

News

ACCELERATE: start antihypertensive therapy with two drugs

Patients who start antihypertensive treatment with two drugs do better than those initially given just one, according to the ACCELERATE trial.

The trial, published online in *The Lancet* on January 12th 2011, also shows that patients who added in another drug at a later stage improved their response over monotherapy, but not to the same level as those who had begun with combination therapy.

The authors, led by Dr Morris J Brown (University of Cambridge), say they hope the results “will reassure physicians and guideline committees of the safety of even full-dose initial combination and lead to the preference of this option in view of early and sustained superiority”.

In an accompanying comment piece, Drs Ivana Lazich and George Bakris (University of Chicago Pritzker School of Medicine, US) recommend that combination therapy should now be the first choice to start treatment in patients whose blood pressure remains above 150/90 mmHg despite lifestyle changes, and that guidelines should be changed accordingly.

In ACCELERATE, patients with a systolic blood pressure (BP) between 150-180 mmHg were randomised to the direct renin inhibitor aliskiren (150 mg), amlodipine (5 mg) or both agents. From 16 to 32 weeks, all patients received combination therapy with 300 mg aliskiren plus 10 mg amlodipine.

Results showed that those given the initial combination therapy had a 6.5 mmHg greater reduction in mean systolic BP than the monotherapy



groups ($p < 0.0001$). At 24 weeks, when all patients were on combination therapy, the difference was 1.4 mmHg. There was no excess of side-effects in the combination group.

Drs Lazich and Bakris conclude that: “ACCELERATE puts into proper context the importance of starting with combination antihypertensives to lower BP toward guideline goals for the general population. Monotherapy, even when maximally titrated and with add-on agents, generally does not provide the same level of control and risk reduction in people who are 20/10 mmHg above their goal,” they state.

BJC supports Stroke Association 2011 initiatives

The UK Stroke Association is in the process of planning an awareness campaign around atrial fibrillation (AF) and its link to stroke. The campaign has three stated aims:

- to ensure that primary healthcare professionals (predominantly GPs and practice nurses) are screening, diagnosing and treating AF to optimum levels
- to raise awareness of AF as a risk factor for stroke amongst the public
- to lobby national policy makers for improvement in and better implementation of guidance around AF detection/treatment.

To raise public awareness, The Stroke Association will be organising advertising campaigns on the dangers of AF. A parliamentary reception is planned to spread awareness amongst and gain support from policymakers. It has also carried out a survey of 1,000 GPs to gauge clinical awareness levels of the link between the two conditions, and to ascertain their concerns over the current diagnosis, treatment and management of AF - the results will soon be published.

The Stroke Association, in collaboration with Stroke Alliance for Europe (SAFE), Atrial Fibrillation Association (AFA) and Sanofi-Aventis, have commissioned two research studies around AF in the past two years. They are also planning further research to identify remaining gaps in Europe-wide knowledge of AF.

According to Dr Peter Coleman, Deputy Director of Research for the Stroke Association, they are particularly interested in recent *Lancet* publications

showing that patients exhibiting significant variability in their blood pressure may be at higher risk of stroke, and that certain blood pressure medications increase blood pressure variability. Speaking to the BJC, Dr Coleman said that the findings “are particularly applicable to people suffering from AF, as it may be that individuals suffering the combination of variable blood pressure and AF could be hugely at risk of stroke”.

The Association also recognises that the fast and reliable diagnosis of AF is a key area for future developments, and have had recent talks with a medical devices manufacturer regarding their wearable ECG monitors. The Stroke Association carries out regular testing of the public in their ‘Know Your Blood Pressure’ campaign, emphasising the importance of getting any palpitations checked by a healthcare professional, but appreciate that infrequent blood pressure monitoring and ECG is unlikely to pick up idiosyncratic AF and that a more focused intervention is required in people who suspect they have AF.

Tim Kelleher



The BJC will be supporting these initiatives. The journal is introducing a Heart and Brain Forum, which will provide educational activities and publish regular articles and series on all aspects of stroke prevention, in tandem with the Stroke Association.

