

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



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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 Orferrent: 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
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"You know what you get"

Lercanidipine HCl

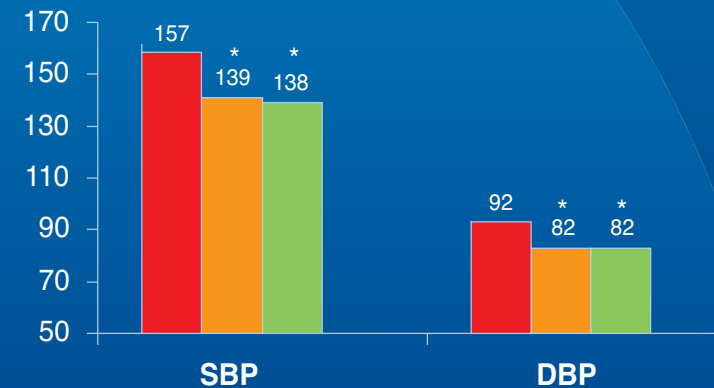
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בשליטה מלאה

**Lercanidipine
and NSAIDs***

* **Ref:** Use of non-steroidal anti-inflammatory drugs does not modify the antihypertensive effect of lercanidipine in essential hypertension (Br J Cardiol 2006;13:353-9)

Results

Blood pressure response to treatment, and after adding NSAIDs.



■ Baseline ■ 4-8 weeks ■ after adding NSAIDs

* P < 0.001 vs. baseline

Introduction

- NSAIDs have been shown to be capable of elevating blood pressure in both normotensive subjects and those with Hypertension. They counteract the effects of beta blockers, angiotensin converting enzyme inhibitors, diuretics, probably because the NSAIDs reduce prostaglandin and rennin synthesis.
- Small elevations of blood pressures, especially SBP, are associated with significant increases of cardiovascular morbidity and mortality.
- A 5 mmHg variation in the SBP may increase risk of stroke up to 25%.

Aims of study:

To assess whether the use of NSAIDs affected blood pressure control in patients with essential hypertension who were being treated with Lercanidipine.

Study population:

- 334 patients (51% women), mean age 61±10 years, with mild-to-moderate essential Hypertension and a history of osteoarthritis received lercanidipine 10 mg/day, up titrated to 20 mg/day, for four-eight weeks until blood pressure control was achieved.
- Treatment with NSAIDs, was started to the controlled patients.

Adverse effects:

Eight patients (2.3%) had mild side effects.
The drop out rate due to adverse effects was less than 1%.

Conclusion:

The use of NSAIDs did not significantly modify the antihypertensive effect of lercanidipine in essential Hypertension.
Lercanidipine is a useful drug for Hypertensive patients who also need NSAIDs.

VASODIP[®]

שמוש ב- NSAIDs אינו מפריע לפעילות האנטיהיפרטנסיבית של וזודיפ