P-207  
EFFECT OF VALSARTAN AND ATENOLOL ON SEXUAL FUNCTION IN HYPERTENSIVE POSTMENOPAUSAL WOMEN

Roberto Fogari, Paola Preti, Amedeo Mugellini, Luca Corradi, Carlo Passoti, Annalisa Zoppi. Department of Internal Medicine, University of Pavia, Pavia, Italy.

Aim of this study was to compare the effect of valsartan and atenolol on sexual function in hypertensive postmenopausal women.

Eighty-two mild to moderate hypertensive (DBP ≥ 95 < 105 mmHg) postmenopausal women user of hormone replacement therapy (HRT) aged 51-55 years were enrolled. After a 4 week placebo period they were blindly randomized to valsartan 80-160 mg or to Atenolol 50-100 mg for 16 weeks according to a parallel arms design; the titration was performed after 8 weeks. At the end of placebo period and of each treatment period blood pressure (BP) was evaluated and the women were asked to complete a sexual function questionnaire that comprised 10 self-evaluations of various aspect of sexual desire, orgasmic response and coital activity. The questions were presented in a form of a visual analog scale. Both drugs significantly lowered BP without any difference between the 2 treatments, however in the valsartan treated group the scores for 4 of the items related to libido (sexual attraction, desire, fantasies and frequency taking initiative) significantly improved (p < 0.05) while in the Atenolol treated group the scores for the 2 items “sexual desire” and “sexual fantasies” significantly worsened (p < 0.05). The score for the items related to coital activity did not change with both drugs.

These results suggest that in postmenopausal woman user of HRT valsartan treatment increases sexual desire and libido, while Atenolol does not change or reduce them. It could have some importance in the quality of life of these patients.

Key Words: Female sexuality, hypertension, Valsartan

P-208  
PLASMA TESTOSTERONE IN ISOLATED SYSTOLIC HYPERTENSION

Roberto Fogari, Ettore Malacco, Paola Preti, Amedeo Mugellini, Elena Fogari, Andrea Rinaldi, Carlo Passoti, Luca Corradi. Department of Internal Medicine, University of Pavia, Pavia, Italy; Department of Internal Medicine, Ospedale Sacco, Milano, Italy.

The aim of this study was to compare plasma testosterone levels of elderly men with isolated systolic hypertension (ISH) with those of elderly normotensive controls.

We investigated 119 newly diagnosed never treated elderly men with ISH (SBP > 140 mmHg DBP < 90 mmHg) and 106 healthy normotensive (SBP ≤ 140 mmHg DBP < 90 mmHg) controls. All of them were aged 60 to 79 years, non diabetic, nonobese (BMI < 28 Kg/m²) non smoking. All subjects were evaluated in the morning after an overnight fast. Evaluation included BP, BMI, determination of plasma testosterone.

The characteristics of the two groups are shown in the table.

Hypertensive men presented 14% lower level in plasma total testosterone. In both normotensive and hypertensive men Pearson’s correlation analysis showed a significant negative correlation between testosterone and age and between testosterone and BP values. Multiple regression analysis confirmed the inverse relationship between testosterone and age in normotensive but not in hypertensive ones. In addition a significant inverse correlation between testosterone and SBP (t value −2.54 Pr >/N/0.012) was confirmed only in hypertensive men.

In conclusion these findings suggest that in elderly men with isolated systolic hypertension there is a lower plasma testosterone level than in normotensive and a strong relationship between systolic blood pressure and impaired testosterone levels. The nature of such a relationship and its physiological and clinical significance needs further investigation.

Key Words: Systolic isolated hypertension, testosterone, elderly

P-209  
WHICH POPULATION TO TREAT PREFERENTIALLY WITH AT1-RECEPTOR-BLOCKERS (ARB) THAN WITH ACEI AFTER OPTIMAAL STUDY?

A Fournier, M Caminzuli, R Oprisiu, J Mansour, C Presne, R Makdassi, G Choukroun. Nephrology, CHU- Hospital Sud, Amiens, France.

OPTIMAAL study having shown that in patients with recent myocardial infarct (MI) and heart failure (HF), cardiovascular mortality is higher with losartan than with captopril, the first choice in these patients is still ACEI, unless intolerance. In patients with CHD but without HF, HOPE study has established ramipril as the reference treatment because it decreased the risk of MI, HF and stroke independently of BP and in patients with uncomplicated hypertension ANBP-2 trial has recently suggested an edge of ACEI over thiazide in global cardiovascular protection in spite of lower cerebral protection. Paradoxically no trial has yet been launched to compare ARB to ACEI in 3 populations in which the chance of ARB superiority over ACEI are the greatest thanks to a better cerebral protection mediated by non-AT1-receptors whereas comparable protection for CHD is expected since comparable MI recurrence risk between losartan and captopril was observed in OPTIMAAL. These populations are those in which MI risk is lower than that of stroke because of a low initial prevalence of CHD (≥16%) but in which stroke risk is high because of stroke history as in PROGRESS and PATHS, of severe hypertension as in LIFE or of age as in SCOPE. Indeed the experimentally proven non-AT1-receptor-mediated brain-antischismic mechanisms have been recently supported by following clinical evidences : (1) the contrast between the lack of stroke protective effect (SPE) with AII-inhibiting perindopril (PROGRESS) and the 29% SPE with AII-stimulating of indapamide (PATHS) for the same BP decrease. (2) the 25% greater selective SPE with AII-stimulating losartan than with the AII-suppressing atenolol for the same BP decrease. (3) the contrast between the 10% BP-independent SPE of AII-stimulating candesartan comparatively to the AII-neutral association of β-blocker and DHP in SCOPE.

Conclusion : To base the preferential recommendation of ARB over ACEI in populations without CHD on evidence, a large trial comparing these 2 drugs is urgently needed in these populations.

Key Words: AT1-receptor-blocker, angiotensin II, cardiovascular protection

P-210  
COMPARISON OF STROKE-PROTECTIVE-EFFECTS (SPE) OF AT1-RECEPTOR BLOCKERS (ARB), IMPORTANCE OF BLOOD- PRESSURE (BP) CONTROL AND OF THE COMPARATOR EFFECT ON ANGIOTENSIN (A)-II

A Fournier, M Caminzuli, J Mansour, R Oprisiu, C Presne, M Andrejak, JM Achar, L Fernandez. Nephrology, Hopital SUD, Amiens, France; Physiology, CHU, Limoges, France; Pathology, Yale Medical School, Yale.

The acute brain ischemia model by unilateral carotid ligation in the gerbil has shown that angiotensin II infusion accelerates recovery of blood flow in the ipsilateral brain and that preadministration of ACEI when compared to that of ARB was associated with a higher mortality rate. Furthermore ACEI co-administration with an ARB canceled the SPE of this latter. This suggests a SPE of non-AT1 receptor-activation since