

Olmesartan Delayed Microalbuminuria in Type 2

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FROM THE ANNUAL MEETING OF
THE EUROPEAN ASSOCIATION FOR
THE STUDY OF DIABETES

STOCKHOLM – Olmesartan was shown to significantly reduce the time to microalbuminuria in a randomized, placebo-controlled, double-blind multicenter study of 4,447 patients with type 2 diabetes.

The Randomized Olmesartan and Diabetes Microalbuminuria Prevention (ROADMAP) trial investigated whether early treatment with the angiotensin receptor blocker olmesartan would delay the occurrence of microalbuminuria in patients with type 2 diabetes who had at least one other cardiovascular risk factor but who had normal albumin excretion at baseline.

At baseline, the patients had a mean age of 58 years, diabetes duration of 6

Total mortality occurred in 1.2% and 1.7%, respectively.

Cardiovascular mortality, however, was higher in the olmesartan group (15 deaths vs. 3 deaths, or 0.7% vs. 0.1%), possibly because of hypotensive episodes among patients with preexisting cardio-

vascular disease, Dr. Haller said.

There were no adverse effects of olmesartan on hard renal outcomes.

An observational follow-up study is ongoing to further elucidate the long-term benefits of microalbuminuria prevention, Dr. Haller said. ■

VITALS

Major Finding: The cumulative incidence of microalbuminuria was 8.2% of the olmesartan patients vs. 9.8% of the placebo group, for a highly significant risk reduction of 23%.

Data Source: Randomized, placebo-controlled, double-blind, multicenter ROADMAP trial of 4,447 patients with type 2 diabetes and one or more other cardiovascular risk factors but with normoalbuminuria.

Disclosures: The study was funded by Daiichi-Sankyo, which manufactures olmesartan under the name Benicar.



Correction for the small differences in blood pressure between groups showed that most of the effect was BP-independent.

DR. HALLER

years, body mass index of 30 kg/m², and hemoglobin A_{1c} of 7.6%.

Mean blood pressure at baseline was 137/80 mm Hg, and the mean estimated glomerular filtration rate was 85 mL/min per 1.73 m².

The patients received 40 mg of olmesartan or placebo once daily for a median of 3.2 years.

In both groups, additional antihypertensive drug treatment other than ARBs or ACE inhibitors was used to reach the target blood pressure of less than 130/80 mm Hg.

That goal was reached by 78% of the olmesartan group and 71% of the placebo group by 48 months, Dr. Hermann Haller reported at the meeting.

The cumulative incidence of microalbuminuria, which was defined as excretion of more than 35 mg albumin/g urine creatinine for women and more than 25 mg albumin/g urine creatinine for men in morning spot urine, was 8.2% of the olmesartan patients vs. 9.8% of the placebo group.

This amounts to a highly significant risk reduction of 23%, said Dr. Haller of Hannover (Germany) Medical School.

Correction for the small differences in blood pressure between the two groups showed that the majority of the effect was blood pressure-independent, he said.

Overall cardiovascular morbidity and mortality rates were low and they were similar between the two groups, with just 4.3% of the olmesartan group and 4.2% of the placebo group experiencing any cardiovascular event or death, Dr. Haller noted.

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