

Barnidipine

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Barnidipine is a dihydropyridine calcium antagonist that soon, if not already, will be at our disposal for the treatment of arterial hypertension. Calcium antagonists constitute, together with angiotensin converting enzyme (ACE) inhibitors, the most widely prescribed class of antihypertensive drugs. The reason for a given drug to be prescribed resides initially on its efficacy, tolerability and ease of use in combination with other drug(s) if needed for the attainment of the expected goal blood pressure. It has been said that all antihypertensive drugs are created equal when efficacy is considered but barnidipine as a member of the calcium antagonist family possesses a characteristic that differentiates it from members of the other classes. This is the capacity to be equally, or even more efficacious in the presence of a high salt intake. This property has contributed to consider calcium antagonists as particularly efficacious in daily clinical practice and explains, at least partly the excellent results obtained in blood pressure control with a dihydropyridine agent as monotherapy in the INSIGHT study.^[1] Tolerability of barnidipine has been shown

to be similar to, or even better than, that observed with other dihydropyridines. On the other hand, this drug has been shown to have clear additive effects when administered in combination with other antihypertensive drugs, among them ACE inhibitors, and this combination is widely used nowadays for controlling arterial hypertension. Last but not least, a recently performed meta-analysis including all the available and qualified evidence on comparing different antihypertensive drug classes^[2] has shown that both in diabetics and non-diabetic hypertensives there is no significant difference in prognosis when any of the classes is used as the starting monotherapy. Furthermore, it also confirmed the very frequent need to use combination therapy. Barnidipine will be a welcome addition to our daily clinical practice.

References:

1. Brown MJ, Palmer CR, Casteigne A, et al. Morbidity and mortality in patients randomized to double-blind treatment with a long-acting calcium-channel blocker or diuretic in the International Nifedipine GITS Study: Intervention as a Goal in Hypertension Treatment (INSIGHT). *Lancet* 2000; 536: 366-72
2. Blood pressure Lowering Treatment Trialist Collaboration. Effects of ACE inhibitors, calcium antagonists, and other blood-pressure-lowering drugs: results of prospectively designed overviews of randomised trials. *Lancet* 2000; 355: 1955-64