Background: An administration time-dependent effect of low-dose aspirin (ASA) on blood pressure (BP) in untreated patients with mild hypertension. Results indicate that the timed administration of low-dose ASA with respect to the rest-activity cycle of each patient could provide a valuable approach not just for the secondary prevention of cardiovascular disease, but also in the added BP control of patients with mild essential hypertension and poor compliance with HPCR.

Conclusions: Extended therapy with E improved coronary hemodynamics and reduced resistance under basal conditions, but decreased minimal coronary vascular resistance (an estimate of collagen) after 32 weeks of therapy. E did not affect coronary blood flow or LV mass; and E decreased LV hydroxyproline concentration (a marker of collagen deposition).

Results: E decreased mean arterial pressure after 12 and 32 weeks of treatment; it did not affect heart rate, diastolic pressure, or heart rate variability. After 32 weeks of therapy, E decreased mean arterial pressure by 10 ± 7 mmHg (15 ± 7 mmHg at 12 weeks) without affecting heart rate. E decreased LV mass and interventricular septum thickness by 1 ± 3% and 2 ± 3%, respectively. E increased coronary flow by 9 ± 11% and decreased LV hydroxyproline concentration by 3 ± 4 μg/g. E did not alter coronary blood flow or LV mass. The effects of E on LV mass and coronary flow were not different from placebo at 12 weeks.

CONCLUSIONS: The DAPT regimen with aspirin plus clopidogrel in addition to ticagrelor plus cilostazol is well tolerated with promising results in coronary and peripheral vasculature.

The Effects of Aspirin on Blood Pressure in Untreated Hypertensive Patients Are Dependent on the Time of Drug Administration

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Background: An administration time-dependent effect of low-dose aspirin (ASA) on blood pressure (BP) has been previously documented in normotensive volunteers, patients with mild hypertension, and pregnant women at high risk for preeclampsia [Hernández et al. Hypertension. 2003;41:651-656 and 2003;41:1259-1267]. We have extended these results by investigating the influence of ASA on BP in previously untreated hypertensive patients who received ASA at different times of the day according to their rest-activity cycle.

Methods: We studied 264 untreated patients with mild hypertension (101 men),