associated with blood pressure changes was similar, showing that sildenafil is well tolerated in patients receiving concomitant treatment with antiHTN.

Key Words: Hypertension; sildenafil; adverse events

A051

EFFECTIVENESS AND TOLERABILITY OF DOXAZOSIN TREATMENT IN MEN WITH CONCOMITANT HYPERTENSION AND BENIGN PROSTATIC HYPERPLASIA

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One in 4 men over 60 years has concomitant hypertension (HTN) and benign prostatic hyperplasia (BPH). This study evaluated the efficacy of doxazosin (DOX), an α₁-antagonist, for the treatment of concomitant BPH and HTN in patients whose blood pressure (BP) was controlled at entry with a non-α₁-blocker (NA1B). The effect of DOX on BP was evaluated both when added to and following discontinuation of the NA1B. 84 men with HTN and symptomatic BPH receiving NA1B monotherapy were enrolled in this open-label study. BP control was defined as sitting systolic BP [SBP] and standing SBP and DBP. At the end of the placebo period they were randomized to nifedipine GITS 30 to 60 mg o.d. (n = 30) or to lercanidine 10 to 20 mg o.d. (n = 30) treatment for 12 weeks, with dose titration at the 4th week. PSTPs and AFVs were evaluated at the end of the placebo period and of the treatment period. PSTP was evaluated through a system allowing to connect the pre-tibial subcutaneous environment to a water manometer; AFV was evaluated through the water displacement.

The main results are as follows:

<table>
<thead>
<tr>
<th>Placebo</th>
<th>Nifedipine</th>
<th>Placebo</th>
<th>Lercanidine</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBP mmHg</td>
<td>162.4 ± 10</td>
<td>143.4 ± 8**</td>
<td>161.7 ± 9</td>
</tr>
<tr>
<td>DBP mmHg</td>
<td>98.3 ± 6</td>
<td>86.8 ± 5**</td>
<td>99.1 ± 6</td>
</tr>
<tr>
<td>AFV ml</td>
<td>1296 ± 138</td>
<td>1580 ± 180**</td>
<td>1281 ± 137</td>
</tr>
<tr>
<td>PSTP cmH₂O</td>
<td>1.98 ± 2.3</td>
<td>3.79 ± 2.7**</td>
<td>1.91 ± 2.0</td>
</tr>
</tbody>
</table>

* p < 0.05; ** p < 0.01 vs placebo; *p < 0.05 vs nifedipine
AFV and PSTP changes show no correlation with BP changes.

In conclusion both calcium antagonists increased PSTP and AFV. The increases were observed in all subjects independently from the clinical presence or absence of oedema. However, lercanidine showed a lower oedematogenous potential than nifedipine, which confirms previous clinical observations. This could be due to the different pharmacological properties (vascular selectivity, lipophylicity, distribution volume) of lercanidine.

Key Words: Ankle oedema; lercanidine; nifedipine

A052

DIFFERENT OEDEMATOUS POTENTIAL OF LERCANIDINE AND NIFEDIPINE IN HYPERTENSIVE PATIENTS

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We compared the effect of lercanidine vs nifedipine chronic treatment on pre-tibial subcutaneous tissue pressure (PSTP) and on ankle-foot volume (AFV) in hypertensive patients.

Sixty mild to moderate hypertensive patients (DBP > 90 mmHg and < 100 mmHg) aged 36 to 70 years, without any local vascular disease were studied. After a 4 week placebo period they were randomized to nifedipine GITS 30 to 60 mg o.d. (n = 30) or to lercanidine 10 to 20 mg o.d. (n = 30) treatment for 12 weeks, with dose titration at the 4th week. PSTPs and AFVs were evaluated at the end of the placebo period and of the treatment period. PSTP was evaluated through a system allowing to connect the pre-tibial subcutaneous environment to a water manometer; AFV was evaluated through the water displacement.

The main results are as follows:

Key Words: Doxazosin; hypertension, benign prostatic hyperplasia