also prevented cardiac events in postinfarct patients with congestive heart failure.^[5]

In patients with hypertension, treatment has resulted in a pronounced reduction in stroke and a significant, although less pronounced and lower than expected, reduction in cardiac events. By including verapamil, which has a cardioprotective effect (prevents myocardial ischaemia, angina pectoris and myocardial infarction), in the fixed combination, one can hope that future studies will demonstrate a significant reduction in cardiac events in patients treated with this combination.

Further studies are needed in patients with ischaemic heart disease (angina pectoris or previous myocardial infarction) or congestive heart failure to determine whether the verapamil SR/trandolapril combination reduces cardiac events and increases survival. ▲

References

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