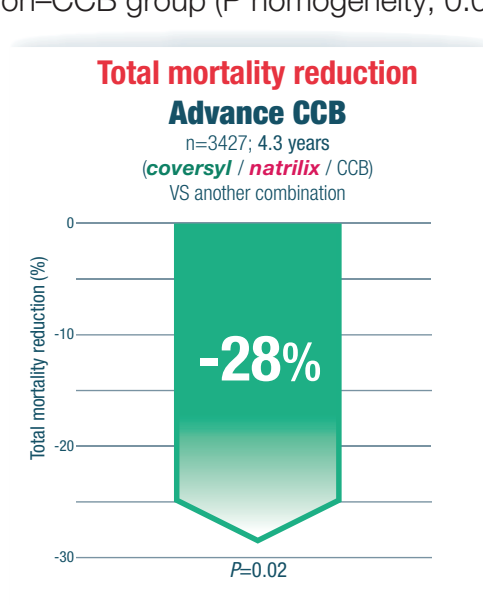


For the Diabetic Hypertensive: Mortality reduction

A recent post hoc analysis of the **Advance** trial further expands our knowledge about combination therapy by demonstrating that the group of patients with **type 2 diabetes mellitus** receiving the triple combination of perindopril plus indapamide plus a calcium channel blocker (CCB) had lower total mortality and fewer cardiovascular deaths than those not receiving a CCB. The benefit on total and cardiovascular death was seen independent of BP reduction because the group on CCBs had a 4.7 mm Hg systolic BP reduction, whereas the non-CCB group had a 6.2 mm Hg reduction. Yet there was a 28% reduction in risk of death in the CCB group versus a 5% in the non-CCB group (P homogeneity, 0.02).⁵



5. Chalmers J et al, *Hypertension*, 2014;63:259-264



1 TABLET DAILY

*A family of products taking care
of your diabetic hypertensive patients*



Please review Product Information before prescribing. To access a copy of the Product Information please go to www.servier-westindies.com

COMPOSITION: *Preterax 2.5:* Each scored tablet contains 2.5 mg of perindopril arginine salt and 0.625 mg of indapamide. *Preterax 5:* Each scored tablet contains 5 mg of perindopril arginine salt and 1.25 mg of indapamide. *Preterax 10:* Each scored tablet contains 10 mg of perindopril arginine salt and 2.5 mg of indapamide. **INDICATION:** *Preterax 2.5:* Essential hypertension. *Preterax 5:* Treatment of essential hypertension in subjects whose hypertension is not controlled by perindopril alone. *Preterax 10:* Substitution therapy for treatment of essential hypertension, in patients already controlled with perindopril and indapamide given concurrently at the same dose level. **DOSE AND ADMINISTRATION:** One tablet daily, preferably to be taken in the morning and before a meal. **PHARMACOLOGICAL ACTION:** Preterax, a fixed combination of an ACE inhibitor and a chlorosulfamoyl diuretic, leads to additive synergy of the antihypertensive effects of the two constituents. Its pharmacological properties are derived from those of each of the components taken separately, in addition to those due to the additive synergistic action of the two constituents, when combined, on vascular endothelium, arteriolar capillary microcirculation, and the target organs of hypertension. Elderly patients: Normal dosage. *Renal failure:* Creatinine clearance (CrCl) 60 mL/min: no dosage modification. CrCl 30-60 mL/min: the maximum dose should be one tablet of Preterax 2.5. CrCl < 30 mL/min: treatment contraindicated. **CONTRAINDICATIONS:** *Absolute:* Known allergy to perindopril, indapamide, or arginine; history of Quincke's edema linked to previous ACE inhibitor therapy; severe and moderate renal impairment; serious liver disorder; hypokalemia; pregnancy; lactation. Relative: Combination therapy with lithium, potassium salts, potassium-sparing diuretics, and certain medicines which can cause heart rhythm disorders. **SIDE EFFECTS:** Asthenia, dizziness, headache, mood swings and/or sleep disturbances, cramps, hypotension, allergic reactions, skin rashes, gastrointestinal disorders, dry cough, dry mouth, risk of dehydration in the elderly and in patients suffering from heart failure; changes in blood test results may occur. **WARNINGS:** Immunosuppressed patients. Hemodialysis: risk of anaphylactoid reaction during hemodialysis with polyacrylonitrile membranes. Liver impairment. **PRECAUTIONS:** Disorders of electrolyte balance, diabetes, gout, hypotension, or strict sodium-free diets, heart or renal failure, atherosclerosis, renal artery stenosis, elderly. **DRUG INTERACTIONS:** *Not recommended:* Combinations with lithium, potassium-sparing diuretics, potassium (salts), nonantiarrhythmic drugs which cause torsade de pointes, anesthetic drugs, cytostatic or immunosuppressive agents. As prescribing information may vary from country to country, please refer to the complete data sheet supplied in your country

