

Fixed-Dose Combination Lercanidipine/Enalapril

A Viewpoint by Roland Asmar

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Studies have shown that the current rate of adequate blood pressure (BP) control is far from satisfactory and does not reach the level of 30% of treated hypertensive patients across almost all Western countries. Insufficient use of drug combinations has been identified as a major reason for the poor rate of BP control. Therefore, guidelines on hypertension management now support the crucial role of combination therapy in increasing the extent of BP control.

A combination of two antihypertensive drugs in a single pill offers advantages that include high efficacy, a low incidence of adverse effects, good treatment compliance and relatively low cost. The combination of a calcium channel blocker (CCB) with an ACE inhibitor is one of the attractive combination regimens. In fact, studies have shown that this type of combination presents a high efficacy: tolerability ratio, reverses organ damage and improves cardiovascular prognosis in terms of morbidity and mortality. Indeed, the combination of a

CCB and an ACE inhibitor has been recently reported to be more effective than the 'classic' combination of a β -blocker and a diuretic.^[1]

The advantages of such CCB/ACE inhibitor combinations may remain speculative in the absence of the medical practitioner's involvement. Epidemiological studies have definitely shown that inertia and passivity of doctors in the choice of drug treatment of patients with uncontrolled hypertension is a significant cause of high BP. Therefore, practitioners have to increase the use of combination therapy in order to improve the BP control rate.

Further research is needed to document the efficacy: tolerability comparison between the various fixed-dose antihypertensive combinations available on the market. Moreover, clinical trials aiming to define the suitable combination to be used, according to patient characteristics, will be very helpful in further refining the guidelines for hypertension management. ▲

Reference

1. Poulter NR, Wedel H, Dahlöf B, et al. Role of blood pressure and other variables in the differential cardiovascular event rates noted in the Anglo-Scandinavian Cardiac Outcomes Trial-Blood Pressure Lowering Arm (ASCOT-BPLA). ASCOT investigators. *Lancet* 2005 Sep 10; 366 (9489): 907-13