

## **Telmisartan**

### **A Viewpoint by H.L. Elliott**

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Angiotensin II receptor antagonism constitutes a new therapeutic approach for inhibiting the activity of the renin-angiotensin system (RAS). On the basis of good tolerability and the absence of any class-specific adverse events allied to the end-point benefits ascribed to RAS inhibition, this new class has quickly established itself for the treatment of cardiovascular disorders.

Clearly, telmisartan is an effective and well tolerated drug. The problem for the clinician is the identification of the best drug within the new class which now contains 5 or 6 alternative drugs but, unfortunately, the data are not yet sufficiently discriminatory. For example, although the prototype

drug losartan potassium has generated the greatest volume of information, there remain some doubts about the magnitude of its antihypertensive effect relative to competitor agents. In this respect, the comparison of telmisartan with amlodipine, which is widely referenced as an effective long-acting drug, provides a clinically relevant reassurance: ambulatory blood pressure throughout 24 hours was reduced by 18/11 mm Hg with telmisartan and by 16/9 mm Hg with amlodipine.

Overall, therefore, telmisartan can be considered to be an important addition to the class of angiotensin II receptor antagonist drugs and the evidence of its long-lasting antihypertensive efficacy may indicate an important clinical advantage over other members of its class. Whether or not telmisartan can be considered to be the first choice angiotensin II receptor antagonist obviously remains to be established by further clinical studies. ▲