

Fixed-Dose Combination Lercanidipine/Enalapril

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A very strong recommendation, delivered by all official guidelines, is to bring blood pressure (BP) below 140/90mm Hg in every patient, and even lower in the presence of diabetes mellitus or renal disease. Reaching these targets remains a difficult task with currently available antihypertensive medications. Using monotherapies, one might indeed expect to achieve the goal BP in no more than 40% of patients. In most patients, combination therapy is required in order to achieve optimal BP control, as exemplified by the experience accumulated in large prospective interventional trials.

The coadministration of two agents acting by different mechanisms considerably improves the BP control rate. Such combinations are not only efficacious, but are also well tolerated, and some fixed low-dose combinations even have a placebo-like tolerability. This is the case for the preparation containing the ACE inhibitor enalapril (10 or 20mg) and the calcium channel blocker (CCB) lercanidipine (10mg). Moreover, a single-dose combi-

nation may assist treatment adherence by avoiding multiple daily pill intake.

ACE inhibitor dosage is an important issue. Accumulated evidence suggests that angiotensin axis-blocking drugs should be used at the highest dose tolerated by the patient to reach full (not only antihypertensive) effects. It is likely that the maximum recommended lercanidipine dosage (20 mg/day) may be combined with a high dosage of enalapril (40 mg/day), if necessary, without risk of exacerbation of the well known clinical adverse effects of CCBs.

The lercanidipine/enalapril fixed-dose combination actually offers an advantage over classical ACE inhibitor/diuretic combinations in terms of effect on carbohydrate metabolism, as it does not negatively influence insulin resistance. Furthermore, the reported effects of lercanidipine on proteinuria indicate that this combination may have interesting properties in proteinuric patients with renal dysfunction. It is likely to be most useful in patients with mild to moderate chronic renal failure, where the low diuretic dose used in fixed-dose combinations is not effective. However, these advantages remain speculative and further research is needed to document these potential beneficial effects. ▲