

The Vascular Compliance Consultants' Conference

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This Special Report supplement to *The American Journal of Managed Care* features the proceedings of the Vascular Compliance Consultants' Conference, held on May 17, 1999, in New York City.

Highlights of 4 presentations and a panel discussion exploring various aspects of vascular compliance are included. Although the presentations focused primarily on basic and clinical research data regarding arterial compliance, its role in hypertension, and the effects on blood pressure and compliance of angiotensin-converting enzyme (ACE) inhibitors such as perindopril, a good number of questions and comments from more than 80 consultants attending the conference addressed the implications of incorporating arterial compliance measurements into daily clinical practice. Many of the consultants were distinguished experts in hypertension.

One of the goals of the conference was to define compliance and related terms. Another goal was to answer questions regarding the clinical utility of measuring arterial compliance and its impact on guiding therapy. Specifically:

- What is compliance?
- Is compliance a topic of interest only to researchers, and those involved in academic medicine or is it a topic of interest to clinicians who see patients every day?
- Is arterial compliance, which is a measure of arterial stiffness, a useful marker of the vascular pathology

that ultimately leads to heart attacks and strokes?

- Is arterial compliance a clinically important measurement that can add to our understanding of early vascular disease?
- Is measuring arterial wall compliance the ideal diagnostic test for hypertension?
- Will blood pressure measurement be replaced by arterial compliance measurement as the basis on which to initiate treatment?
- Can measuring compliance guide treatment?
- Is an improvement in compliance—that is, a reduction in arterial stiffness—an indication of a good prognosis?
- If that is the case, should major efforts be made to find treatments that improve arterial compliance?
- Should improvement in arterial compliance rather than lowering blood pressure be the gold standard by which the efficacy of an antihypertensive drug is judged?

With these goals in mind, the faculty and the consultants discussed, explored, debated, and probed. They asked the difficult questions and shared their knowledge. In particular, they brought great enthusiasm to the conference, which was indeed a scientific forum for the exchange of data and ideas.

In the first of the articles presented in this supplement, Jay N. Cohn, MD, provides an in-depth look at the clinical context of vascular compliance and discusses compromised vascular

compliance as a measure of cardiovascular risk.

In the second article, Joseph L. Izzo, Jr., MD, discusses changes in blood pressure and vascular physiology as markers for cardiovascular disease.

Expanding on the physiologic aspects, Michel E. Safar, MD, addresses whether arterial stiffness can be reversed and discusses the potential benefits.

In the final article, Joel M. Neutel, MD, presents the clinical profile of perindopril, an ACE inhibitor that might differ from other antihypertensive agents in that it exerts favorable effects on arterial compliance.

Also included in this supplement are excerpts from a panel discussion focusing on arterial compliance, its clinical relevance, and its measurement in clinical practice. During that discussion, Dr. Izzo addressed a number of concerns that are especially important to physicians who treat patients with hypertension in managed care settings. To round out this Special Report, he expands on these remarks in an in-depth interview with *The American Journal of Managed Care*.

ACRONYM LIST

The following acronyms appear within the pages of this Special Report supplement:

ACE	Angiotensin-converting enzyme
ARB	Angiotensin receptor blocker
ASH	American Society of Hypertension
FDA	Food and Drug Administration
HEDIS	Health Plan Employer Data and Information Set
HMO	Health maintenance organization
HOT	Hypertension Optimal Treatment
IPA	International Pharmaceutical Association
JNC	Joint National Committee
LVH	Left ventricular hypertrophy
MI	Myocardial infarction
MRFIT	Multiple Risk Factor Intervention Trial
NHANES	National Health and Nutrition Examination Survey
SAVE	Survival and Ventricular Enlargement
SHEP	Systolic Hypertension in the Elderly Program
UKPDS	United Kingdom Prospective Diabetes Study