EUROPEAN TRIAL ON REDUCTION OF CARDIAC EVENTS WITH PERINDOPRIL IN STABLE CORONARY ARTERY DISEASE

EUROPA in brief

According to the World Health Report 2002, of ar estimated 56 million deaths worldwide in 2001, m than 29% were due to cardiovascular disease. Cor artery disease (a condition where the blood vessel supplying the heart become narrowed) – the most common manifestation of cardiovascular disease - attributed with over 12% of deaths, making it one principal causes of death worldwide.1 People witl coronary artery disease may experience chest pair shortness of breath and even heart attacks, althou condition can also be present without any noticeal symptoms. Despite changes in lifestyle and the us modern medical and surgical techniques, the burd this disease is expected to increase over the comir New strategies to tackle this worldwide threat are therefore urgently needed.

Angiotensin converting enzyme (ACE) inhibitors, perindopril, have a well-established role in the tre of hypertension (high blood pressure), heart failur condition in which the heart has problems pumpir blood) and after a myocardial infarction (heart att Importantly, evidence also suggests that they have potential in the treatment of coronary artery disea However, until the EUROPA study, no long-term

had ever investigated the effect of ACE inhibitors overall unselected population of patients who onl evidence of coronary artery disease.

The EUROPA study – the eagerly awaited results which were presented at the European Society of Cardiology in Vienna, August, 31, 2003 – investi the effects of the ACE inhibitor perindopril, adde optimal therapy, on cardiac events in patients witl coronary artery disease (e.g., patients with a previ heart attack or with narrowing of a major artery), without heart failure. Perindopril was a particularl appropriate choice of ACE inhibitor due to its pro efficacy and safety profile, in the treatment of hypertension and heart failure, which have been demonstrated through an extensive clinical trials programme with more than 500 ongoing and com trials involving more than 100,000 patients.

The EUROPA study began recruiting patients fro until June 2000, from 24 European countries and largest ever trial to address the management of pa with coronary artery disease. 12,218 patients age 18 years (mean age of 60 years) were randomised 424 centres and then randomly divided into two t groups. One group received four years of treatme mg once daily of perindopril in addition to their e medication(s) and the other group received placeb the same period.

The EUROPA study was designed primarily to de whether adding perindopril to optimal therapy de the rate of:

- Cardiovascular death
- Acute myocardial infarction (heart attack)
- Cardiac arrest (a sudden cessation of heartbeat resulting in the loss of circulation) with successfu

resuscitation (recovery).

In addition, selected secondary end points of the s were: cardiovascular mortality, myocardial infarc heart failure, total mortality, revascularisation (PT CABG), stroke and unstable angina.

The EUROPA study also includes five sub-studie evaluating the effect of perindopril on diabetes, endothelium dysfunction, atherosclerosis, blood p associated with atherosclerosis. These sub-studies been designed to provide a better understanding o exact mechanism(s) via which perindopril exerts i in patients with coronary artery disease.

Reference

1. The World Health Report 2002: Reducing risks promoting healthy life. World Health Organizatio http://www.who.int/

2. Gomma AH, Fox KM. On behalf of the EURO investigators. The EUROPA trial: design, baselin demography and status of the substudies. Cardiov Drugs Ther. 2001;15:169–179.