

levels ( $r=-0.362$   $p<0.00001$ ), blood sugar ( $r=-0.196$   $p=0.001$ ) and plasma aldosterone ( $r=-0.152$   $p=0.008$ ). Significant correlations were found, as well, with baseline HDL ( $r=0.147$   $p=0.01$ ), triglycerides ( $r=-0.184$   $p=0.001$ ) and especially with their changes ( $r=-0.216$   $p=0.0002$  and  $r=0.208$   $p=0.0003$  respectively).

It is concluded that Irbesartan antihypertensive treatment improves selected factors of coagulation/fibrinolysis system, especially in patients with risk factors for coronary artery disease.

Key Words: Irbesartan, Fibrinogen, PAI-1

### P-30

#### EFFECTS OF REGRESSION OF LEFT VENTRICULAR HYPERTROPHY ON DIASTOLIC FUNCTION IN HYPERTENSIVE PATIENTS

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The aim of the study was to evaluate the effect of regression of left ventricular (LV) hypertrophy on diastolic function in patients (pts) treated with telmisartan monotherapy.

We selected 80 pts with mild-moderate LV hypertrophy. Pts population included 57 men and 23 women with a LVMI  $>116$  in men and women  $<60$  years/old, or  $>104$  in older women, and with a mean age of  $54 \pm 9$  years. All pts were treated with telmisartan (40 mg = 29 pts and 80 mg = 51 pts). Serial echocardiography was performed at 1-3-6 and 12 months, so that changes in LVMI (g/m<sup>2</sup>) and LV function could be related to changes in blood pressure. LV diastolic function were assessed by Doppler echocardiography from transmitral flow: peak A velocity (A) and integral (Ai), peak E velocity (E), deceleration time (dec t) and isolumic relaxation time (IVRT), and pulmonary venous (PV) flow: systolic (SPV), diastolic (DPV) and reversal A wave (PVA).

All pts had an increased LVMI. At baseline diastolic function was impaired in all pts. In a group of 45 patients PV flow showed a normalized pattern earlier compared to Mitral Flow velocities. These patients should have an higher left atrial pressure that decrease with the reduction of LV hypertrophy.

Conclusions. Telmisartan monotherapy progressively decreased blood pressure. The regression of LV hypertrophy is associated to an improvement of diastolic function.

parameters	baseline	3 months	6 months	12 months
SBP/DBP	167.5/104.3	137.5**/100.3	132.9**/88.4	126**/86.1**§
HR	77.6 $\pm$ 12	75 $\pm$ 9	76 $\pm$ 10	756 $\pm$ 9
LVMI	120.8 $\pm$ 7	118.9 $\pm$ 5	116.8 $\pm$ 7	110.1 $\pm$ 3**
E/A	0.59	0.65	0.71*	0.88*
Dec T	230 $\pm$ 34	228 $\pm$ 27	217 $\pm$ 21*	214 $\pm$ 21**§
IVRT	110 $\pm$ 14	108 $\pm$ 12	106 $\pm$ 8*	105 $\pm$ 13**
SPV	44 $\pm$ 11.8	48 $\pm$ 10.9	50 $\pm$ 10.6	52 $\pm$ 10.3*
DPV	38 $\pm$ 9.9	40 $\pm$ 11	43 $\pm$ 10.6	44 $\pm$ 9.3*
PVA	-26 $\pm$ 7.9	-22 $\pm$ 6.8*	-22 $\pm$ 5.7*	-22 $\pm$ 7.4*

Key Words: Diastolic Function, Regression of Hypertrophy, Doppler Echocardiography

### P-31

#### LOSARTAN IS EFFECTIVE IN THE TREATMENT OF ISOLATED SYSTOLIC HYPERTENSION: DATA FROM A MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, 12-WEEK TRIAL

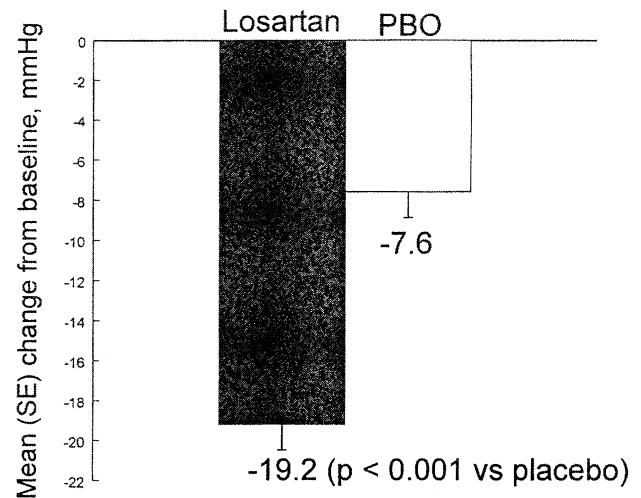
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Isolated systolic hypertension (ISH) is increasingly recognized as an important risk factor for cardiovascular disease. This 12-week study was conducted to compare the antihypertensive efficacy, as measured by mean change from baseline in mean trough sitting systolic blood pressure

(SiSBP), of a losartan-based treatment regimen with that of placebo (PBO) in patients with ISH.

This was a randomized, double-blind, multicenter, parallel-group study. Patients  $\geq 35$  years of age with ISH, defined as trough sitting blood pressure 140-200 mm Hg systolic and 70-89 mm Hg diastolic, were randomized to losartan 50 mg once daily (qd) or PBO with titration as necessary to achieve a goal trough SiSBP  $<140$  mm Hg. After four weeks, losartan 50 mg qd was titrated, if necessary, to losartan 50 mg/hydrochlorothiazide (HCTZ) 12.5 mg qd, and after another four weeks, again titrated, if necessary, to losartan 100 mg/HCTZ 25 mg qd for four weeks. The PBO group had sham titration performed in the same manner. Changes from baseline to week 12 were analyzed using an ANCOVA model with terms for treatment, site and baseline SiSBP.

There were 308 patients randomized: 157 to the losartan-based treatment group (mean age 66.9 years) and 151 to PBO (mean age 66.7 years). Of these, 304 patients (156 losartan and 148 PBO) had baseline and post-baseline assessments of SiSBP. At baseline, mean trough SiSBP was similar in the two groups (losartan 165.3 mm Hg and PBO 166.1 mm Hg). At 12 weeks, mean trough SiSBP decreased significantly ( $p<0.001$ ) in both the losartan group (by 19.2 mm Hg) and in the PBO group (by 7.6 mm Hg). The reduction in SiSBP was greater for losartan than PBO (-11.6 mm Hg, 95% CI -14.8 to -8.4,  $p<0.001$ , Figure 1). The tolerability profile of the losartan-based regimen was similar to that of PBO as indicated by the incidence of any adverse events (AEs) and of drug-related AEs. In patients with ISH, a once-daily, losartan-based treatment regimen significantly lowered systolic blood pressure. The losartan-based regimen exhibited antihypertensive efficacy that was superior to PBO, with a similar tolerability profile.



Key Words: Losartan, Isolated Systolic Hypertension, Angiotensin II Receptor Antagonist

### P-32

#### OPTIMAL DOSE OF DOXAZOSIN-GITS IN HYPERTENSIVE RENAL TRANSPLANT PATIENTS: EFFECT OF 3 MG VS. 4 MG

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The aim of the study was to assess the efficacy and safety of two different doses of a sustained-release formulation of doxazosin (DOX-GITS) in renal transplant recipients (RTR). Thirty-seven RTR with stage 1 or 2