

receive following various combinations: amlodipine 2.5 mg/candesartan 4 mg (n=40), candesartan 4 mg/imidapril 5 mg (n=40); imidapril 5 mg/amlodipine 2.5 mg (n=40), and amlodipine 2.5 mg/candesartan 4 mg plus imidapril 5 mg (n=40). The changes in blood pressure and MAU were determined before and after treatment.

**Results** Four drug combinations of treatment all significantly lowered BP ( $p<0.05$ ), with no significant statistical difference among the all various combination treatments decreased urine MAU ( $p<0.01$ ), however the three drugs combination treatment group decreased MAU more significantly than those by two drugs combination treatments ( $p<0.05$ ).

**Conclusion** Low dose of triple drugs combination (candesartan, imidapril and levoamlodipine) is more effective in improving early renal damage of patients with diabetes mellitus and hypertension than that by two drugs combination.

[gw22-e0839]

### THE THERAPY OF MICROALBUMINURIC PATIENTS WITH TYPE 2 DIABETES MELLITUS AND HYPERTENSION

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10.1136/heartjnl-2011-300867.676

**Objective** To delineate the speculation that triple combination of small doses of calcium antagonist (levoamlodipine), ACEI (imidapril) and ARB (candesartan) may exert more significantly effect on microalbuminuria (MAU) in patients with type 2 of diabetes mellitus and hypertension.

**Methods** One hundred sixty cases of consecutive patients with type 2 diabetes mellitus and hypertension were randomised to