COMPOSITION: Triplixam film coated tablets: 5 mg per/1.25 mg ind/5 mg amlo; Triplixam film-coated tablets: 10 mg per/2.5 mg ind/5mg amlo; Triplixam film-coated tablets: 10 mg per/2.5 mg ind/10 mg amlo. **INDICATIONS:** Substitution therapy for treatment of essential hypertension, in patients already controlled with perindopril/indapamide fixed dose combination and amlodipine, taken at the same dose level. **DOSE AND ADMINISTRATION:** One tablet per day, preferably in the morning and before a meal. **CONTRAINDICATIONS:** Dialysis patients. Patients with untreated decompensated heart failure. Severe renal impairment (Clcr < 30 mL/min). Moderate renal impairment (Clcr 30-60 mL/min) for Triplixam 10mg/2.5mg/5mg and 10mg/2.5mg/10mg. Hypersensitivity to the active substances, to other sulphonamides, to dihydropyridine derivatives, any other ACE-inhibitor or to any of the excipients. **WARNINGS Special warnings:** Dual blockade of the renin-angiotensinaldosterone system (RAAS): ACE-inhibitors and angiotensin II receptor blockers should not be used concomitantly in patients with diabetic nephropathy. **INTERACTION(S):** *Contraindicated:* Aliskiren in diabetic or impaired renal patients. **PREGNANCY AND BREASTFEEDING:** Contraindicated during the second and third trimesters of pregnancy and lactation. Not recommended during the first trimester of pregnancy. **UNDESIRABLE EFFECTS:** Common: dizziness, headache, paresthesia, vertigo, somnolence, dysgeusia, visual impairment, tinnitus, palpitations, flushing, hypotension (and effects related to hypotension), cough, dyspnoea, abdominal pain, constipation, diarrhoea, dyspepsia, nausea, vomiting, pruritus, rash, rash maculo-papular, muscle spasms, ankle swelling, asthenia, fatigue, oedema. **OVERDOSE:** Consult approved PI.

PRESENTATION: Box of 30 tablets of Triplixam 5mg/1.25mg/5mg, 10mg/2.5mg/5mg and 10mg/2.5mg/10mg.

