ALLIANCE STUDY: EVALUATION OF THE EFFICIENCY FOR IMPLEMENTATION FIXED ANTIHYPERTENSIVE DRUG COMBINATION OF LISINOPRIL/AMLODIPINE IN PATIENTS WITH ESSENTIAL ARTERIAL HYPERTENSION


Objective: The aim of study was to evaluate the efficiency and safety of fixed combination of lisinopril 10/20 mg + amlodipine 5/10 mg usage in patients with essential arterial hypertension.

Design and method: the study included male and female patients over 18 years with a new onset or previous treatment uncontrolled hypertension (blood pressure > 140/90 mm Hg). Office blood pressure (BP) was measured and biochemical blood assay was done to all patients on baseline and in the follow-up periods. At
the beginning of the study all previous antihypertensive therapy was cancelled. After randomization lisinopril/amlodipine has been administered to patients in accordance to their blood pressure levels. If the patient was newly diagnosed with blood pressure or had previously untreated hypertension and blood pressure in the range 140–179/90–109 mm Hg, lisinopril/amlodipine were administered at a dose of 5/10 mg per day. Patients who previously had an antihypertensive therapy but blood pressure kept to a level 140–179/90–109 mm Hg, lisinopril/amlodipine were administered at an initial dose of 20/10 mg per day. If blood pressure was higher than 180/110 mm Hg, betablockers, diuretics and statins were administered according to indications. The study lasted over 60 days.

Results: 6069 patients were involved to the study. According to data gained from the office of blood pressure monitoring essential reduction of blood pressure levels (from 169.3 ± 0.2/98.1 ± 0.1 mm Hg at baseline to 131.9 ± 0.1/81.1 ± 0.1 mm Hg at the end of the study) was achieved through lisinopril/amlodipine treatment. 57.1% of patients achieved targeted blood pressure levels. Patients who were treated with lisinopril/amlodipine without statins had demonstrated significant reduction in plasma cholesterol levels from 5.75 ± 0.02 mmol/l to 5.09 ± 0.1 mmol/l. In the end of study was observed a significant decrease of number of patients with proteinuria/microalbuminuria who followed lisinopril/amlodipine therapy—from 667 persons (11.0%) to 244 persons (4.0%). Lisinopril/amlodipine therapy was well tolerated by patients. Serious adverse events were not observed.

Conclusions: Results of the study proved the effectiveness of the strategy to prescribe fixed combination lisinopril + amlodipine for the patients with hypertension in daily clinical practice in Ukraine for the prevention of cardiovascular and cerebrovascular complications.