experience unacceptable hypokalemia may achieve similar blood pressure control without hypokalemia when switched to low-dose combination therapy with benazepril and hydrochlorothiazide.

The tolerability of an antihypertensive regimen is important because treatment may fail if adverse effects cause patients to discontinue therapy. Few patients in this study were withdrawn because of drug-related adverse effects. The majority of the patients were able to tolerate their medications.

Benazepril has been shown to be an effective and well-tolerated antihypertensive medication when given alone once daily or in combination with another agent. In this study, all benazepril/hydrochlorothiazide combinations statistically significantly reduced blood pressure from baseline values when compared with placebo. The greatest overall antihypertensive efficacy, as measured by reduction in mean SDBP, was achieved by the benazepril hydrochloride/hydrochlorothiazide, 20/25 mg, group.

It is interesting to note that two lower-dose combinations, benazepril hydrochloride/hydrochlorothiazide, 5/6.25 mg and 10/12.5 mg, produced antihypertensive effects comparable with those of the benazepril hydrochloride, 20 mg, and hydrochlorothiazide, 25 mg, groups. This suggests that combination therapy with lower doses of each component is as effective as monotherapy with higher doses of either agent alone. Furthermore, use of low-dose combination therapy may allow for effective control of blood pressure while reducing the potential for adverse effects.[13] Having a choice of dose combinations gives the clinician greater flexibility in tailoring antihypertensive therapy to the particular needs of the individual patient.

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