Drugs 1999 May; 57 (5): 756-758
0012-6667/99/0005-0756/$03.00/0

Valsartan/Hydrochlorothiazide

A Viewpoint by Domenic A. Sica

Medical College of Virginia Campus, Virginia Commonwealth University, Richmond, Virginia, USA

Valsartan is a selective angiotensin receptor blocker (ARB) that has been recently introduced for the treatment of hypertension. Previous studies have shown valsartan to be at least as effective as amlodipine, enalapril, lisinopril and hydrochlorothiazide (HCTZ) in the treatment of mild to moderate hypertension.[1] In these studies, valsartan was remarkably well tolerated, with an adverse effect profile little different from that seen with placebo.

The dose-response relationship for valsartan, similar to other ARBs, is relatively shallow. Thus, if monotherapy is unable to bring blood pressure to goal, a suitable alternative is to add a second drug to the treatment regimen. In this regard, the addition of a diuretic is logical.[2] The combination of an ARB with a diuretic typically results in a more substantial decrease in blood pressure than can be achieved with escalation of the dosage of an ARB. The amount of diuretic required for this additive, if not synergistic response, is low – as little as 12.5 to 25mg of HCTZ.[3] The efficacy of such a pairing, particularly when administered as a fixed-dose combination product is unquestioned.

Diuretic-related adverse effects, such as hypokalaemia, are less with a fixed-dose combination product, such as valsartan/HCTZ. This occurs for 2 reasons: first, the amount of diuretic being given is small and, second, because an ARB attenuates diuretic-related changes in electrolytes.

Thus, a fixed-dose combination product containing valsartan and HCTZ is an extremely useful addition to our therapeutic armamentarium for the treatment of hypertension. Furthermore, emerging treatment trends now increasingly recognise the need for 2-drug therapy to establish fully adequate blood pressure control. This is an additional factor in support of combination products for the treatment of hypertension. ▲

References

1. Chrysant SG, Wombolt DG, Feliciano N, et al. Long-term efficacy, safety, and tolerability of valsartan and hydrochlorothiazide in patients with essential hypertension. Current Ther Res 1998; 59: 762-72
2. Sica DA. Fixed combination antihypertensive drugs: do they have a role in rational therapy? Drugs 1994; 48: 16-24
3. Sica DA, Ripley E. Low-dose fixed-dose combination therapy. In: Oparil S, Weber M, editors. Hypertension. 1st ed. WB Saunders, Philadelphia. In press