NEWS RELEASE

New Pathophysiological Insights Explain Life-Saving Benefits of Perindopril in Coronary Artery Disease Patients

Munich, 31st August 2004 – The long-acting angiotensin-converting enzyme (ACE) inhibitor perindopril significantly reduces the risk of cardiovascular death and myocardial infarction in patients with stable coronary artery disease not only via a reduction in blood pressure, but also by a direct vascular and anti-atherosclerotic effect. This is revealed by new results from EUROPA (EUropean trial on Reduction Of cardiac events with Perindopril in stable coronary Artery disease), announced for the first time today at the European Society of Cardiology (ESC) annual congress. ¹

The blood pressure reduction achieved in the study cannot alone be completely responsible for the benefits of perindopril observed, as a similar reduction in the risk of death and heart attack was observed in people with stable coronary artery disease regardless of whether they had low or high blood pressure at entry into the trial, or whose blood pressure did not fall during the study.

Progression of coronary artery disease is associated with a marked increase in endothelial dysfunction. A sub-study of EUROPA (PERTINENT - PERindopril Thrombosis, InflammatioN, Endothelial dysfunction and Neurohormonal activation Trial) has evaluated the effect of perindopril on different markers of thrombosis, inflammation, and endothelial dysfunction. Results showed that treatment with perindopril:

- Restores angiotensin II / bradykinin balance
- Reduces TNFα activation and endothelial apoptosis
- Improves ecNOS activity

Furthermore, perindopril reduces the levels of von Willebrand factor, a marker of endothelial cell damage, which are predictive for cardiovascular outcomes.
In summary, treatment with perindopril modifies biological markers involved in the inflammation and thrombosis of coronary arteries and improves endothelial dysfunction through mechanisms dependent mainly on levels of bradykinin.

“These new EUROPA results are very important, as they show for the first time how an ACE inhibitor, perindopril, can alter the progression of coronary artery disease,” commented study investigator Professor Roberto Ferrari, Professor of Cardiology, University of Ferrara, Italy. “This confirms that perindopril improves the outcomes of patients with coronary artery disease in a much more fundamental way than simply by reducing blood pressure, and reinforces its choice as a first-line treatment for all patients with stable coronary artery disease, regardless of their blood pressure status.”

EUROPA was the first study to demonstrate the efficacy and safety of ACE inhibition on top of treatment with aspirin and statins in a broad spectrum of patients with stable coronary disease.² Involving 12,218 patients from 24 European countries, EUROPA was also the largest and longest study ever conducted in patients of this type. Perindopril reduced the primary endpoint (combined risk of cardiovascular death, myocardial infarction, and cardiac arrest) by 20 per cent (p=0.0003). The risk of myocardial infarction (fatal or non-fatal) was reduced by 24 per cent (p<0.001), and the risk of heart failure by 39 per cent (p=0.002). Benefits were present in all patient groups, with or without hypertension or diabetes, and irrespective of age.

The combination of several specific properties led to the long-acting ACE inhibitor perindopril being chosen for the EUROPA study: its high affinity for tissue ACE, its ability to increase bradykinin levels, its 24-hour efficacy, its documented vascular properties, and also because it is easy to use and well tolerated.

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For further information, or to arrange interviews with Prof Ferrari, please contact:
Paul George or Olivia Garbutt, CPR Worldwide. Tel: +44 20 7395 7100
E-mail: p.george@cprworldwide.com or o.garbutt@cprworldwide.com

References


www.europa-trial.org