

**Abstract Title :** *CHANGES IN USE OF ANTIHYPERTENSIVE MEDICATION IN SPANISH PRIMARY CARE DURING LAST FIVE YEARS.*

**Abstract Body: :**

Objective: To assess the use of medications to treat high blood pressure (BP) in primary care in Spain and changes in last five years. Methods: We performed an observational longitudinal study with 852 hypertensive patients (64% females and 34% males) aged from 18 to 80 years (Mean: 68,8; SD: 15.6) selected by aleatory simple sampling from two primary care health centres in Spain. Participants were followed up with biannual visits that assessed BP and medication use from baseline in 1997 through the examination in 2002. Results: The changes in number of drug from baseline to end study were: No drug (32% to 14%), One drug (51% to 37%), >One drugs (34% to 49%). The control of high BP to lower than 140/90 mmHg increased from 8,5% at baseline to 37,5 % in 2002. The improvement in control was achieved by increasing the proportion of patients treated with drugs, from 66,8% in 1997 to 85,9% in 2002 and a mean increase of 0.20 antihypertensive medications per person ( $p < 0.05$ ). The number patients on monotherapy decreased and on associations increased significantly. The use of low-dose diuretics (27% vs 33%), beta-blockers (15% vs 18%) and ARBs (1,2% vs 9,6) increased, while ACE inhibitors (37,8% vs 27%), calcium channel blockers (14% vs 9%) and alpha-blockers (2,2% vs 1,8%) decreased. In patients treated with two drugs the more frequent combinations were ACE inhibitors and diuretics either at the beginning or at the end (37.7% vs 40.9%), diuretics and betablockers (16,2% vs 13,5%), calcium channel blockers and diuretics (12,7% vs 12,1%) and the most increase was the association ARBs+Diuretic (from 0,7% to 16,7%). The more frequent combinations of three drugs was ACE inhibitors, diuretics and calcium channel blockers at the beginning and at the end (29,9% vs 28,7%). Conclusions: In the last five years we have found a increase of patients with pharmacology treatment. The patients with monotherapy have decreased while with associations have increased. The antihypertensive medications preferred were low-dose diuretics according to the recommendations of JNC VII and ACE inhibitors and the medications with more increase were diuretic and ARBs in monotherapy and associations.

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