

## **Perindopril, nifedipine: similar renoprotection in type 2 diabetes**

Long-term treatment with perindopril or nifedipine in nonhypertensive patients with type 2 diabetes mellitus and microalbuminuria stabilises the albumin excretion rate (AER) and prevents an increase in BP, report researchers from Australia.

In this study, 77 patients were randomised to receive perindopril 2–8 mg/day given once daily ( $n = 23$ ), nifedipine 10–40mg twice daily (27) or placebo.\* Drug doses were adjusted to achieve a decrease in diastolic BP of 5mm Hg in the first 3 months' of therapy.

After 6 years of follow-up, the proportion of patients with BP in the nonhypertensive range was significantly higher among patients receiving perindopril or nifedipine, compared with placebo recipients (83% and 95%, respectively, vs 30%). The mean arterial pressure was significantly lower at 48 months in the perindopril and the nifedipine groups than in the placebo group (97 and 96, respectively, vs 103mm Hg).

The AER gradient changes from baseline to 12 months varied between the perindopril, nifedipine and placebo groups (median changes of –47%, +17% and –10%, respectively, per year). However, from 12 to 72 months, the AER gradient remained stable in the perindopril and the nifedipine groups (median changes +2% and +4%, respectively, per year) and increased significantly in the placebo group (+28% per year). The results of this study suggest that perindopril and nifedipine have comparable long-term renoprotective effects, note the researchers.

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Jerums G, et al. Long-term renoprotection by perindopril or nifedipine in non-hypertensive patients with type 2 diabetes and microalbuminuria. *Diabetic Medicine* 21: 1192-1199, No. 11, Nov 2004

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