A DOUBLE BLIND, RANDOMIZED, CROSS OVER, CLINICAL TRIAL ON THE EFFECT OF NAACL + CHITOSAN 3% ON HIGH BLOOD PRESSURE PARAMETERS IN ASSOCIATION WITH LIFESTYLE RECOMMENDATIONS
E. Altarit
Dijon-FRANCE

SUPERIOR BLOOD PRESSURE REDUCTION IN MORE THAN 3000 HYPERTENSIVE PATIENTS WITH CHRONIC RENAL FAILURE BY ALISKIREN: 2 YEAR RESULTS FROM THE 3A REGISTRY
R. Dechend (1), R. Schmieder (2), E. Deeg (3), S. Hupert (4), U. Zeymer (3)
(1) Berlin, (2) Erlangen, (3) Ludwigshafen, (4) Nuernberg-GERMANY

EFFICACY AND SAFETY OF OLMESARTAN MEDOXOMIL VERSUS LOSARTAN POTASSIUM IN ANTIHYERTENSIVE NAIVE/NON-NAIVE SUBJECTS
H. Punzi (1), A. Lewin (2), W. Li (3), K. Chavanu (3), R. Dubiel (3)
(1) Carrollton, TX, (2) Los Angeles, CA, (3) Parsippany, NJ-USA

NOLIPREL FORTE A PREVENTS NEPHROPATHY PROGRESSION IN PATIENTS WITH DIABETES MELLITUS
T. Netchesova, A. Shpeikievich, T. Gorbat
Minsk-BELARUS

EFFECTS OF AMLODIPINE/OLMESARTAN MEDOXOMIL ± HYDROCHLOROTHIAZIDE IN PATIENTS WITH HYPERTENSION UNCONTROLLED ON PRIOR ANGIOTENSIN RECEPTOR BLOCKER MONOTHERAPY
S. Nesbitt (1), A. Shojaee (2), J. Ma (2)
(1) Dallas, TX, (2) Parsippany, NJ-USA

EFFECTIVENESS OF AN AMLODIPINE/OLMESARTAN MEDOXOMIL ALGORITHM ON BP CONTROL IN PATIENTS WITH TYPE 2 DIABETES AND HYPERTENSION UNCONTROLLED ON PRIOR BP-LOWERING MONOTHERAPY
S. Nesbitt (1), A. Shojaee (2), J. Ma (2)
(1) Dallas, TX, (2) Parsippany, NJ-USA

PROGNOSIS OF NON-SIGNIFICANT STENOSIS OF LEFT MAIN ARTERY AND RISK FACTORS
A. Konkoy, E.A. Golman, A.M. Malysheva, S.N. Tolpygina, A.D. Deev, V.P. Mazayev, S.Y. Martsevich
Moscow-RUSSIA

EFFECTS OF PERINDOPRIL 10MG/INDAPAMIDE 2,5MG FIX COMBINATION IN HYPERTENSIVE PATIENTS WITH DIABETES OR PRE-DIABETES: PICASSO SUB-STUDY
C. Farsang, on behalf of the Picasso Study
Budapest-HUNGARY

CHIEF: CHINESE HYPERTENSION INTERVENTION EFFICACY-RANDOMIZED CONTROLLED TRIAL OF INITIAL COMBINATION CCB-BASED ANTIHYERTENSIVE IN PATIENTS WITH HYPERTENSION TO REDUCE CARDIOVASCULAR EVENTS
W. Wang, L. Ma, O. Deng, M. Liu, Y. Zhang, L. Liu
Beijing-CHINA

EFFECT OF DIFFERENTIAL DUAL RENIN-ANGIOTENSIN SYSTEM BLOCKADES ON CARDIAC HYPERTROPHY IN HYPERTENSIVE CHRONIC KIDNEY DISEASE PATIENTS
Yokohama-JAPAN

EFFICACY AND SAFETY OF OLMESARTAN MEDOXOMIL VERSUS LOSARTAN POTASSIUM IN SUBJECTS WITH STAGE 1 OR 2 HYPERTENSION
J. Flexx (1), A. Graeff (2), W. Li (3), K. Chavanu (3), R. Dubiel (3)
(1) Detroit, MI, (2) Fort Lauderdale, FL, (3) Parsippany, NJ-USA

EFFICACY AND SAFETY OF URAPIDIL IN THE TREATMENT OF HYPERTENSION IN PATIENTS WITH MULTIPLE CARDIOVASCULAR RISK FACTORS IN SLOVAK POPULATION
J. Sirotinikova (1), S. Filipova (2), P. Minarik (3)
(1) Levice, (2) Bratislava, (3) Nitra-SLOVAK REPUBLIC
Conclusion: This European trial has demonstrated that the EUROACTION preventive cardiovascular program, with an intensive smoking cessation intervention including smoking aids, helps more patients to stop smoking and better achieve the other lifestyle and blood pressure targets for cardiovascular prevention than usual medical care.

