

20% patients from a younger age group i.e. 25 – 35 years. Mean 39 % of patients with newly diagnosed hypertension are uncontrolled with monotherapy. Among the overall patients receiving antihypertensive therapy mean 53 % of patients are prescribed an ARB. About 75% & 61% of doctors prefer Olmesartan as the ARB of choice in young & elderly patients with newly diagnosed hypertension, respectively. 84.79 % of doctors are of the opinion that Olmesartan would provide early control of blood pressure as compared to other ARBs. Combination of ARB+Diuretic is most commonly preferred by doctors for patients with stage 2 hypertension whereas ARB+CCB for diabetic hypertensive patients. In our study, ARBs had least rate of adverse event & discontinuation among all anti-hypertensive groups of drugs.

**Conclusion:** This study recognizes the pattern of presentation of hypertension in general population and the current trends in utilization of antihypertensive therapy. Majority of hypertensive patients are uncontrolled with monotherapy. Angiotensin receptor blockers are the preferred class of drugs with least adverse event rate and maximum compliance.

### Assessment of safety of fixed dose combination of Olmesartan, Amlodipine and Hydrochlorothiazide: A prescription event monitoring study

Rishi Jain, Amit Bhargava

Glenmark Pharmaceuticals, Mumbai, India

**Objective:** A post marketing Prescription-Event Monitoring study was undertaken to assess the safety of FDC of Olmesartan, Amlodipine and Hydrochlorothiazide, in real world clinical settings in India.

**Methods:** Physicians were sent PEM forms requesting clinical event data on patients prescribed FDC of Olmesartan (20/40mg), Amlodipine (5mg) and hydrochlorothiazide (12.5mg). Data on patient's demographics, indication for FDC, concomitant medication and other relevant history was collected and analyzed.

**Results:** Data collected from 4763 patients was analyzed. Mean age of the population was 55 years with 59.25% males. Common indication for the FDC was uncontrolled hypertension (60.74%). Weakness was the most common event reported (0.29%), followed by pedal edema, dizziness persistent hypertension 0.27%, 0.23%, 0.23%, respectively. Less common events reported were Headache (0.08%), gastritis (0.06%), stroke (0.06%), chest pain (0.04%), LRTI (0.04%), myalgia (0.04%). Diarrhea, Labyrinthitis, Itching, UTI, Hyponatremia, hypotension and hypersomnia was seen in 0.02% patients. Events were more common in patients with uncontrolled hypertension (60.74%). In other associated conditions diabetes and dyslipidemia was present in 37.90% and 35.10% respectively, 15.33% showed both together. Concomitant statins, hypoglycemic and antiplatelet agents were prescribed 42.26%, 33.67%, 24.69% respectively.

**Conclusions:** The FDC of Olmesartan, Amlodipine and Hydrochlorothiazide was found to be safe and well tolerated when prescribed in patients for the management of hypertension.

### Prevalence of hypertension in school going children in Delhi

R.K. Gujju, S. Padmavati, V. Sharma, A.P. Arora, L.C. Gupta

National Heart Institute, New Delhi, India

**Aims:** The present study was designed to estimate the prevalence of hypertension among primary school children in Delhi.

**Methods:** The study was conducted at National Heart Institute, New Delhi and 10 primary schools of Delhi. All schools were co-education schools. The ages of children were from 5 to 15 years. A total of 2011 students were examined for blood pressure (BP) and anthropometry. Appropriate size BP cuff was used. Pre-hypertension was defined as Systolic blood pressure (SBP) and/or Diastolic blood pressure (DBP) between 90<sup>th</sup> and 95<sup>th</sup> percentile. Hypertension was defined as SBP and/or DBP over 95<sup>th</sup> percentile. Children having hypertension in first and second recording; repeat measurement was done to confirm hypertension after a week.

**Results:** The mean age of students was 10.78 ± 2.98 years, mean height was 141.49 ± 16.38 cms, mean SBP was 103.34 ± 9.0 mm Hg and mean DBP was 65.97 ± 6.64 mm Hg. Prevalence of obesity in hypertensives was 8.7% against normotensive 1.1% (p<0.05). Prevalence of hypertension in family members of hypertensive was 18.6% and in normotensive 13.1% (p=0.1). Prevalence of diabetes mellitus in family members of hypertensive was 23.4% and 13.7% in normotensive (p<0.05); while prevalence of ischemic heart disease in family members was 12.34% in hypertensive and 8.3% in normotensive (p<0.05). The prevalence in boys was 3.3% (5-9 years 2.3%, 10-12 years 4.6%, and 13-15 years 2.9%) and in girls was 2.9% (5-9 years 2.5%, 10-12 years 2.8%, 13-15 years 3.4%). The overall prevalence of high BP in school going children of 5-15 years age was 3.1% (63/2011).

**Conclusions:** Prevalence of hypertension in school children was 3.1%. We observed obesity, family history of diabetes mellitus, ischemic heart disease to be significant association for childhood hypertension.

### Effect of cilnidipine on blood pressure, heart rate and proteinuria in comparison with amlodipine

R.K. Sanap, Sandesh Prabhu, Sanjay Shivapure, N.O. Bansal

JJ hospital, Mumbai, India

**Background:** Calcium antagonists are now widely used for the treatment of various types of hypertension. Hypertension is a widespread public health problem and a major risk factor for cardiovascular and cerebrovascular diseases. Despite their ability to lower the high blood pressure effectively, calcium antagonists do not always protect against cardiovascular complications. Amlodipine used as antihypertensive for long period. Cilnidipine has two actions, block L-type Ca channels in vascular smooth muscle, which exerts an antihypertensive effect similar to L-type Ca channel blockers (e.g., amlodipine), and block N-type Ca channels at sympathetic nerve endings, which suppresses increased sympathetic activity in animal models and human.

We compare the clinical effectiveness of Amlodipine and Cilnidipine on blood pressure, heart rate, and proteinuria

**Method:** The study was prospective, randomized open label study. Total 50 patients were included in study of that 24 patient were on cilnidipine 10-20 mg and amlodipine 5-10 mg. 12 patients of amlodipine group and 16 patients of cilnidipine group were diabetic. 10 and 12 patients of amlodipine and cilindipine group had proteinuria respectively. Both group were followed for 6 months at