

## PERSUADE (A EUROPA sub-study) results

### Perindopril (Coversyl®) protects diabetic patients with coronary disease from cardiovascular death and heart attacks

The long-acting ACE inhibitor perindopril (Coversyl®) appears to reduce the risk of cardiovascular death and heart attacks in diabetic patients with stable coronary disease already receiving standard preventive therapy. This is according to results from PERSUADE<sup>1</sup> (PERindopril SUB study in coronary Artery disease and Diab-Etics), a sub-study of the EUROPA study, announced recently at the American College of Cardiology (ACC) annual congress.

PERSUADE assessed the 1 502 diabetic patients with stable coronary disease from the landmark EUROPA study, published in the *Lancet* last year.<sup>2</sup> They were randomised to perindopril 8 mg once daily or placebo, in addition to standard preventive therapies (aspirin, statins and beta-blockers), for an average of four years.

In patients with diabetes and coronary artery disease, perindopril tended to reduce the primary endpoint (combined risk of cardiovascular death, myocardial infarction and cardiac arrest) by 19%. In addition the risk of fatal and non-fatal myocardial infarction was reduced by 23%, non-fatal non-Q wave myocardial infarction by 34% and hospitalisation for heart failure by 46%.

“The results of PERSUADE are

good news for diabetics, since they demonstrate that perindopril 8 mg once daily reduces the two major killers, myocardial infarction and heart failure, by about a quarter and a half respectively, despite appropriate use of other secondary preventive therapies”, commented study chairman Professor Kim Fox, Royal Brompton Hospital, London, UK.

EUROPA was the first study to demonstrate the efficacy and safety of ACE inhibition in a broad spectrum of patients with stable coronary disease. Involving 12 218 patients from 24 European countries, it is also the largest study ever conducted in patients of this type. In EUROPA, perindopril reduced the primary endpoint by 20% ( $p = 0.0003$ ). The risk of myocardial infarction (fatal or non-fatal) was reduced by 24% ( $p < 0.001$ ) and the risk of heart failure by 39% ( $p = 0.002$ ). Benefits were present in all patient groups, with or without hypertension and diabetes, irrespective of age and already receiving optimal preventive therapies.

A further analysis of the results of PERSUADE has shown that the reduction of cardiovascular death and heart attacks, with perindopril, was consistent and unrelated to patients’

blood pressure (BP) level. Even in patients with low systolic blood pressure (SBP) at entry (less than 130 mmHg) as well as those who responded the least in terms of blood pressure reduction to perindopril, there was a significant benefit from treatment with perindopril.

These new data confirm that “beyond BP control, perindopril may have specific anti-atherogenic properties, which protect patients from myocardial infarction and heart failure”, added study chairman Professor Kim Fox.

For more information, call Jacqui Nieburg of Servier Laboratories on (011) 233-6000.

1. Fox KM, Remme WJ, Daly CA, *et al.* Cardiovascular morbidity and mortality in patients with diabetes in the EUROPA study: Results from the PERSUADE substudy. Presented at the Late-Breaking Clinical Trials session at the American College of Cardiology (ACC) annual congress, New Orleans, 10 March 2004.
2. EUROPA Study Investigators. Efficacy of perindopril in reduction of cardiovascular events among patients with stable coronary artery disease: randomised, double-blind, placebo-controlled, multicentre trial (the EUROPA study). *Lancet* 2003; **362**: 782–788.
3. International Diabetes Federation, March 2004. [www.idf.org](http://www.idf.org).