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Two medicines much better than one for the initial treatment of high Blood Pressure

The British Hypertension Society PATHWAY-1 Study

The British Hypertension Society Research Network of academic researchers in the British Isles, led by Professor Morris Brown from Cambridge, Professor Bryan Williams from University College London and Professor Tom MacDonald from Dundee, have presented their work at the British Hypertension Society Scientific meeting in Stratford-Upon-Avon today showing that starting treatment for High Blood Pressure with two medicines at the same time is hugely better than starting with one medicine with no significant downside.

This was true even when the best single medicine at optimal dose was chosen using the best predictors of effectiveness.

Said Professor Tom MacDonald the first author of the paper and the current president of the British Hypertension Society;

Professor Williams who has previously led the joint Society and NICE guideline committee said: "This study should change guidelines to recommend starting treatment with two medicines as standard therapy for high Blood Pressure for the vast majority of people".

The study allocated two medicines to 304 patients and one medicine to 301 medicines who had untreated high blood pressure. Those who got two medicines had a much lower Blood Pressure over the first 4 months of the study which, if translated to a large population would be expected to reduce cardiovascular events such as stroke of vascular death.

After the first 4 months of the study both groups got two medicines for a further 4 months.

"We wanted to know if good early control of Blood Pressure would carry-over to better longer term control after everyone got two medicines" continued Professor MacDonald. "However, we found that this was not the case. Nevertheless, even when we averaged the better blood pressure on two medicines over the first 8 months, it was very significantly better".

An interesting finding of PATHWAY 1 was that the study looked at whether measuring a hormone called renin would predict the blood pressure lowering effect of treatment. Professor Brown who spearheaded the PATHWAY program said "Whilst the renin hormone level did predict who might best respond to single medicine treatment, even the best predicted response to a single medicine

was not nearly as good as combination medicines and interestingly, renin did not predict the benefit of combination medicines”.

“An understandable concern was that two medicines might have unacceptably more side effects such as dizziness compared with single medicine therapy” said Professor MacDonald. “But we did not find this so we are reassured that we can now recommend combined medicines for the initial treatment of patients with high blood pressure which will reduce blood pressure and result in fewer strokes, heart attacks and sudden deaths”.

Ends.

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British Hypertension Society: www.bhsoc.org

The British Hypertension Society provides a medical and scientific research forum to enable sharing of cutting edge research in order to understand the origin of high blood pressure and improve its treatment.