1 tablet daily

The Diabetic Hypertensive



*A family of products taking care
of your diabetic hypertensive patients*



Preterax®
Perindopril arginine / indapamide

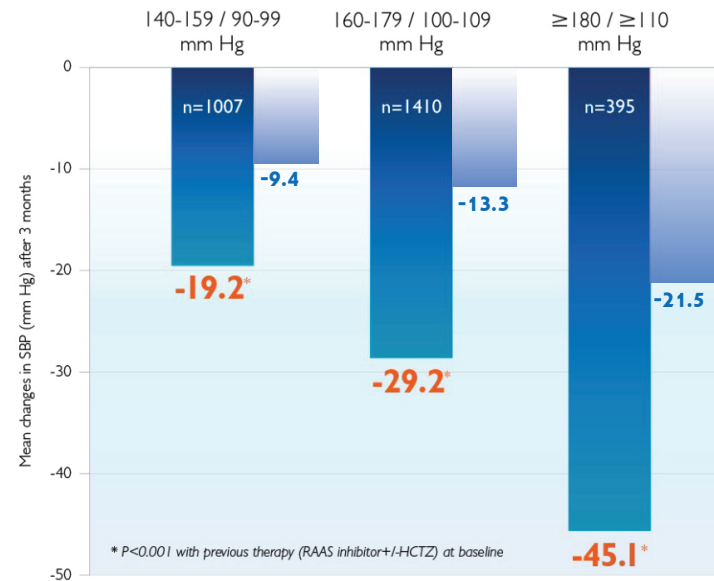


TRIPLIXAM®
coversyl / natrilix / amlodipine

For the Diabetic Hypertensive: Powerful BP control

Preterax provides further blood pressure reduction, adapted to the patients needs in patients with uncontrolled hypertension and type 2 diabetes. **Preterax** provides further blood pressure reduction in diabetic and prediabetic patients whose hypertension is not controlled by another combination and this high-risk population represents a large portion of hypertensive patients. **Preterax** is a single-pill combination with the recommended diuretic, **NATRILIX**, which confirms its metabolic neutrality, especially in diabetic and prediabetic patients.¹

Previous BP:



Trial	Treatment	BP baseline (mm Hg)	SBP difference vs control (mm Hg)	Albuminuria		Primary end point or renal events	Mortality	
				Primary prevention	Secondary prevention		Cardio vascular	Total
IDNT (n=1148)	Irbesartan vs placebo	159/87	-3.3	—	—	-20%† (P=0.02)	(HR=1.08; NS)	(HR=0.92; NS)
RENAAL (n=1513)	Losartan vs placebo	153/82	-2	—	-35%* (P=0.001)	-16%† (P=0.02)	—	(HR=1.02; NS)
DIRECT (n=5231)	Candesartan vs placebo	118/73	-3.3	(HR=0.95; NS)	—	-5.5%‡ (P=0.024)	—	(Candesartan: 51; placebo: 48; NS)
ROADMAP (n=4447)	Olmesartan vs placebo	136/81	-3	-23%* (P=0.01)	—	—	(Olmesartan: 15; placebo: 3; HR=4.94; P=0.01)	(Olmesartan: 26; placebo: 15; HR=1.7; NS)
TRANSCEND (n=5927)	Telmisartan vs placebo	141/82	-4	—	-42% (P=0.018)	(HR=1.1†; NS)	(HR=1.03; NS)	(HR=1.05; NS)
ONTARGET (n=17118)	Telmisartan vs ramipril	142/82	-2.4	(HR= 0.94; NS)	(HR=0.83; NS)	(HR=1.0†; NS)	(HR=1.0; NS)	(HR=0.98; NS)
ADVANCE (n=11140)	Perindopril/indapamide vs placebo	145/81	-5.6	-21% (P=0.0001)	-22% (P=0.001)	-21% (P<0.0001)	-18% (P=0.025)	-14% (P=0.027)
ACCOMPLISH (n=11506)	Benazepril/amlodipine vs Benazepril/HCTZ	145/80	-1.1	—	—	-48%*** (P<0.0001)	(HR=0.8; NS)	(HR=0.9; NS)
ACCORD (n=4733)	Intensive (SBP <120) vs standard (SBP <140 mm Hg)	139/76	-14.2	30.2% vs 32.3% (NS)	6.6% vs 8.7% (P=0.009)	—	(HR=1.06; NS)	(HR=1.07; NS)

Renal protection

The routine administration of the single-pill combination, **Preterax** to a broad range of patients with type 2 diabetes in the **Advance** trial over 5 years reduced the risk of death and major micro or macrovascular events, which was less striking in other recent large-scale trials in patients with diabetes and/or a high cardiovascular risk.^{2,3}



1 tablet daily

TRIPLIXAM®

coversyl / natrilix / amlodipine

In difficult-to-treat hypertensive patients, including diabetics, a switch to **Triplixam** allowed efficacy to be seen regardless of previous antihypertensive treatment, with decreases in blood pressure up to 28.2/14.5mmHg in patients previously treated with an ARB and amlodipine. A switch to triple therapy for 4 months allowed blood pressure targets to be achieved in 72% of patients. When data were analyzed in patients according to previous treatments, 81% and 91% of patients previously treated with an ACE inhibitor/hydrochlorothiazide or an ARB/hydrochlorothiazide, respectively, reached their blood pressure targets.⁴

For the Diabetic Hypertensive: Further BP control

