The post hoc analysis revealed a J curve for blood pressure. Patients with blood pressures below or above 130-140 mm Hg systolic or 70-80 mm Hg diastolic were at higher risk for the primary end point, a composite of death from coronary disease, nonfatal MI, resuscitation after cardiac arrest, or fatal or nonfatal stroke. The nadirs for safe low blood pressures were 141 mm Hg systolic and 80 mm Hg diastolic, Dr. Messerli, director of the hypertension program at St. Luke's Roosevelt Hospital, New York, said in a poster presentation. The study’s lead investigator was Dr. Sripal Banga-lore of Harvard Medical School, Boston.

“The good news is that it is a relatively shallow curve,” with mild increases in risk just below those blood pressure nadirs, Dr. Messerli said. But once blood pressure drops to 110 mm Hg systolic or 60 mm Hg diastolic or lower, risk for the primary cardiovascular end point tripled. Similar J-curve relationships were found for secondary end points analyzed individually—all-cause mortality, cardiovascular mortality, nonfatal MI, or stroke.

‘With coronary artery disease and diastolic blood pressure, you have to be a bit careful’ in how low to go.

DR. MESSERLI

‘J Curve’ Persists Despite Intensive Lipid Control

BY SHERRY BOSCHERT

SAN FRANCISCO — Bringing blood pressure levels too far down increased the risk for cardiovascular events in a post hoc analysis of data on 10,001 patients with coronary artery disease in a trial of aggressive lipid-lowering therapy.

There has been some controversy around the idea of a “J curve” relationship between blood pressure and the risk for cardiovascular events, in which a higher rate of events is seen with very low and very high blood pressure levels. Every previous study, except one that looked for this phenomenon, found evidence of a J curve, but it’s been unclear whether the J curve exists when other cardiovascular risk factors such as LDL cholesterol levels are managed aggressively, Dr. Franz H. Messerli said in a press conference at the annual meeting of the American Society of Hypertension.

Data for the current analysis came from the double-blind Treating to New Targets trial that randomized patients aged 35-75 years with LDL cholesterol levels below 130 mg/dl to daily cholesterollowering therapy with 10 or 80 mg of atorvastatin. That study found significantly reduced cardiovascular risk when LDL levels were reduced to 100 mg/dl.

During 12 months of treatment, 73% of the carvedilol/lisinopril group, 67% of the atenolol/lisinopril group, and 79% of the high-dose lisinopril group reached recommended blood pressure goals (less than 130/80 mm Hg for the 25% of patients who had diabetes, or less than 140/90 mm Hg for other patients).

Follow-up echocardiography or cardiac MRI showed left ventricular mass regressed by a mean 6.3 g/m2 in the carvedilol/lisinopril group, 6.7 g/m2 in the atenolol/lisinopril group, and 7.9 g/m2 in the high-dose lisinopril group, the Coreg and Left Ventricular Mass Regression (CLEVER) study found. The CLEVER results support the idea that “if you lower blood pressure enough, you’ll regress left ventricular hypertrophy regardless of what you use,” said session moderator Dr. Marvin Moser of Yale University, New Haven, Conn.

Rates of side effects were low, as might be expected with these established medications, Dr. Miller said. Cough was somewhat more common (17%) in the high-dose lisinopril group than in the atenolol (5%) or carvedilol (9%) groups. Fatigue was more common (12%) in the high-dose lisinopril group than in the atenolol (5%) group, and received research funds from Merck. Dr. Moser reported having no conflicts of interest.

The finding that a remittance of symptoms can result in patient depression in this context, Ms. Gallagher said. Thirty-seven percent were classified as remittent, 52% were classified as nondepressed, and 19% were considered depressed. Thirty-seven percent were classified as remittent, 52% were classified as nondepressed, and 19% were considered depressed.

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Getting Pressure to Goal Reduces LV Hypertrophy, Regardless of Regimen

BY SHERRY BOSCHERT

SAN FRANCISCO — For left ventricular mass to be reduced in patients with hypertension, getting the blood pressure to goal is what matters, not which antihypertensives you use, according to a phase III study.

The findings challenge conventional wisdom that credits renin angiotensin-aldosterone system inhibitors with being the most effective antihypertensives for left ventricular hypertrophy (LVH) regression, followed by calcium channel blockers, then beta-blockers, then diuretics.

“It turns out that’s not the case,” Dr. Alan B. Miller said at the annual meeting of the American Society of Hypertension. “It probably doesn’t matter what drug you use. If you get to the blood pressure goal, good things happen—in this case, left ventricular regression.”

‘If you get to the blood pressure goal, good things happen—in this case, left ventricular regression.’

DR. MILLER

MONTREAL — Hypertensive patients who have depression are less likely to stick to their therapy regimen than are those without, or in remission from, depression, according to a study of 111 patients.

“This suggests that any change in depressive symptomatology over time can affect medication adherence and may be clinically important,” Sara Gallagher said at the annual meeting of the Society of Behavioral Medicine. Her study was embedded in a randomized, controlled trial that tested the effect of a motivational interviewing on medication adherence. It involved hypertensive African Americans (mean age 54; 87% women) who were followed in primary care practice.

Depressive symptomatology was assessed at baseline and at 6 and 12 months with the Center for Epidemiologic Studies–Depression Scale. Forty-four percent were classified as nondepressed, and 19% were considered depressed. Thirty-seven percent were classified as remittent, having progressed from depressed to nondepressed over the course of the study, said Ms. Gallagher of New York (N.Y.) University.

Medication adherence was assessed at baseline and at 12 months with the self-reported Morisky scale. At baseline, 64% reported nonadherence. This dropped to 48% by study’s end.

A multivariate analysis showed that depressive symptoms were associated with medication nonadherence, Ms. Gallagher said. Among the depressed patients, 34% reported adherence at 12 months, compared with 66% in the nondepressed group and 47% in the remittent group.

The finding that a remittance of symptoms can result in improved adherence suggests a benefit to addressing patient depression in this context, Ms. Gallagher said.

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