Conclusions: Achieving BP control in the majority of elderly women with CAD can be accomplished with an electronic system, but requires combination drug therapy and doses that are higher than those commonly prescribed. There remains a subset of women with uncontrolled BP, despite the system suggesting an up-titration of doses.

Key Words: Hypertension; Coronary Artery Disease; Electronic Prescribing

A019
EFFECTS OF ANTIHYPERTENSIVE THERAPY ON QT DISPERSION IN ESSENTIAL HYPERTENSIVE PATIENTS
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We assessed the relationship between blood pressure (BP) level and QT dispersion in patients with essential hypertension. 40 untreated essential hypertensive subjects were treated with antihypertensive drugs for 8 weeks. 21 were treated with ACE inhibitor (imidapril, 10 mg, s.i.d.; group I). 11 were treated with alpha 1 blocker (bunazosin, 3, 6 or 9 mg, s.i.d.; group B). 8 were treated with beta blocker (metoprolol, 120 mg, s.i.d.; group M). BP and heart rate were measured for 48 hours every 30 minutes by ambulatory BP monitoring device (TM-2425, A&D Co.) before and after treatment. Standard 12-lead electrocardiogram (EKG) and echocardiography (UCG) was performed before and after treatment. QT dispersion (the difference between the maximum and minimum QT interval in different leads) was measured. Left ventricular hypertrophy (LVH) was assessed by EKG and UCG. Diurnal and nocturnal BP were decreased, and maximum QT interval and QT dispersion were shortened in group I. Diurnal BP was decreased, but QT dispersion did not change in group B. Diurnal BP was decreased, and maximum and minimum QT interval and QT dispersion prolonged in group M. Antihypertensive therapy with imidapril reduced QT dispersion and left ventricular mass index. We conclude that long-term imidapril therapy with imidapril reduced QT dispersion and left ventricular hypertrophy in patients with essential hypertension. Sixteen patients (age 60 ± 6 years) without cardiac, renal, neurologic disease, or diabetes were studied. Before and 12 weeks after monotherapy with Losartan 50 mg q.d., (1) supine arterial blood pressure by sphygmomanometry, (2) interventricular septum and LV posterior wall thickness, and LV end-diastolic dimension by M-mode echocardiography, (3) mitral E and A wave, deceleration time (DT) by doppler echocardiography, (4) pulse wave velocity (PWV) in the descending aorta from aortic arch to the bifurcation by doppler echocardiography were measured with single-blind method. Twelve weeks after treatment, blood pressure was significantly, p < 0.05, decreased. However, E/A ratio, DT, LV mass, and PWV were unchanged. In conclusion, short-term treatment with Losartan decreases lines of the International Society for the Study of Hypertension in Pregnancy.

Key Words: Hypertension in pregnancy; Methyldopa; Atenolol

A020
THE EFFECT OF ANTIHYPERTENSIVE DRUGS IN PREGNANCY

Aim: To analyze the effects of treatment with diet, Atenolol (Ate), Methyldopa (MD) or more than one drug (>1D), on the indices of fetal growth and maturation (Capurro test).


Results: One hundred sixty eight women were included in the analysis. The type of treatment used and the obstetric outcome were as follows:

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Weight (Kg)</th>
<th>gestation (w)</th>
<th>Capurro (w)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet</td>
<td>76</td>
<td>2972 ± 749</td>
<td>36.9 ± 3.1</td>
<td>37.9 ± 2.4</td>
</tr>
<tr>
<td>Ate</td>
<td>24</td>
<td>2421 ± 685</td>
<td>35.5 ± 3.2</td>
<td>36.9 ± 3.5</td>
</tr>
<tr>
<td>MD</td>
<td>30</td>
<td>2753 ± 993</td>
<td>36.3 ± 3.1</td>
<td>37.3 ± 3.3</td>
</tr>
<tr>
<td>&gt;1 D</td>
<td>38</td>
<td>1952 ± 931</td>
<td>33.2 ± 4.5</td>
<td>33.6 ± 6.5</td>
</tr>
</tbody>
</table>

1ANOVA p < 0.000 between groups of diet vs Ate, >1 D and MD vs >1D.
2ANOVA p < 0.000 between groups of diet, MD, vs >1 D. 3ANOVA p < 0.000 between groups of diet, M.D, Ate vs >1D.

Conclusions: According to these data, the effects of hypertension on fetus increased with a more intensive treatment. The use of more than one drug or Atenolol produced a higher grade of fetal growth retardation.

Key Words: Hypertension in pregnancy; Methyldopa; Atenolol
blood pressure but does not change LV diastolic function, LV mass, and aortic stiffness.