**PP33.91**

**EFFICACY OF SINGLE-PILL COMBINATION OF TELEMISARTAN/AMLODIPINE ON BLOOD PRESSURE GOAL ACHIEVEMENT IN PATIENTS UNCONTROLLED BY RAM BL OCKER MONOTHERAPY**

B. Williams1, L. Van Campen2, W. Holzgreve3, 1University of Leicester, Leicester, UK; 2Boehringer Ingelheim GmbH & Co. KG, Ingelheim, Germany

Objectives: To evaluate BP goal achievement using the single-pill combination (SPC) of telmisartan/amlodipine (T/A) in hypertensive patients who were not previously controlled on RAS blocker monotherapy.

Design and Methods: A 12-week, open-label, multicenter study included 501 patients aged 218 years with uncontrolled hypertension (SBP 140 mmHg or DBP 90 mmHg; SBP 150 mmHg or DBP 80 mmHg for diabetes and patients with renal impairments) at least 6 weeks' stable treatment with RAS blocker monotherapy (ACE1, ARB or direct renin inhibitor [DRI]), who were switched to T/A (5/5 mg) and uptitrated to T/A 10/10 mg every 4 weeks if BP remained uncontrolled. The primary endpoint was the percentage of patients reaching a clinical BP goal (<140/90 mmHg) after 12 weeks.

Results: Mean BP at baseline was 151/91.8 (±10.28.8) mmHg. After 12 weeks' treatment, BP goal was reached by 67.6% of patients (95% confidence interval, 63.3-71.7%), with 53.0% and 66.8% of patients reaching BP goal after 4 and 8 weeks, respectively. No difference in BP goal achievement rate was observed when patients were stratified according to prior RAS blocker monotherapy (Table). Mean reduction from baseline in SBP/DBP was -16.9/10.4 (±12.3/8.8) mmHg after 12 weeks' therapy. In total, 329 patients were uptitrated to T/A 10/10 mg after 4 weeks' therapy. Uptitrated patients had a longer history of hypertension and a higher SBP at baseline. Overall, the most common adverse events were peripheral edema (13.2%), nasopharyngitis (3.6%), headache (2.8%) and dizziness (2.4%). No serious adverse events were reported. 4.8% of patients experienced moderate edema and none experiencing severe edema.

Conclusion: The T/A SPC provide BP control in the majority of patients with stage 1 or 2 hypertension whilst on treatment with RAS blocker monotherapy. The response was rapid with more than 50% of patients reaching BP goal within 4 weeks. T/A SPC were safe and well-tolerated in this patient population.

**PP33.92**

**A DOUBLE BLIND, RANDOMIZED, CROSS OVER, CLINICAL TRIAL ON THE EFFECT OF NOACL - CHITOSAN 3% ON HIGH BLOOD PRESSURE PARAMETERS IN ASSOCIATION WITH LIFESTYLE RECOMMENDATIONS**

F. Allbutt, Chair of Medical Education, Dijon, France

Objectives: The main objective was to compare the decrease of the high blood pressure parameter with Symbiosis (NOACL + Chitosan 3% according a patient process) and with NOACL during the diet and lifestyle improvement period before anti-hypertensive treatment.

Study Design: Double blind, randomized, cross over, clinical trial of Symbiosis (NOACL + Chitosan 3%) vs. NOACL on two groups of 20 patients during two periods of 8 weeks.

Exclusion Criteria: Men and women older than 18 years presenting a mild hypertension defined by a SBP between 140 and 159 mmHg and a DBP between 90 and 99 mmHg and having never been treated with an anti-hypertensive drug.

