

Valsartan/Hydrochlorothiazide A Viewpoint by Joan Ryder Benz

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Valsartan, a highly selective angiotensin II AT₁ receptor blocker, has been found to have an additive antihypertensive effect when used in combination with hydrochlorothiazide (HCTZ) to treat high mean systolic or mean diastolic blood pressure. Although the combination causes no significant changes in valsartan pharmacokinetics, the peak plasma concentration, elimination half-life, area under the plasma concentration-time curve and urinary excretion of HCTZ were all reduced by the addition of valsartan.

HCTZ 25mg monotherapy has been found to produce a greater decrease in serum potassium than that seen with combination therapy. This suggests that some patients receiving HCTZ monotherapy

and experiencing hypokalaemia may benefit from switching to valsartan/HCTZ. The combination has been found to be effective in studies of up to 3 years in duration.

Another benefit of valsartan/HCTZ compared with monotherapy with either agent is that HCTZ 12.5 or 25 mg/day administered with valsartan 80 mg/day produced a greater blood pressure reduction than was seen after increasing the valsartan dosage from 80 to 160 mg/day.

Valsartan/HCTZ, therefore, offers an effective and well tolerated alternative without the potential adverse effects of the dihydropyridine calcium antagonists, ACE inhibitors or thiazide diuretics. In addition, the overall incidence of adverse events with valsartan/HCTZ was similar to that observed with valsartan monotherapy, HCTZ monotherapy or placebo. ▲