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SUPERIOR BLOOD PRESSURE REDUCTION WITH ALISKIREN IN PATIENTS WITH IMPAIRED RENAL FUNCTION IN DAILY PRACTICE RESULTS OF THE 3A REGISTRY

ACC Poster Contributions

Ernest N. Morial Convention Center, Hall F

Tuesday, April 05, 2011, 9:30 a.m.-10:45 a.m.

Session Title: Antihypertensive Treatment: Selection of Therapy and Target Goal

Abstract Category: 16. Hypertension

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Background - There are only few prospective data on blood pressure control in patients with chronic renal failure with the direct renin inhibitor aliskiren in a daily practice setting available.

Methods - In the non-interventional 3A Registry patients were eligible for inclusion in whom the physician had decided to modify the antihypertensive therapy. This included treatment with the direct renin inhibitor aliskiren or an ACE inhibitor (ACE-I)/angiotensin receptor blocker (ARB) or agents not blocking the renin-angiotensin-system (RAS), alone or on top of an existing drug regimen. Patients were prospectively followed for one year. Here we report the results of the prespecified subgroup with eGFR < 60 ml/min/1.73m² (CKD-EPI)

Results - Of the 14841 patients recruited by 923 physicians in Germany in 2008 and 2009, 3254 patients had an eGFR < 60ml/min. Patients with reduced eGFR on the aliskiren containing regimen had significantly higher baseline blood pressure (BP) and diabetes (40% vs 36% vs 28%, p<0.0001). The following results in the 3 groups with reduced eGFR were obtained:

Office Blood pressure (BP) (N=3254)	Aliskiren containing regimen (N=2321)	ACE-I/ARB containing regimen (N=555)	No RAS blockade containing regimen (N=378)	p-value (systolic/diastolic)
BP at baseline (mmHg)	158+21/88+12	153+21/87+12	153+19/87+11	<0.001/<0.05
1 year follow up BP (mmHg)	138+16/80+9	137+17/80+9	136+15/80+8	<0.05/0.73
mean reduction in BP (mmHg)	20.1+22/8.0+12	15.8+23/6.5+12	17.4+20/ 6.7+12	<0.001/0.05
mean reduction in BP (%)	11.6+13/7.8+14	9.1+14/6.2/14	10.4+12/6.7+14	<0.001/0.07
serum creatinine change (mg/dl)	-0.05+2.4	-0.05+ 2.6	-0.4+2.1	0.21
doubling of serum creatinine (%)	1.7%	1.9%	1.5%	0.88
Serum potassium Change (mmol/l)	0.0+2.4	-0.2+0.7	0.1+0.7	0.16
>5.5 mmol/l (%)	7.4%	6.2%	7.4%	0.86
>6.0 mmol/l (%)	2.4%	1.9%	1.1%	0.66

Conclusions: In this large real life registry in hypertensive patients with reduced renal function, patients with an aliskiren-containing regimen showed better blood pressure reductions than patients without RAS-blockade, or an ACE-I/ARB-containing regimen, No difference in serious safety issues with respect to renal function or serum potassium were observed between the 3 groups.