

The Newest Combination in Hypertension Management

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What are the underlying causes of poor control of hypertension in daily practice

Causes of Inadequate BP Control

PATIENT/SOCIETY	MISDIAGNOSIS	DOCTOR
Poverty, lack of education, health beliefs	Improper BP recording technique	Physician inertia
Difficulty in implementing lifestyle change	White coat syndrome	Poor educational motivation
Adherence issues relating to cost, side-effects, inconvenience, pill burden		Multiple guidelines
		Insufficient use of multiple agents
		Prescribed medication interactions

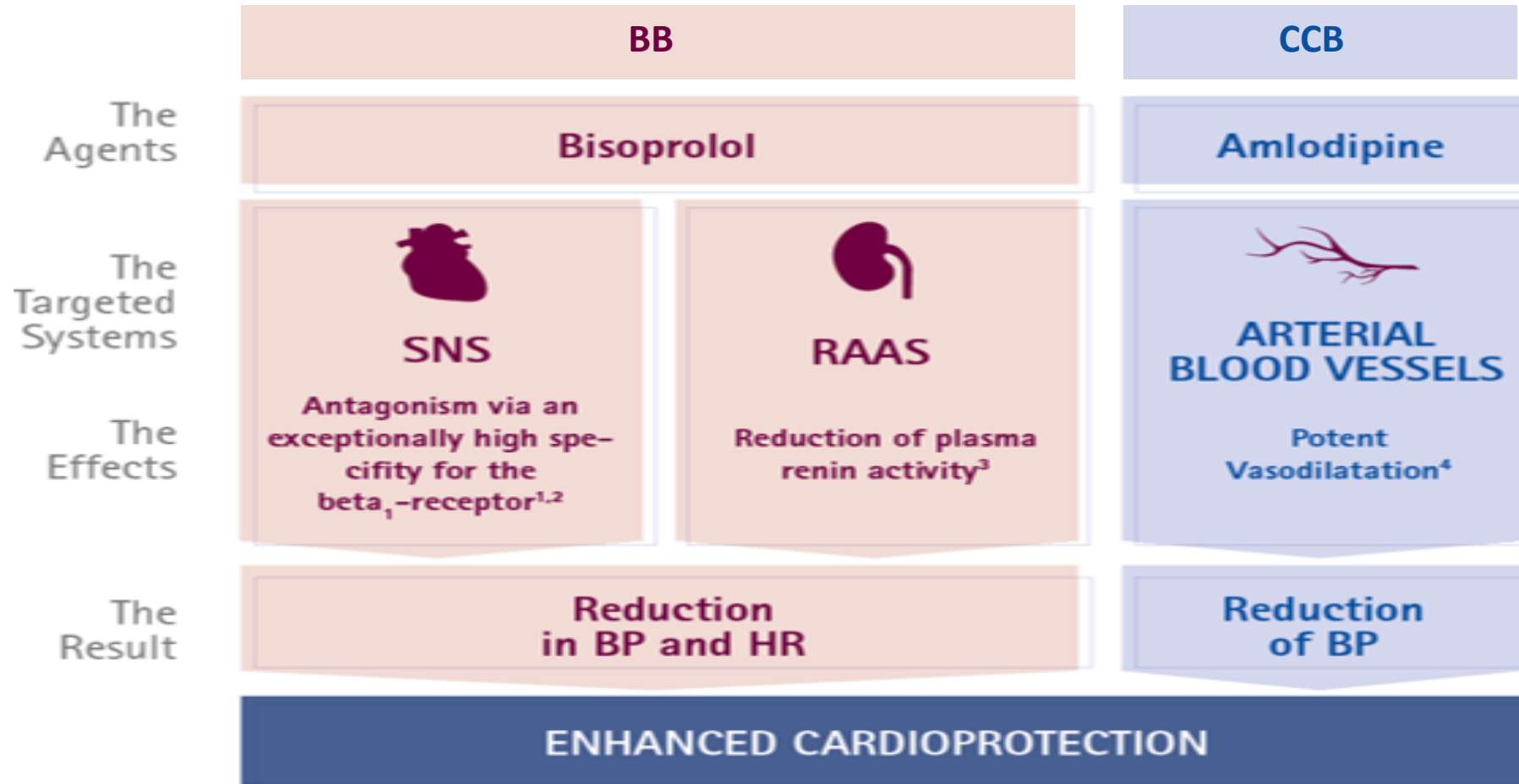
Selecting Antihypertensive Agents for Combination

Table 1. Antihypertensive combinations.

Recommended combinations	Not recommended combinations
Diuretics with angiotensin–renin axis inhibitors or calcium antagonists	Two agents that inhibit the renin–angiotensin axis (derived from a warning published by the Food and Drug Administration, dated 20 April 2012, and [12])
Inhibitors of the renin–angiotensin axis with diuretics or with calcium antagonists	Diuretics with beta blockers (greater risk of development of type 2 diabetes, as found in the ASCOT trial [19])
Beta-adrenergic blockers with dihydropyridine calcium antagonists	Beta-adrenergic blockers with non-dihydropyridine calcium antagonists (greater risk for bradycardia and/or atrio-ventricular block [12])

Complementary modes of action and cardio-protection beyond blood pressure control

⇒ targeting 3 important physiological systems involved in BP regulation



1. Smith C, Teitler M. Cardiovasc Drugs Ther 1999;13:123-6
2. Cruickshank JM. The modern role of Beta-blockers (BBs) in cardiovascular medicine. Shelton, CT: People's Medical Publishing House; USA, 2010
3. Sun N, Hong T, Zhang R et al. Hypertens Res 2000;23:537-40
4. Murdoch D, Heel RC. Drugs 1991;41:478-505

SNS = sympathetic nervous system
 RAAS = renin-angiotensin aldosterone system

FDC of Bisoprolol and Amlodipine

FDC of bisoprolol and amlodipine developed for:

- Treatment of hypertension in patients, whose blood pressure cannot be controlled by either bisoprolol or amlodipine monotherapy (*second line**)
- Treatment of hypertension as **substitution** therapy in patients adequately controlled with the individual products given concurrently at the same dose level as in the combination, but as separate tablets (*third line*)



The FDC of bisoprolol/amlodipine is an effective and convenient treatment for hypertension, allowing more patients to achieve their therapeutic goals ⁴

Key findings from the observational study with Concor AM in 3rd line indication¹

- High medication adherence rates
- Clinically relevant improvement in BP control
- Good tolerability – consistent with known safety profile

Key findings from phase III trials with Concor AM in 2nd line indication²

- Superiority over mono-therapies
- Target SBP/DBP (<140/<90 mmHg) achievement observed in most patients within a short period of time
- BP control achieved with lowest dose in most patients

Key findings from the Divisibility study³

- Suggesting that bisoprolol/amlodipine FDC tablets can be split by hand for dose adjustment