PROSPEROUS VALUE OF ARRHYTHMOGENIC MARKERS IN SYSTEMIC HYPERTENSION. M. S. G. H. M. J. A. H. J. S. A.

Hypertensive left ventricular hypertrophy (L.V.H.) is associated with increased risk of arrhythmias and mortality. However, no clinical study demonstrated a significant relation between ventricular arrhythmias and mortality in systemic hypertension.

To evaluate the prognostic value of arrhythmogenic markers in systemic hypertension, we included between 1967 and 1993, 214 hypertensive patients (pts), 59.1 ± 12.8 years old, without symptoms of coronary disease, myocardial infarction, systolic dysfunction, electrolyte disturbances or antiarrhythmic therapy. At inclusion, an ECG, a 24h Holter ECG (204 pts) with Lown classification of ventricular arrhythmias, an electrocardiography (n=187 pts) with left ventricular mass index and ejection fraction calculation, a SAECG (125 pts, enrolled after 1988) with ventricular late potentials (LP) were recorded. QT interval dispersion (QIV) was calculated on 12 leads standard ECG and LVH was appreciated.

At baseline echocardiographic LVH was found in 63 pts (33.76%) with normal ejection fraction (75.2.4%). Non sustained ventricular tachycardia (Lown IV b) was found in 33 pts (16.2.8) and LP in 27 pts (21.6%). After a mean follow up of 42.4 ± 26.8 months, all-cause mortality was 11.2 (24%) pts 17 pts died of cardiac causes (7.9%) of these 9 pts (4.2%) died suddenly. In univariate analysis, age, strain pattern 0IV > 35% (mean change from baseline SBP/DBP: -10.5/-7.2, -12.4/-6.7, 0.3/-0.7, respectively); however, there was no significant difference between L. and H. Secondary analyses of subgroups suggested that gender and age were not significant factors with regard to response to treatment, although racial differences were important. White patients responded better to L. and black patients better to H. Response to treatment was also influenced by patient classification as a “dipper” or “non-dipper”. Dippers (n = 96) responded better to L than H (mean change from baseline SBP/DBP: -15.9/-9.8 vs. -9.3/-5.3, respectively, p = 0.05/0.002); whereas non-dippers (n = 25) showed little response to L and a good response to H (3.5/-1.8 vs. -13.10.52, p = 0.02/NS).

The results of the 24-hour ABP data show that both L. and H. are effective therapies for obesity-related hypertension and that response to treatment is influenced most by race and gender versus non-dipper status.

Key Words: Hypertension-Obesity, diuretics, angiotensin-converting enzyme inhibitors


Tasosartan (T) is a newly developed, non-peptide AT1 receptor blocker. In this double-blind, randomized, placebo-controlled, parallel-group study, tasosartan was compared to placebo in patients with mild to moderate hypertension. A prequalification washout period and a 2-week single-blind placebo qualification period preceded a 10-week double-blind treatment period. Patients were randomized to either T 50 mg (n=132) or placebo (n=130) given once a day in the morning. The dose of T was increased at 3-week intervals to 100 mg and then to 200 mg if the average diastolic blood pressure (DBP) was >80 mmHg. When compared to placebo, T resulted in significantly (P<0.05) greater reductions in both SBP (9.4±7.4 vs. 2.0±0.7 mmHg) and sitting systolic blood pressure (SBP) (12.1±2.2 vs. 0.4±1.2 mmHg) measured at trough. The mean 24-hour blood pressure (BP) reductions in the T-treated patients were -12.0±9.8 vs. 7.0±6.0 mmHg, which was significantly (P<0.05) greater than that which occurred in the placebo group (2.3±1.8). Ambulatory BP monitoring demonstrated that the effect of once-a-day dosing persisted for 24 hours. T was extremely well tolerated, with adverse effects and discontinuation rates over the dose range of 50 to 200 mg being comparable to those with placebo.

The results demonstrate that T effectively reduces BP over a 24-hour period, with most responders identified at 50 mg. Furthermore, the tolerability of T at the lower range of 50 to 200 mg is comparable to that of placebo. The results of this study are consistent with the emerging clinical profile for T, which indicates it is an effective antihypertensive agent.

Key Words: Tarsosartan, Hypertension, Trough blood pressure, Trough blood pressure ratios.