



Study: Low-dose Combos of Blood Pressure Meds Promising



Hypertension is a worldwide epidemic that even small improvements in management can have a large impact on public health. While a new study shows that quarter-dose combinations of blood pressure lowering medications may be effective in treating hypertension, researchers say more data are needed before this kind of therapy can be recommended more widely. The study is reported in the American Heart Association's journal *Hypertension*.

In this first review to compare quarter-dose therapy to both standard dose and placebo, the researchers analysed and compared results from 42 trials, involving 20,284 people with high blood pressure on various doses of medications or taking no medication. The review included many different types of medications from the five main classes of drugs to treat hypertension, including ACE inhibitors, angiotensin receptor blockers, beta blockers, calcium channel blocker and thiazides. Each of these classes of drugs includes a list of different possible side effects, such as weakness, insomnia, dizziness, headache, muscle cramps and more.

The research team reported these key findings:

- Two medications in combination, each at a quarter dose, was just as effective as one blood pressure lowering medication at standard dose.
- Four medications in combination, each at a quarter dose, was nearly twice as effective as taking one blood pressure lowering medication at the standard dose.
- The side effects from single and dual quarter-dose therapies were about the same as from placebo and much less than from a standard dose of a single antihypertensive medication. There was little information on side effects for the quadruple quarter dose therapy.

While low-dose combinations for controlling hypertension look promising, the team highlights there still isn't enough research to warrant a change in how doctors prescribe blood pressure lowering therapies and there are also few low dose combinations currently available.

"This new approach to treatment needs more research before it can be recommended more widely," said Anthony Rodgers, MBChB, PhD, study author and professor at The George Institute for Global Health, University of New South Wales in Sydney, Australia. "The findings have not yet been tested in large long-term trials. People should not reduce the doses of their current medications."

Source: [American Heart Association](#)
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