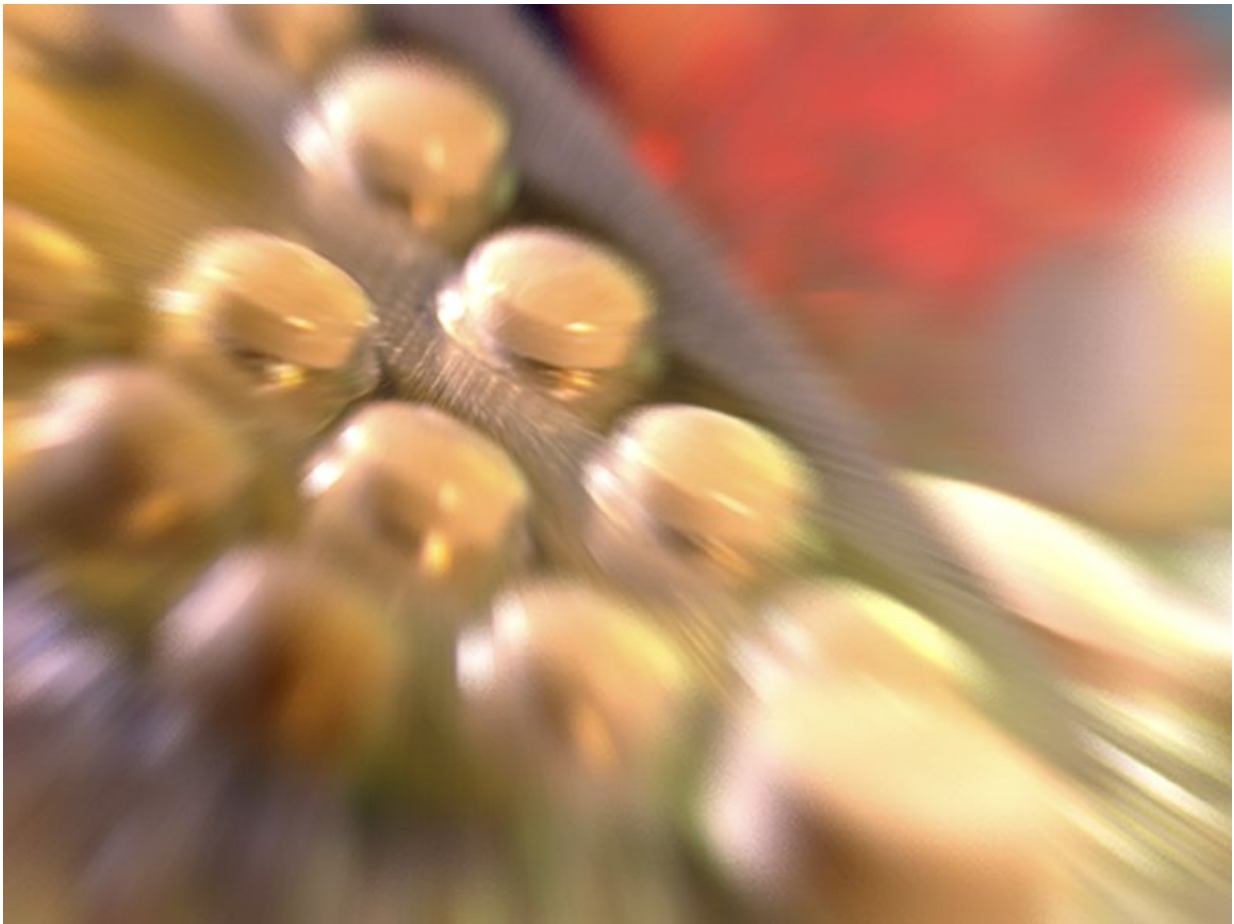


Low-dose chlorthalidone beats HCTZ for ambulatory BP control

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(HealthDay)—For patients with stage 1 hypertension, low-dose

chlorthalidone is associated with reduction in ambulatory blood pressure (ABP), while low-dose hydrochlorothiazide (HCTZ) may result in masked hypertension, according to a study published in the Feb. 2 issue of the *Journal of the American College of Cardiology*.

Anil K. Pareek, M.D., from Ipca Laboratories Limited in Mumbai, India, and colleagues compared 6.25 mg daily chlorthalidone with 12.5 mg daily HCTZ via ABP monitoring in a 12-week trial. Fifty-four patients with stage 1 [hypertension](#) were randomized to chlorthalidone, HCTZ 12.5 mg, or HCTZ-controlled release (CR) 12.5 mg (16, 18, and 20 patients, respectively). ABP monitoring was conducted at baseline and after four and 12 weeks of treatment.

The researchers found that office BP was lower at weeks four and 12 from baseline with all three treatments (P

"Treatment with low-dose chlorthalidone, 6.25 mg daily, significantly reduced mean 24-hour ABP as well as daytime and nighttime BP. Due to its short duration of action, no significant 24-hour ABP reduction was seen with HCTZ, 12.5 [mg daily](#), which merely converted sustained hypertension into masked hypertension," the authors write. "Low-dose chlorthalidone, 6.25 mg, could be used as monotherapy for treatment of essential hypertension, whereas low-dose HCTZ monotherapy is not an appropriate antihypertensive drug."

Several authors are employees of Ipca Laboratories, which supported the study. One author disclosed financial ties to pharmaceutical companies, including Ipca Laboratories.

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