Key Words: Angiotensin II receptor antagonist; diastolic function; aortic stiffness

A022
EFFECT OF VERAPAMIL IN THE REGRESSION OF RENAL DAMAGE INDUCED BY THE ADMINISTRATION OF ACE INHIBITORS
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Some patients without renovascular disease develop, after ACE inhibitor (ACEI) administration, deterioration of their renal function, that may be reversed after suppression of the drug. This deterioration can also be apparently reverted after administration of calcium channel blockers (CCB). The objective of this study was to evaluate the possible renoprotective effect of a CCB, Verapamil, in hypertensive patients undergoing treatment with ACEI who developed impairment of their renal function. We studied 26 hypertensive patients (12 men), 56.3 years of age and BMI 27.2 kg/m2, using ACEI medication, who developed an increase in serum creatinine (SC) of at least 20% with respect to their last medical control. Exclusion criteria were functional deterioration of renal origin, chronic ingestion of NSAID, hyperpotassemia, acute renal failure by ACEI and antihypertensive treatment with other drugs. After clinical evaluation including determination of blood pressure (BP), heart rate, and renal function (SC and SC clearance, 180 mg/day of Verapamil for 12 weeks were added to the ACEI, with clinical and analytical controls done every 4 weeks to exclude from the study if BP was 0.05 from comparison by t-test with data from the previous column.

Results from this trial confirm that the association of a CCB with an ACEI is able to revert the renal damage induced by the use of the ACEI in some hypertensive patients.

Key Words: Verapamil; renal damage; ACEI inhibitors; creatinine

A023
EFFECTIC AND SAFETY OF SILDENAFIL IN HYPERTENSIVE PATIENTS WITH ERECTILE DYSFUNCTION
C. Calzo1*, P. Pérez-Leiros1, M. Covelo1, E. López1, F. Gude2, D.E. Ayala3, R.C. Hermida1. 1Hypertension and 2Clinical Epidemiology Units, Hospital Clínico Universitario, Santiago, Spain; 3Bioengineering & Chronobiology Labs., University of Vigo, Spain

Erectile dysfunction (ED) is common among hypertensive men, associated to hypertension itself and/or as a consequence of antihypertensive treatment. Accordingly, we evaluated the efficacy and safety of Sildenafil (PDE5 inhibitor) administered to hypertensive men with ED. We studied 52 >18-year men with previously-diagnosed essential hypertension, 57.1 ± 9.5 years of age, with blood pressure (BP) below 160/100 mm Hg, and with diagnosis of ED determined by the Sexual Health Inventory for Men (SHIM) and the International Index of Erectile Function (IIEF). ED is defined as a punctuation below 21/26 for SHIM/IEF. 30 patients were receiving monotherapy and the other 22 a combined therapy with up to 3 drugs. After diagnosis of ED, Sildenafil was prescribed to be administered 60 min before sexual intercourse, at an initial dose of 50 mg, increased up to 100 mg in absence of response. Efficacy was evaluated by application of new SHIM and IIEF questionnaires after treatment. Safety was evaluated by analysis of adverse events reported by the patients. Fourteen patients (26.9%) had severe ED, 18 (34.6%) had moderate ED, and the remaining 20 (38.5%) presented mild ED. The lower dose of 50 mg of Sildenafil was used by 32 patients (61.5%). Changes in BP, heart rate (HR), and SHIM and IIEF scores were as follows:

<table>
<thead>
<tr>
<th>Pretreatment</th>
<th>ACEI</th>
<th>ACEI + Verapamil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic BP (mm Hg)</td>
<td>163.2 ± 7.8</td>
<td>151.5 ± 7.4*</td>
</tr>
<tr>
<td>Diastolic BP (mm Hg)</td>
<td>101.9 ± 2.8</td>
<td>97.0 ± 5.4*</td>
</tr>
<tr>
<td>SC (mg/dl)</td>
<td>0.94 ± 0.13</td>
<td>1.24 ± 0.14*</td>
</tr>
</tbody>
</table>

*P < 0.05 from comparison by t-test with data from the previous column.

Results from this trial confirm that the association of a CCB with an ACEI is able to revert the renal damage induced by the use of the ACEI in some hypertensive patients.

Key Words: Sildenafil; erectile dysfunction; efficacy; safety; drug treatment

A024
EFFECTS OF A THIAZIDE DIURETIC VS. CALCIUM ANTAGONIST ON AMBULATORY BP AND METABOLIC FACTORS IN MILD ESSENTIAL HYPERTENSIVE PATIENTS
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To evaluate the effects of a thiazide diuretic, trichlormethiazide (TCM), and a calcium antagonist, amlopidine (AMD),