Commentary on Kostis' Report From SOLVD

We read with interest the paper by Kostis reporting the results of a retrospective analysis of a subset of hypertensive participants in the SOLVD trials. The conclusion that enalapril treatment was associated with diminished cardiovascular morbidity and mortality in this subset is consistent with the findings in the total population of SOLVD participants as well as with findings of several similar reports of studies in hypertension and cardiac disease, using a variety of other angiotensin converting enzyme (ACE) inhibitors. We are gratified that these results add one more piece of evidence in support of the thesis we have proclaimed for the past several years, ie, that in the absence of specific indication for other agents or contraindication against ACE inhibition, ACE inhibitors are probably the drug of first choice in treating hypertension.

Nevertheless, a few points from that paper need further clarification in order to better substantiate the conclusion:

1. Were there differences in the baseline characteristics between patients randomized to enalapril and placebo in the overall hypertensive subsets?
2. What was the overlap of the hypertensive subsets, ie, how many participants had both systolic blood pressure also had elevated diastolic blood pressure?
3. What was the effect of enalapril on blood pressure in the hypertensive and nonhypertensive subsets?
4. What was the time course of the effects of enalapril in decreasing events?

We would be interested to see the author's comments on these points.

REFERENCES


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Questions Regarding Kostis' Article on SOLVD

First, please allow me to express my sincere gratitude to you and all your superb colleagues in maintaining the universally accepted integrity of the American Journal of Hypertension and improving on it in every issue. Thank you.

I read with great interest the article by our mutual friend and colleague, Dr. John B. Kostis. I believe the findings of this ancillary study to the Studies of Left Ventricular Dysfunction study (SOLVD), with regards to the treatment of hypertension, will be of great interest to the members of the JNC in formulating their JNC-VI report, which I am told is already being planned. I have a few questions regarding Dr. Kostis' article. These are as follows:

What were the original selection criteria for patients with hypertension who were randomized into SOLVD? Were they all on antihypertensive treatment? If yes, for how long and on what class of drugs? What was the average (and the range, if available) duration of hypertension? What was the distribution of these hypertensive patients, who by definition must have had an ejection fraction of ≤ 0.35, by the presence or absence of "overt heart failure"? What is meant by the statement that all those with "uncontrolled" hypertension were excluded? And, finally what was the actual blood pressure response in these two classes of hypertensive patients, and what was the difference between those on active drug and those on placebo?

What was the statistical power of SOLVD in detecting the difference in mortality and morbidity among those with history of hypertension and those without (eg, for CHF 16.7 v 20.6, as shown in Dr. Kostis' Table 1)? If 2,652 participants had a history of hypertension, then what is the meaning of the statement that the trial was "not sufficiently powered" to detect differences within these small subgroups? Given the demonstrated efficacy of enalapril in preventing CHF in patients with an ejection fraction...