

CHOICE OF DRUG COMBINATION FOR OPTIMAL BLOOD PRESSURE CONTROL IN ESSENTIAL HYPERTENSION

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Objective: We evaluated the physicians' preference for drug use as monotherapy or combined antihypertensive therapy using a physicians' anonymous questioning.

Design and methods: The study involved 1326 physicians (926 general practitioners /GPs/, 184 outpatient specialist treating cardio-vascular patients and 216 in-hospital doctors from cardio-vascular departments). The questionnaires were filled in between March and June 2003.

Results: The choice for the best antihypertensive single drug in the studied group is as follows: ACE-inhibitors - 57,53%, diuretics - 19,03%, beta-blockers – 12,69%, angiotensin-II antagonists – 4,75%, calcium channel blockers – 4,57 %. The participating physicians considered the best drug for therapy initiation (mono- or combination therapy) as: ACE-inhibitors – 38,63%, diuretics – 30,53%, beta-blockers – 20,02%, calcium channel blockers – 7,71%, angiotensin II antagonists – 1,45 %, alpha-blockers, alpha agonists and centrally acting agents – 1,33%. 9,31% of all physicians used reserpine alone or in combination in only 0,36% of all prescriptions.

Bulgarian physicians preferred a combination of an ACE-inhibitor and a diuretic (38,03%), calcium channel blocker (16,21%) or beta-blocker (14,56%), followed then by the combination of a diuretic and a beta-blocker (16,5%). The combination, widely used in the past years, of beta-blocker and dihydropyridine-calcium channel blocker was pointed out for only 3,31% of cases.

The patients who can not control hypertension levels by using a combination of two drugs, the following approaches were considered (in descending order of significance): (1) addition of a third or fourth drug at low dosage; (2) prescription of the initial two agents at a full dosage; (3) discussion for hospitalization or cardiological/hypertesiological consultation, (4) switching to different agent(s). Only few physicians thought that there was no need to change the treatment if the patients felt in good condition (5).

	1	2	3	4	5
GPs	31,91%	30,15%	25,25%	12,11%	0,56%
Specialists	37,42%	34,93%	14,25%	12,66%	0,72%
In-hospital	39,74%	31,93%	14%	14,31%	0%

Conclusions: There were striking differences between the management of hypertension by Bulgarian doctors and the current guidelines. Before the JNC VII and ESH/ESC guideline of 2003 appeared, Bulgarian physicians widely used the ACE-inhibitors for mono- or combination therapy. In case of not achievement of targeted blood pressure, the first step was to add a new drug at a low dosage.