with A/B (65%) vs A (28%) or B (34%; P < .0001). The rates of dizziness, fatigue, and nausea were low in all 3 groups, while cough was slightly higher and peripheral edema was notably lower in A/B than in A or B. The rate of new-onset edema was low: A/B, 3.8%; A, 9.4%; and B, 5.6%. These results show that combination therapy not only provides superior reductions in mean 24-h SBP, PP, and DBP and is associated with a lower incidence of edema and a similar adverse event profile compared with monotherapy; but also support the JNC 7 recommendation for use of initial combination therapy in stage 2 hypertension.

Key Words: Fixed-Dose Combination Therapy, Systolic Hypertension, Ambulatory Blood Pressure Monitoring

P-410
DUAL GOAL ATTAINMENT WITH AMLODIPINE/ATORVASTATIN SINGLE PILL IN A BROAD RANGE OF PATIENTS: RESULTS FROM THE GEMINI STUDY
Joel Neutel, James La Salle, Lance Berman, Eric Gibson, David Gillen, Beth-Anne Piper. Orange County Research Center, Tustin, CA; Medical Arts Research Collaborative, LLC, Excelsior Springs, MO; Pfizer Inc., New York, NY.

Patients with hypertension (HTN) and dyslipidemia (DYS) have increased risk for cardiovascular disease (CVD). The presence of increasing numbers of CV risk factors has a negative effect on the attainment of multiple goals. Recent data from a large managed care database showed that <10% of patients with concomitant HTN/DYS are at goal for both conditions. Concomitant HTN/DYS is particularly prevalent among certain patient subgroups, which consequently have a heightened risk for CVD. This post-hoc analysis of the Gemini study summarizes attainment of both low-density lipoprotein cholesterol (LDL-C) and blood pressure (BP) goals in African Americans, the elderly, and patients with coronary heart disease (CHD).

Gemini was a 14-week, open-label, non-comparative, multicenter trial evaluating the efficacy and safety of amlodipine/atorvastatin single pill therapy in patients with concomitant HTN/DYS. Eight dosage strengths of amlodipine/atorvastatin (5/10, 5/20, 5/40, 5/80, 10/10, 10/20, 10/40 and 10/80 mg) were used to electively titrate patients to improve their BP and lipid control. Post-hoc analyses were carried out among patients not at goal for LDL-C at baseline, and who were untreated for DYS but were receiving antihypertensive treatment prior to study entry. The percentage of patients attaining both their BP (Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High BP VI) and LDL-C (National Cholesterol Education Program Adult Treatment Panel III) goals at end point was recorded. In addition, goal attainment was measured across all study participants who were untreated for both HTN and DYS pre-study.

Attainment of both BP and LDL-C goals within each high-risk subgroup of patients receiving amlodipine/atorvastatin single pill therapy in addition to pre-study antihypertensive therapy, is presented in the table below. Of the 136 participants in the Gemini study who were untreated for both conditions pre-study, and who used amlodipine/atorvastatin single pill therapy as first-line therapy, 65% attained both BP and LDL-C goals. Simultaneous treatment of HTN and DYS in high-risk patients with a single pill offers a new, effective approach to get patients to their BP and LDL-C goals.

**Table:**

<table>
<thead>
<tr>
<th>Patient Subgroup</th>
<th>% Patients at both goals (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-Americans*</td>
<td>49 (41)</td>
</tr>
<tr>
<td>Patients 65 yrs and older*</td>
<td>63 (115)</td>
</tr>
<tr>
<td>Patients with CHD</td>
<td>50 (54)</td>
</tr>
</tbody>
</table>

There were no significant differences in the side effect profile when comparing the three treatment groups. Edema was lower in the A/B (7.8%) treated patients than in the A (13.6%) treated patients. These data demonstrate that the combination of A/B is very effective in patients with ISH and PSH and was more effective than either A or B as monotherapy. Despite the BP differences, the side effect profile was similar with all three treatment groups. It should also be noted that the patients with ISH tended to be more difficult to treat than those with PSH.

Key Words: Fixed-Dose Combination Therapy, Systolic Hypertension, Ambulatory BP Monitoring

P-411
MANAGEMENT OF ISOLATED VS. PREDOMINANTLY SYSTOLIC HYPERTENSION: RESULTS OF THE SYSTOLIC EVALUATION OF LOTREL EFFICACY AND COMPARATIVE THERAPIES (SELECT) STUDY
Joel M Neutel, David HG Smith, Michael A Weber, Oliseyenum M Nwose, Lesley Schofield, Marjorie Gatlin. Orange County Research Center, Orange, CA; Department of Medicine, University of California, Irvine, Irvine, CA; Department of Medicine, SUNY Downstate College of Medicine, Brooklyn, NY; Novartis Pharmaceuticals Corporation, East Hanover, NJ.

Recent studies have clearly demonstrated that systolic BP is a better predictor of pending CVD than diastolic BP and that the reduction of systolic BP, particularly in older patients, is associated with a dramatic reduction in the incidence of CVD. Among patients with systolic hypertension, two groups have been defined: those with isolated systolic hypertension (ISH) (mean daytime systolic BP of ≥ 150 mmHg and mean daytime diastolic BP of < 90 mmHg) and those with predominately systolic hypertension (PSH) (mean daytime systolic BP ≥ 150 mmHg and a mean daytime diastolic BP ≥ 90 mmHg and ≤ 100 mmHg). Patients from the SELECT study were divided into those with ISH and those with PSH to compare the effects of 8 weeks of treatment with fixed dose combination therapy with amlodipine benazepril HCl (A/B) to that of amlodipine besylate (A) and benazepril HCl (B) monotherapy in each of the subgroups of systolic hypertension.

P<0.001 A/B vs. A and B; +P<0.001 A/B vs. A and B.

Key Words: Systolic Hypertension, Ambulatory BP Monitoring

P-412
THE USE OF COMBINATION THERAPY VS. MONOTHERAPY IN ELDERLY SYSTOLIC DIPPER VS. SYSTOLIC NONDIPPER PATIENTS
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The presence of a nondipper pattern on ambulatory BP monitoring has been associated with an increased risk of CVD when compared to patients who are dippers. Furthermore, the incidence of a nondipper pattern is more common in elderly patients than in younger patients.