combination with the lowest dose of ER felodipine (2.5 mg) gave approximately the same SiDBP reduction as the highest dose of ER felodipine (20 mg) alone. Most frequent adverse events leading to study drug discontinuation were edema (4%) and headache (2%). Higher rates of edema and fatigue were associated with felodipine doses ≥10 mg (alone or in combination). Low doses of ER metoprolol (25 mg) or ER felodipine (2.5 mg) are effective monotherapy; the antihypertensive effects of each are dose-related and additive. ER metoprolol and ER felodipine is an effective combination for the treatment of hypertension.

Key Words: Combination Therapy, ER Felodipine, ER Metoprolol Succinate

EFFECT OF SAFFLOWER YELLOW A ON THE BLOOD PRESSURE IN DOG AND MAN
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It has been reported that safflower yellow A (SYA) is the main effective ingredient of a traditional Chinese medicine, safflower plant, Carthamus tinctorius L., which is used to treat cardiovascular and cerebrovascular diseases because of its ameliorating circulation. In clinical it may be accompanied by anti-hypertension drug for some patients. Up to now it has not been determined whether SYA could affect the blood pressure. In the preclinical study of SYA, in order to observe the general pharmacological and chronic toxic effects of SYA beagle dogs were administered intravenously SYA at different dose. The results showed that SYA could not reduce the blood pressure of beagle dogs when it was given at dose of 12 mg/kg but some dogs would swoon at dose of 180 mg/kg. In clinical SYA, accompanied with captopril, an angiotensin-converting enzyme (ACE) inhibitor, was prescribed to patients who responded not well to captopril used singly. Either SYA or captopril could not reduce the blood pressure. But SYA and captopril were given orally simultaneously reduced blood pressure effectively. It suggests that SYA may synergize the effect of captopril or alter pharmacokinetics of captopril. The beneficial and harmful effects of combination of herbal medicine with chemical drugs should be taken into consideration in clinical practice. The interaction mechanism of SYA and captopril has been investigated.

Key Words: Blood Pressure, Captopril, Safflower Yellow A

THE FIXED DOSE COMBINATION OF VALSARTAN 160/HCTZ 25 IN HYPERTENSIVE PATIENTS NOT CONTROLLED BY FIXED DOSE COMBINATIONS OF AT1 RECEPTOR ANTAGONISTS AND LOW DOSE HCTZ
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Introduction: Only a minority of treated hypertensive patients achieve controlled blood pressure (BP) levels. Therapy with fixed dose combinations of AT1-receptor antagonists is widespread but not always sufficient to achieve target BP. We investigated the efficacy and safety of the fixed dose combination of valsartan 160mg and HCTZ 25mg (V160/H25) in patients not controlled with fixed dose combinations of different AT1 receptor antagonists and low dose HCTZ (12.5mg) in a multicenter trial.

Methods: Following wash-out of antihypertensive drugs, 205 patients with a mean sitting diastolic BP at trough (MSDBP) ≥100 and <110 mmHg were treated with candesartan 16mg/HCTZ 12.5mg or telmisartan 80mg/HCTZ 12.5mg for 4 weeks (phase 1). 148 patients whose BP was still uncontrolled (MSDBP ≥90 mmHg) after 4 weeks were switched to V160/H25 for an additional 4 weeks (phase 2). The primary efficacy parameter was the reduction in MSDBP between week 4 and week 8 in the ITT population (n=148).

Results: The mean age at inclusion was 60 ± 12.6 years. 49% of the patients were female. MSDBP at day 1 was 103.5 ± 25.5 mmHg and decreased from 90.0 ± 4.2 mmHg at week 4 (phase 1) to 85.8 ± 6.8 mmHg at week 8 (phase 2). Respectively, treatment with V160/H25 during phase 2 reduced MSDBP by further 10.3 mmHg (95% confidence interval limits 9.2–11.3). The reduction observed for the mean sitting systolic BP at trough was 11.0 mmHg (95% confidence interval limits 9.1 – 12.9). The additional decrease was statistically highly significant (p<0.0001) for both parameters and independent of which fixed dose combination was used during phase 1. Normalization (MSDBP <90 mmHg) was achieved in 74% of the phase 2 population, and the responder rate (MSDBP <90 mmHg or reduction of >10 mmHg) was 80%. In both treatment phases the incidence of adverse events was comparably low and results of laboratory tests were unremarkable.

Conclusion: Switching to valsartan 160mg/HCTZ 25mg offered a substantial benefit for hypertensive patients not controlled with the combinations of candesartan 16mg or telmisartan 80mg with low dose HCTZ. A marked additional BP reduction was achieved, while maintaining excellent safety and tolerability.

Key Words: AT-1 Receptor Antagonist, Fixed Dose Combination, Responder Rate

COMPARISON OF ASCENDING DOSES OF OLMESARTAN MEDOXOMIL (O), LOSARTAN POTASSIUM (L) AND VALSARTAN (V) IN PATIENTS (PTS) WITH ESSENTIAL HYPERTENSION (HTN)
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This 12-wk randomized, double-blind, forced-titration study compared antihypertensive efficacy of O with V and L across recommended doses and dosing regimens. Pts with stage 2 HTN (N=723; 79% non-black, 21% black) were randomized to once daily O 20mg (n=207), V 80mg (n=203), L 50mg (n=207) or placebo (PLA; n=106). At wk 4, doses...