



## Meeting Summary – Malta 2006



Ongoing strategies for the management of hypertension are likely to rely largely on the use of pharmacotherapy using either a combination of drugs or drugs that provide additional benefits to blood-pressure lowering. Pritor/Kinzal not only provides effective and sustained blood pressure control, but has additional cardiometabolic advantages. This was the underlying message from the very eminent faculty at the Bayer HealthCare symposium 'Pritor/Kinzal – Exceeding the ARB promise' that took place on 23 September 2006. Chaired by Professors Giuseppe Mancia and Anthony Heagerty, the faculty delivered a very comprehensive programme, to more than 600 physicians from across Europe, which outlined how Pritor/Kinzal can address the current challenges in the management of hypertension.

After a keynote address on the future of hypertension management by Professor Pieter van Zwieten, Professor Hermann Haller outlined the importance managing risk factors such as hypertension early to prevent target organ damage. Despite the body of clinical evidence and guideline recommendations throughout Europe, blood pressure control continues to be suboptimal. Professor Gianfranco Parati examined some of the contributory factors, which not only included inadequate therapeutic approaches by physicians, but also poor patient compliance. The faculty agreed that more aggressive intervention is needed, including the use of combination therapy, but that monitoring subclinical markers of organ damage may help patients to realise the benefits of antihypertensive intervention.

Dr Peter Meredith presented a very convincing case for Pritor/Kinzal's blood-pressure lowering effects – highlighting significant differences within the angiotensin receptor blocker (ARB) class. The strong receptor-binding affinity and high volume of distribution ensure Pritor/Kinzal provides sustained 24-hour blood pressure control. Head-to-head comparisons with other ARBS and other drug classes clearly show that Pritor/Kinzal provides superior blood pressure control, particularly during the critical last 6 hours of dosing.

Physicians are also faced with the challenge of achieving target blood pressure in a growing population of patients with additional complications, such as metabolic syndrome. The risk of developing cardiovascular complications is vastly increased in patients with hypertension and diabetes or at risk of developing diabetes – Professor Jaakko Tuomilehto supported this point by emphasising the impact of poor glucose control. Greater emphasis needs to be placed on controlling hypertension as part of a multiple-risk-factor management strategy. Agents that block the renin-angiotensin-aldosterone system (RAAS) have been shown to provide additional benefits to patients with hypertension, including vascular protection and improved renal function, according to Professor André Scheen. However, there is strong evidence to show that Pritor/Kinzal also provides metabolic effects through its ability to activate peroxisome-proliferator-activated receptor (PPAR)- $\gamma$ . Professors Thomas Unger, Rainer Böger and Athanase Benetos described this special feature of Pritor/Kinzal and highlighted the potential benefits in terms of addressing glucose and lipid abnormalities in patients with metabolic syndrome.

The evidence supporting Pritor/Kinzal as the cardiometabolic ARB is very strong; but will be strengthened by data that demonstrate clinical benefits of PPAR- $\gamma$ -activation with Pritor/Kinzal at therapeutic levels. Professor Stephen MacMahon presented the ongoing ONTARGET/TRANSCEND trial that is set to address this question. Clearly, prevention of clinical disease is the ultimate goal of all physicians. The optimal strategy should advocate early management of hypertensive patients who are at increased risk of developing cardiometabolic complications. Pritor/Kinzal certainly addresses many of the current issues and challenges faced in clinical practice with the promise of long-term end-organ protection and reduced cardiovascular morbidity and mortality.