

Delapril/Manidipine **A Viewpoint by Ettore Ambrosioni**

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Epidemiological data confirm that high blood pressure remains the main risk factor for cardiovascular mortality in any country. The prevalence of hypertension continues to increase, but blood pressure control remains very poor, less than 30%.

Among the main causes of this failure, the frequent prescription of a single antihypertensive drug, plays an important role. This old therapeutic approach fails to provide adequate blood pressure control in a large majority of hypertensive patients, induces adverse effects, facilitates the switch from one drug to another, delays blood pressure control and increases the number of patients discontinuing their drug treatment.

The combined use of two or more antihypertensive drugs, particularly in fixed combination, avoids these problems and improves the compliance of patients and their blood pressure control. Diuretics represent one of the usual components in antihypertensive drug combinations that reduce both cardio-

vascular morbidity and mortality. Recent clinical trials confirmed that diuretics used alone or in combination with β -adrenoceptor antagonists (β -blockers) increase the incidence of new onset diabetes, as compared with their association with ACE inhibitors or angiotensin II (AT1) receptor blockers. More recent studies demonstrated that the association of a calcium-channel antagonist with an ACE inhibitor induces an earlier blood pressure decrease and reduces the incidence of new-onset diabetes, morbidity and mortality as compared with the association of a diuretic with a β -blocker.

The availability of a new fixed combination of the ACE inhibitor delapril with the calcium-channel antagonist manidipine substantially increases the possibility of attaining adequate blood pressure control in a larger percentage of hypertensive patients. In addition to a well documented ability to lower blood pressure, the fixed combination delapril/manidipine has a lower incidence of adverse effects than manidipine alone. This is absolutely relevant because >50% of hypertensive subjects discontinue their treatment as a result of adverse effects. ▲