NEWS

BJC prize for innovation in cardiac rehabilitation

Congratulations to Barbara Conway, Cardiovascular Clinical Team Leader at NHS Darlington, who has won the *British Journal of Cardiology* Prize for Innovation in Cardiac Rehabilitation. She was awarded £500 at the BACR's (British Association of Cardiovascular Prevention and Rehabilitation) recent conference.

Barbara Conway's research explored the reasons why people from deprived socio-economic backgrounds access phase 3 cardiac rehabilitation services less than others. She calls these patients the 'unheard' in the health service.

The study gathered interview data from 10 inhabitants of the five poorest electoral wards in Darlington, aiming to discover common beliefs about the health services which might cause the discrepancy. Some of the findings looked at inhibitors to cardiac rehabilitation with participants saying that they could not see the perceived benefit of cardiac rehabilitation in achieving lifestyle goals. Instead they focused on the harm that attending could do them. All the participants also said they did not like groups and preferred not to attend sessions as they wanted to be alone.

Conway recommends further research into this area asserting that it will help to plan, develop and evaluate cardiac rehabilitation services to ensure they are inclusive for people from all socio-economic groups.



Barbara Conway receives her prize from Dr John Buckley, President of the British Association of Cardiovascular Prevention and Rehabilitation.

Ticagrelor approved in Europe

Ticagrelor (Brilique®, Astra Zeneca) has received authorisation from the European Medicines Agency for use in combination with aspirin in the prevention of atherothrombotic events in adults with acute coronary syndrome (ACS). The authorisation follows publication of data from the PLATO study carried out in over 18,000 patients with ACS. At 12 months, ticagrelor and aspirin resulted in a reduction in cardiovascular-

Heart failure registry looks at mortality with ARBs

Use of the angiotensin receptor blocker (ARB) candesartan was associated with a lower mortality than losartan in a Swedish registry of heart failure patients.

The registry study, published in *Journal of the American Medical Association* (January 12th, 2011 issue), involved 30,254 patients, of whom 2,500 were taking losartan and 2,639 were taking candesartan. One-year survival was 90% for patients receiving candesartan and 83% for those taking losartan. Five-year survival was 61% and 44%, respectively. In multivariate analysis with adjustment for propensity scores, the hazard ratio for mortality for losartan compared with candesartan was 1.43 ($p < 0.001$).

The authors, led by Dr Maria Eklind-Cervenka (South Hospital, Stockholm, Sweden) note that the difference remained significant even after adjustment for propensity scores and numerous clinical variables, including dose and potential interactions, as well as after stratification and quantification of potential residual confounding "of a reasonable magnitude".

They concede that some confounding could still be present and that the findings need to be confirmed with head-to-head trials or other large heart failure registries. "Clinical decision making should await supportive evidence of this observed association," they conclude.

Statins and CV events in patients with abnormal liver tests

According to a recent study, led by Vasilis Athyros from the Hippokraton University Hospital in Thessaloniki, Greece, and Dimitri Mikhailidis from University College London, patients with alanine aminotransferase (ALT) receive a substantially greater cardiovascular benefit from statin treatment compared with patients who have normal liver tests. These findings suggest that statins are a safe and promising treatment strategy for patients with non-alcoholic fatty liver disease (NAFLD).

The study (*Lancet* 2010;376:1916–22) assessed whether long-term (three year) statin treatment (mainly atorvastatin) is safe and effective in patients thought to have NAFLD. Overall, liver-related adverse effects such as increased levels of liver enzymes or serum transaminases like alanine aminotransferase (ALT) occurred no more often in the group who were given statins. Over three years follow-up, ALT improved or normalised in patients who were given statins, but in the group not taking statins liver tests worsened.

related death, myocardial infarction, or stroke compared to clopidogrel and aspirin (ticagrelor group 9.8% versus clopidogrel group 11.7%). Bleeding complication rates were similar with the two agents.

In the UK, ticagrelor will be priced at £54.60 for a 28-day supply. The National Institute of Health and Clinical Excellence is currently reviewing the data on ticagrelor and is expected to issue guidance in July 2011.

The US Food and Drug Administration has, however, delayed approving ticagrelor. It has requested additional analyses of the PLATO trial.