Further Section

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Concluding Remarks

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This is the last of the Satellite Symposia of the Second European Meeting on Hypertension, and therefore we conclude now what has been a week-long discussion on several aspects of hypertension, and particularly on treatment of hypertension. Now that the possible advantages of treating even mild elevations of blood pressure are emphasized by several experts, especially in the United States, it becomes more and more important to further improve our methods for lowering blood pressure, and to develop drugs, not only increasingly effective, but also increasingly acceptable to the patient.

Progress in antihypertensive therapy can move into three different directions. The first one is to learn to use available compounds in a better and safer way. For instance, we know now that thiazide compounds, although very widely (and certainly usefully) employed for more than 2 decades, should be administered in smaller doses than those often used in the past, especially in the United States.

The second line of progress is that of developing new classes of antihypertensive agents, a line which has been followed in the last decade by the introduction of angio-tensin-converting enzyme inhibitors and by calcium antagonists.

The third line of progress is the one exemplified in this symposium, i.e. developing new compounds within an existing class of antihypertensive agents in order to improve efficacy and safety of experienced approaches to therapy.

This year, new interesting data have been accumulated on the antihypertensive effects of β -blockers. The International Primary Prevention Prospective Study on Hypertension (IPPPSH), the results of which have been

reported at the Second European Meeting on Hypertension, and the Medical Research Council Trial on Mild Hypertension have shown that β -blocker-based treatment can prevent cardiovascular mortality and morbidity as well as diuretic-based treatment, a piece of information that is not available for many of the other classes of antihypertensive agents.

There are good reasons, therefore, to insist on attempting to develop new compounds among β -blockers in order to avoid some of the limitations of the existing agents and to improve their effectiveness and acceptability.

Tertatolol, the β -blocker the properties of which have been presented and discussed in detail during this symposium, represents an interesting step forward. It has been shown to have a prolonged β -blocking and antihypertensive action, so that it can easily be administered once a day, an aspect that is now considered a prerequisite for its suitability for treating especially subjects with mild hypertension. It is a powerful β -blocker and only 5 mg are adequate to obtain a full therapeutic effect in most of the patients. Tertatolol also presents the unusual

pharmacologic property of decreasing the number of β -receptors, a property which contrasts with the one common to other β -blockers, which generally increase β -receptor number or sensitivity. There is little likelihood, therefore, that rebound tachycardia or hypertension follows sudden withdrawal of tertatolol administration.

Particular attention has been paid during this symposium to the renal effects of tertatolol, and this because there has been concern in recent years about some decrease in renal blood flow and function reported with most β -blockers. Tertatolol, however, has been shown

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not to decrease renal blood flow, and to be capable of actually increasing it at least in hypertensive patients with impaired renal circulation. Needless to say, this property is extremely attractive in the treatment of hypertensives with and without renal insufficiency.

The wide clinical experience now achieved on long-term antihypertensive therapy with tertatolol has also shown this compound to be very well accepted by patients with very minor undesirable effects. Of particular interest is the report that some of the effects on lipid metabolism (increase in total cholesterol and triglycerides and a decrease in HDL cholesterol) reported with many β -blockers have not been observed so far with tertatolol treatment. As always, the widespread clinical use of tertatolol after its registration and the subsequent surveillance studies will be very important in confirming and extending its useful therapeutic properties.

Finally, I should like to thank my cochairman Professor Michel Safar for his help with the planning of the scientific program, all the moderators and speakers for presenting so many interesting data, and all those who attended for making the discussion so lively and enlightening. Institut de Recherches Internationales Servier deserves special thanks for having organized and supported this meeting.