The aim of investigation was to evaluate the effect of indapamide on Cardiology, Kyiv, Ukraine. L. Kupchinskaya, G. Elena, Dpt. of Hypertension, Inst. of Bezrodnaya V. Larissa, Svyshchenko, P. Evgenia, Mishchenko A. FACTORS OF ITS REGULATION EFFECT OF INDAPAMIDE ON 24 HOURS BLOOD PRESSURE MONITORING Vasoactive Hormones

The aim of investigation was to evaluate the effect of indapamide on 24-hour blood pressure (BP) profile, dynamics of catecholamines and central hemodynamic parameters.

Essential hypertensive II stage patients (n=28) treated with indapamide 2.5 mg once daily within a month were studied. Ambulatory blood pressure monitoring was performed at the end of washout period, 2 and 4 weeks after the beginning of the treatment. The level of epinephrine (E), norepinephrine (NE), (by fluorometric method) were evaluated at 6 and 9 o'clock in the morning. Parameters of systemic haemodynamics were assessed by M-mode echocardiography prior to and after the treatment. Indapamide 4-week treatment resulted in a significant fall of systolic and diastolic BP during 24 hours, day and night hours (by 13%, 12.7% and 13.3% for diastolic BP, respectively, P<0.001). The systolic BP variability (24 hours and during day hours) changed after 4 week of treatment by 26 and 24%, respectively, P<0.05, diastolic BR variability - by 15 and 17%, respectively, P<0.05. BP load decreased 2-fold for all periods analyzed. Another parameters of ambulatory BP monitoring (BP rise in the morning hours, 24-h index) were improved authentic under indapamide treatment. Indapamide didn’t influence E and NE levels. The 4-week indapamide treatment didn’t change the central haemodynamics parameters (left ventricular and atrial dimensions, ejection fraction, left ventricular wall thickness and intraventricular septal thickness). Thus, indapamide significantly decreased BP and at the same time it didn’t activate the sympathetic nervous system.

Key Words: Endothelial Function, Atenolol, Doxazosin

POSTERS: Antihypertensive Drugs

P-81

PALPITATIONS DURING ANTIHYPERTENSIVE TREATMENT WITH CALCIUM ANTAGONISTS

Rafael Hernández-Hernández, Luis Alcocer, Manuel Velasco, Ariel J. Reyes, for the LASTLHY Steering Committee. Centroccidental University, Barquisimeto, Venezuela; General Hospital, Mexico City, Mexico; Central University, Caracas, Venezuela; Institute of Cardiovascular Theory, Montevideo, Uruguay.

The frequency and the duration of palpitations during fixed-dose antihypertensive monopharmaceuticals with 4 mg lacidipine (L) and with 30 mg nifedipine GITS (N) were evaluated as part of the Latin American Study of Lacidipine in Hypertension. Patients (pts.) sitting DBP between 100 and 115 mmHg at the end of a 4-week placebo (PI) run-in were randomly assigned to open treatment with L or with N once during 16 weeks. BP decreased significantly during the L and N treatments. One/one of the 9/5 pts. On L/N who were withdrawn or dropped out due to adverse events complained of palpitations. The final analysis comprised 248 pts. who completed the study. Palpitations decreased in both groups, despite the established reflex sympathetic activation that occurs in response to the fall in BP caused by dihydropyridines. The reasons for this subjective betterment are unclear.

Key Words: Calcium Channel Blocker, Palpitations

P-82

RESPONSES OF BLOOD PRESSURE AND OF HEART RATE TO THE FIRST DOSE OF TWO CALCIUM ANTAGONISTS

Rafael Hernández-Hernández, Luis Alcocer, Manuel Velasco, Ariel J. Reyes, for the LASTLHY Steering Committee. Centroccidental University, Barquisimeto, Venezuela; General Hospital, Mexico City, Mexico; Central University, Caracas, Venezuela; Institute of Cardiovascular Theory, Montevideo, Uruguay.

The responses of BP and of radial pulse rate (HR) to the first dose of 4 mg lacidipine (L) and of 30 mg nifedipine GITS (N) were assessed as part of the Latin American Study of Lacidipine in Hypertension. Patients with sitting diastolic BP (D) of 100-115 mmHg at the end of a 4-week placebo run-in were randomly assigned to open treatment with L or with N. The first dose was taken at experimental hour (EH) 0: S: systolic BP,L, which is absorbed more rapidly than N, decreased BP quicker and caused an earlier reflex increase in HR than N. In a similar study, HR was found to increase by 15-18 b.p.m. 60 min after intake of 10 mg of classic nifedipine (Hernández R, et al. Arch Ven Farmacol 1985;2:315-322).