

## Therapy, Pharmacoeconomics and Pharmacovigilance

### 9.11 Aliskiren-Based Therapy Lowers Blood Pressure More Effectively Than Hydrochlorothiazide-Based Therapy in Patients with Hypertension

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**Introduction:** Diuretics are recommended as first-line agents for the treatment of hypertension. This double-blind, multicentre study compared the long-term efficacy and safety of the direct renin inhibitor aliskiren (ALI) and the diuretic hydrochlorothiazide (HCTZ) in patients with hypertension.

**Methods:** After a 2-week washout and 2-4-week placebo (PBO) run-in, 1124 patients (mean age 55.9 years) with hypertension (mean sitting diastolic blood pressure [msDBP] 95-109mmHg) were randomised to ALI 150 mg (n=459), HCTZ 12.5 mg (n=444), or PBO (n=221) once daily for 3 weeks followed by forced titration to ALI 300 mg or HCTZ 25 mg for 23 weeks; at week 6, patients receiving PBO were reassigned (1:1 ratio) to ALI 300 mg or HCTZ 25 mg for 20 weeks. Amlodipine (AML) 5 mg was added from week 12 and titrated to 10 mg from week 18 for patients with BP>140/90mmHg.

**Results:** At week 26, the ALI group (n=560) had significantly greater reductions from baseline than the HCTZ group (n=547) in msDBP (14.2 vs 13.0 mmHg; p<0.05).

**Conclusions:** Aliskiren-based therapy is well tolerated and provides greater BP reductions than HCTZ-based therapy that are sustained over 26 weeks in patients with hypertension. Aliskiren monotherapy is superior to HCTZ monotherapy in lowering BP.