Diabetes Didn't Alter Benefit in Hypertension Trial

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COPENHAGEN — Nondiabetic and diabetic patients benefit equally from the hypertension-lowering effects of an amlodipine/perindopril regimen, according to a subanalysis of a large cardiac outcomes trial reported at the annual meeting of the European Association for the Study of Diabetes.

The Anglo-Scandinavian Cardiac Outcomes Trial–Blood Pressure Lowering Arm (ASCOT-BPLA) was stopped early because of the distinct advantages of the calcium channel blocker/ACE inhibitor combination over a traditional β-blocker (atenolol)/thiazide diuretic (bendroflumethiazide) combination (Lancet 2005; 366:895-90).

The benefits were seen in reduced fatal and nonfatal stroke, cardiovascular events and procedures, and all-cause mortality. In the overall ASCOT-BPLA cohort of more than 19,000 hypertensive patients, the amlodipine-based regimen also resulted in a significant reduction in new-onset diabetes.

The current analysis included a subset of 5,137 trial participants who had pre-existing diabetes and found similar benefits for the amlodipine-based therapy, reported Dr. Jan Östergren from Karolinska University Hospital in Stockholm.

At the end of 5 years, total cardiovascular events and procedures were reduced by 14% in the amlodipine-treated group compared with the atenolol-treated group.

"This is almost exactly the same reduction as what we found in the larger study of nondiabetic subjects, where we saw a 16% reduction," said Dr. Östergren. Specifically, the incidence of fatal and nonfatal stroke was 25% lower, peripheral arterial disease was 48% lower, and noncoronary revascularization procedures were 57% lower. ■