**PREFERABLE EFFECTS OF AMLODIPINE/DIURETICS TO AMLODIPINE/TELMISARTAN ON VISIT-TO-VISIT VARIABILITY OF BLOOD PRESSURE IN HIGH-RISK HYPERTENSIVE PATIENTS**

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**Objective:**Recent evidence has supported that visit-to-visit variability (VVV) of blood pressure (BP) is positively associated with cardiovascular morbidity and mortality. However, which antihypertensive therapies effectively reduce VVV of BP remains uncertain. The present study was to compare the effects of two antihypertensive treatment combinations, that is, amlodipine combined with diuretics or telmisartan, on VVV of BP.

**Method:** In a randomized, open-label, blinded-endpoint trial, 13542 hypertensive patients, aged 50 years or older, at high risk for cardiovascular events from 180 clinical centers in China were assigned to receive treatment with amlodipine plus amiloride/hydrochlorothiazide or telmisartan. The present analysis comprised 12741 patients who had at least 6 BP values (median 13 values) obtained at 3-month intervals, starting 6 months after randomization. The VVV of BP was defined as the standard deviation (SD) and coefficient of variation (CV) of the on-treatment BPs.

**Results:** During the 6-48 months follow-up, VVV of systolic BP (SBP) was larger in the older group (60-80 years) than in the younger group (50-59 years). There was no significant difference in the mean BPs between the two treatment groups. However, both the SD and CV of SBP were lower in the amlodipine-diuretics group than in the amlodipine-telmisartan group (both p <0.001), especially in very elderly patients (70-80 years).

**Conclusion:** The amlodipine-diuretics combination was more efficacious in reducing visit-to-visit variability of blood pressure than amlodipine-telmisartan in high-risk hypertensive patients, especially in the very elderly hypertensive patients. (ClinicalTrials.gov number, NCT01011660)