**CARDIOVASCULAR BENEFITS OF DIURETIC-BASED THERAPIES COMBINED WITH SIMVASTATIN IN HIGH-RISK HYPERTENSIVE PATIENTS WITH A HIGH-NORMAL LEVEL OF TOTAL CHOLESTEROL**

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**Objective:** To compare the long-term effects of simvastatin lowering cholesterol based on two antihypertensive therapy combinations on cardiovascular events in hypertensive patients with a high-normal level of total cholesterol (TC) and at least 1 additional cardiovascular risk factor.

**Method:** In a randomized, open-label, blinded-endpoint trial, hypertensive patients at high risk for cardiovascular events from 180 clinical centers in China were assigned to receive treatment with amlodipine plus amiloride/hydrochlorothiazide (n=6776) or telmisartan (n=6766). Patients with serum TC levels of 4.0-6.1 mmolL-1were randomized to simvastatin 10 mg/day (n=4955) or standard treatment (n=4953). The primary outcome was the composite of non-fatal stroke, non-fatal myocardial infarction or death from cardiovascular causes.

**Results:** The median follow-up was 41 months. Compared with amlodipine-telmisartan-simvastatin regimen, both the incidence of primary outcome and the composite of cardiovascular events were significantly reduced in amlodipine-diuretics-simvastatin group (hazard ratio [HR], 0.68, p=0.033; HR, 0.69, P=0.024, respectively). There were trends in lowering cardiovascular risk for amlodipine-diuretics-simvastatin group but increasing the risk for amlodipine-telmisartan-simvastatin group, compared with each blood-pressure lowering therapy plus cholesterol-lowering standard treatment.

**Conclusion:**The diuretic-based antihypertensive therapy combined with simvastatin may be more efficacious in preventing cardiovascular events than the non-diuretic-based blood-pressure- and cholesterol-lowering treatment combination in well-controlled hypertensive patients with high risk for such events and a high-normal level of total cholesterol. (ClinicalTrials.gov number, NCT01011660)