

Lercanidipine HCl

VASODIP[®]

בשליטה מלאה

■ פוטנטי ביותר בהורדת לחץ-דם¹

■ הבטוח ביותר (50% פחות בצקות)^{2,3}

■ התמדה בטיפול טובה יותר⁴

■ הגנה באספקט הכלייתי^{5,6}

■ *"You know what you get"*

יש לעיין בעלון לרופא לפני השימוש

דקסון[®]

דקסון בע"מ, אור-עקיבא, ת.ד. 50, חדרה 38100, טל: 04-6364030, פקס: 04-6364004

References: 1. Claudio Borghi, Lercanidipine in Hypertension Vascular Health Risk Management 2005;1(3)173-82
2. Gastone Leonetti et al, on Behalf of the COHORT Study Group, Tolerability of Long-Term Treatment with Lercanidipine vs. Amlodipine and Lacidipine in Elderly Hypertensives. AJH, Nov. 2002; 15: 932-40 3. Franz H. Messerli and Ehud Grossman, Pedal Edema - Not All Dihydropyridine Calcium Antagonists are Created Equal, AJH, 2002; 15: 1019-20. 4. Claudio Borghi, Persistence on Treatment and Blood Pressure Control with Orferent: A Prospectiv Evaluation, Clinical and Experimental HT 2007;29:553-562 5. Vestra MD et al, Effect of Lercanidipine Compared with Ramipril on Albumin Excretion Rate in Hypertensive Type 2 Diabetic Patients with Microalbuminuria: DIAL Study. Diab. Nutr. Metab., 2004;17:259-66
6. Robles NR et al, Lercanidipine in Patients with Chronic Renal Failure: The ZAFRA Study. Renal Failure, 2005;1:73-80.

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"You know what you get"

Lercanidipine HCl

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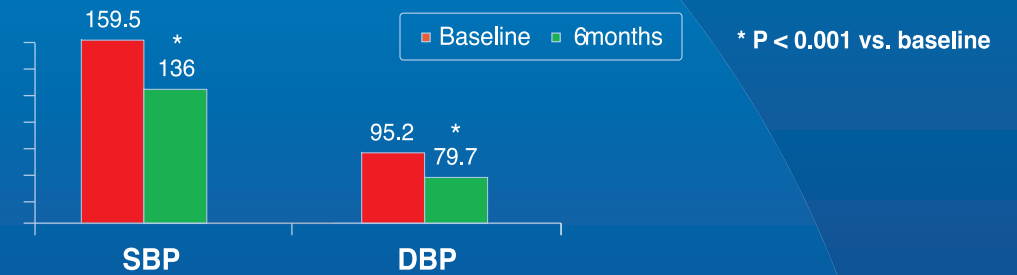
בשליטה מלאה

LAURA Study*

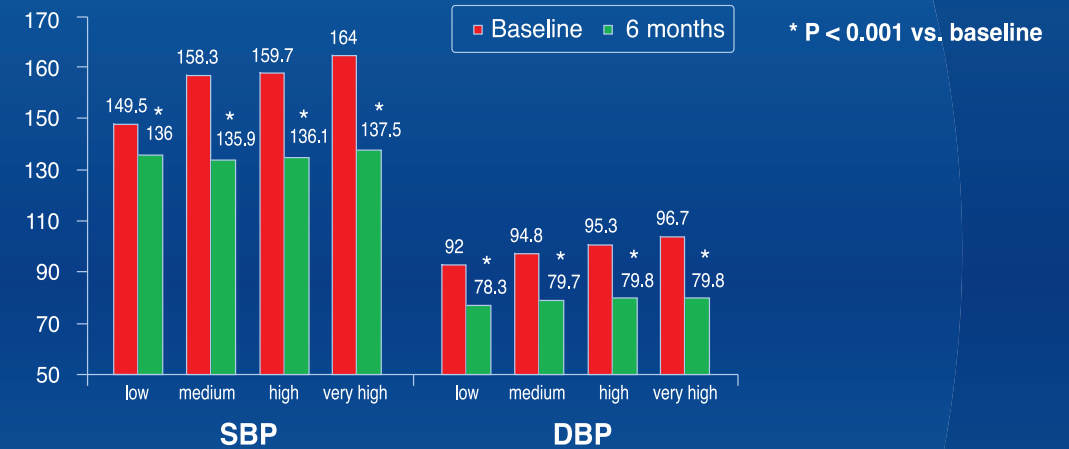
* **Ref:** Lercanidipine is an effective and well tolerated antihypertensive drug regardless the cardiovascular risk profile: the LAURA study. (j clin pract, november 2006,60,11,1364-1370)

Results

Blood pressure response to treatment in all patients



Mean decrease of Blood pressure in the 4 risk groups for cardiovascular disease



Aims of study:

To determine whether the antihypertensive effectiveness of Lercanidipine was independent of the different cardiovascular risk levels.

Study population:

- 3175 patients (51% women), mean age 63 ± 10 years, with mild to moderate essential hypertension, participated in the study.
- All patients received Lercanidipine 10mg/day, up titrated to 20 mg /day during 6 month.
- The cardiovascular risk was low in 237 patients, medium in 1396, high in 722, and very high in 820.
- BP was progressively higher according to increase in cardiovascular risk.

- 45% of patients were uptitrated to 20mg/day of Lercanidipine.
- 82% of patients achieved BP control with Lercanidipine monotherapy.

Adverse effects:

- Only 1.7% of patients discontinued antihypertensive medication because of adverse events.
- Tolerability of Lercanidipine was independent of cardiovascular risk groups.

Conclusion:

Lercanidipine was effective and well tolerated in patients with mild to moderate hypertension. The effectiveness and safety of the drug were independent of the degree of cardiovascular risk.

VASODIP[®]

יעילות אצל חולים היפרטנסיביים עם גורמי סיכון קרדיווסקולריים