Results: 40 patients were included in the ITT analysis and the effect of Symbiosis appeared as soon as the first period of the cross over showing a decrease of the SBP from 149.2 ± 4.9 to 136.1 ± 9.5 mmHg in patients for which Symbiosis was available (decrease of 13.1 ± 10.8 mmHg) vs. a decrease from 149.7 ± 4.6 to 142.9 ± 7.7 mmHg in patients eating traditional NaCl (decrease of 6.8 ± 7.3 mmHg) (p = 0.0404). Similar results were observed with DBP with a decrease of 11.2 ± 7.4 mmHg vs. 7.0 ± 8.0 mmHg (p = 0.056).

High Blood Pressure was controlled (SBP <140 and DBP <90) in respectively 76.2% (n=31) vs. 36.8% (n=9) (p=0.0119). The cross over analysis on the two periods confirmed the results showing significant time effect (p=0.0006) and treatment effect (p=0.0156) concerning SBP either for DBP time effect (p=0.0001) and treatment effect (p=0.0238). The salt intake was relatively moderate in both groups when compared to the standard patient intake and comparable between Symbiosis and traditional salt: 2.9 ± 1.6 g/day vs. 3.0 ± 1.5 g/day (p=0.9412 NS).

Conclusion: Switching traditional NaCl by Symbiosis significantly contributes to a better control of hypertension in association to the lifestyle recommendations and may delay the prescription of antihypertensive drugs. It suggests that chitosan may contribute to decrease the hypertensive effect of salt.

**PP33.93**

**SUPERIOR BLOOD PRESSURE REDUCTION IN MORE THAN 3000 HYPERTENSIVE PATIENTS WITH CHRONIC RENAL FAILURE BY ALISKIREN: 2 YEAR RESULTS FROM THE 3A REGISTRY**

R. Decher2, R. Schmieder2, E. Deeg2, S. Rufner4, U. Zeyer1, 1ECRC, Charité, Campus-Buch und HELIOS Clinic, Berlin, Germany; 2Nephrologie, University of Erlangen, Erlangen, Germany; 3Clinical, Klinikum Ludwigshafen, Inst. für Herzenerkrankungen, Ludwigshafen, Germany; 4Novartis Pharma GmbH, Nussloch, Germany

Background: Renal dysfunction and failure are associated with a very high risk of cardiovascular events. Stroke, heart failure and cardiovascular mortality are the two major requirements to protect against further progression of renal dysfunction and cardiovascular complications. Prospective data on blood pressure control in patients with chronic renal failure with the direct renin inhibitor aliskiren in a daily practice setting are rare.

Methods: In the noninterventional 3A Registry study conducted in Germany since 3 years, patients were eligible for documentation in whom the physician had decided to modify the antihypertensive therapy. This included treatment with the direct renin inhibitor Aliskiren or an ACE inhibitor (ACE-I) or angiotensin receptor blocker (ARB) or an agent not blocking the renin-angiotensin system (RAS), alone or on top of an existing drug regimen. Patients were prospectively followed for 2 year. Here we report the results of the prespecified subgroup with cGFR <60 ml/min/1.73 m2 (CKD-EPI).

Results: Of the 1,484 patients recruited by 933 physicians in Germany in 2008 and 2009, 33,543 patients had reduced cGFR. Baseline BP in the Aliskiren treated group was 138 ± 21.8 ± 12 mmHg, in the ACE1/ARB 131 ± 21.7 ± 12 mmHg and in the non-RAS group 133 ± 13.9 ± 11 mmHg (p <0.001). Relative BP reduction was higher in the Aliskiren group compared to the other two groups (12.3 ± 13.7.7% vs. 10.9 ± 13.8 ± 14.2%, p <0.001). Baseline DBP was 87 ± 23.2 ± 14.1%, p = 0.0502). 93% of patients reduced their cGFR from 44.8 ± 13.3 to 33.3 ± 20.9 ml/min/1.73 m2, with no statistical difference among the three groups. Aliskiren was "off-table" used in 346 patients with an cGFR <30 ml/min/1.73 m2. Side effects, concerning creatinine and potassium levels as well as MACCE, were not different among the three treatment groups. BP reduction was significantly higher in the Aliskiren group.

Conclusions: In this large real life registry of diabetic inpatients with hypertension Aliskiren treated patients showed better blood pressure reductions compared to patients without RAS blockade, or an ACE1 or ARB-containing regimen. Successful BP treatment resulted in an improved GFR independent of the treatment regimen.