

Why carry out this study?

- Patients with metabolic disorders such as type 2 diabetes mellitus (T2DM), obesity and/or metabolic syndrome (MetS) have a significantly higher prevalence of hypertension, and are increasing in numbers in most parts of the world.
- This population is often referred to as difficult-to-treat (blood pressure [BP] control rates much lower compared with individuals without these comorbidities), elevating the global risk of hypertension and cardiovascular disease and hence the burden on healthcare systems.
- Current guidelines for the management of hypertension (ESC/ESH, ACC/AHA, ISH) do not provide any specific recommendations for pharmacological strategies among patients with obesity or those with MetS, but recommend the preferential use of a single-pill combination (SPC) and patient management which takes into account the presence of other cardiovascular risk factors.
- Four large observational prospective studies assessed the efficacy of a perindopril 10 mg/indapamide 2.5 mg (Per10/Ind2.5) SPC in patients with hypertension uncontrolled on their previous treatment. Patients had a range of associated risk factors and comorbidities, making the cohort representative of patients followed in daily medical practice.
- The raw data from these studies were pooled to provide results in cohorts of sufficient sample size to assess the SPC effects over 3 months in a large pooled analysis performed with the high dose Per/Ind SPC consisting of 16,763 patients.

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What was learned from the study?

- The results of our three subgroup analyses of patients enrolled in four large, 3-month, observational trials (FORTISSIMO, FORSAGE, PICASSO, and ACES) indicate that the Per/Ind SPC (10 mg/2.5 mg) provides effective and well-tolerated BP-lowering in patients with previously treated but uncontrolled hypertension and associated metabolic disorders (T2DM and/or obesity or MetS), i.e. populations in whom it is recognized that BP is difficult-to-control.
- For each analysed subgroup, the switch to Per/Ind SPC provided significant BP decreases from baseline that were already observed after 1 month.
- At study end, BP control was achieved in 6-7 out of 10 previously treated but uncontrolled patients: obesity (67%), MetS (66%), and T2DM (59%).
- In these subgroups, treatment with the Per/Ind SPC was safe, metabolically
- neutral (no impact on glucose and lipid parameters) and emergent adverse events were relatively infrequent.

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