

# SEVIKAR HCT - treatment opportunity for patients with essential hypertension (SeviTarget)

**First published:** 20/11/2012

**Last updated:** 02/04/2024

Study

Finalised

## Administrative details

### EU PAS number

EUPAS3177

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### Study ID

9350

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### DARWIN EU® study

No

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### Study countries

Austria

Germany

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### Study description

Multi-national, open, prospective multi-center observational (non-interventional) study without any intervention by the sponsor regarding the selection of patients, diagnostic procedures or therapeutic decisions. / The observation period per patient is scheduled to a maximum of  $24 \pm 2$  weeks. SEVIKAR HCT will be prescribed according to Summary of Product Characteristics. / Primary objective: To further investigate the safety profile of SEVIKAR HCT in daily practice and to collect data on so far unexpected adverse reactions as well as possible interactions with concomitant medications. / Secondary objectives are the efficacy within each of the Sevikar HCT dosages, patient compliance based on physician's judgment, the disease burden in hypertensive patients, as well as the influence of chronobiological aspects on the tolerability and efficacy of the antihypertensive therapy.

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### Study status

Finalised

## Research institutions and networks

### Institutions

[Institut für Pharmakologie und präventive Medizin](#)

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**Institution**

[Dr. Bramlage & Dr. Hankowitz Partnerschaft](#)

Multiple centres: 999 centres are involved in the study

In total, 1100 centers are planned to be involved.

## Contact details

### Study institution contact

Peter Bramlage [peter.bramlage@ippmed.de](mailto:peter.bramlage@ippmed.de)

Study contact

[peter.bramlage@ippmed.de](mailto:peter.bramlage@ippmed.de)

### Primary lead investigator

Christine Schober

Primary lead investigator

## Study timelines

### Date when funding contract was signed

Actual: 15/02/2012

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### Study start date

Planned: 26/11/2012

Actual: 26/11/2012

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### Date of final study report

Planned: 31/03/2015

Actual: 09/12/2014

## Sources of funding

- Pharmaceutical company and other private sector

## More details on funding

Daiichi Sankyo European affiliates and Daiichi Sankyo Europe GmbH

## Regulatory

**Was the study required by a regulatory body?**

No

## Methodological aspects

### Study type

### Study type list

**Study topic:**

Human medicinal product

Disease /health condition

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**Study type:**

Non-interventional study

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**Scope of the study:**

Assessment of risk minimisation measure implementation or effectiveness

Drug utilisation

Effectiveness study (incl. comparative)

Evaluation of patient-reported outcomes

**Data collection methods:**

Primary data collection

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**Main study objective:**

Primary objective: To further investigate the safety profile of SEVIKAR HCT in daily practice and to collect data on so far unexpected adverse reactions as well as possible interactions with concomitant medications.

## Study Design

**Non-interventional study design**

Other

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**Non-interventional study design, other**

Non-Interventional Post-Authorisation Safety Study

## Study drug and medical condition

**Study drug International non-proprietary name (INN) or common name**

OLMESARTAN MEDOXOMIL

AMLODIPINE BESILATE

HYDROCHLOROTHIAZIDE

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## **Medical condition to be studied**

Essential hypertension

## Population studied

### **Short description of the study population**

Consecutive male and female adult patients with diagnosis of essential hypertension who had started SEVIKAR HCT® therapy less than 2 weeks before patients' Baseline visit (V1).

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### **Age groups**

- Adults (18 to < 46 years)
  - Adults (46 to < 65 years)
  - Adults (65 to < 75 years)
  - Adults (75 to < 85 years)
  - Adults (85 years and over)
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### **Special population of interest**

Other

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### **Special population of interest, other**

Essential hypertension patients

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### **Estimated number of subjects**

6600

## Study design details

## Outcomes

Adverse Drug Reactions, Secondary objectives: Efficacy within each of the SEVIKAR HCT dose regimens in daily practice using various blood pressure related parameters and response criteria / Patient compliance / Patient reported outcome / Physicians' judgement of tolerability and efficacy

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## Data analysis plan

All variables collected in the CRF and all derived parameters will be used in statistical analysis. Binary, categorical and ordinal parameters will be summarized by means of absolute and percentage numbers within the various categories. Numerical data will be summarized by means of summary statistics (presented by visit, if useful). Pre-post differences will be calculated as post-baseline value minus baseline value. In addition, adequate figures (e.g. bar charts, box-whisker plots) may be presented to summarize the results for some parameters in a graphical way. Two-sided confidence intervals (CI) will be presented for important parameters, but should be interpreted in an exploratory descriptive way. No formal statistical tests will be performed within the statistical analysis. Depending on the variables of interest, additional selection criteria for patients (e.g. sub-group analyses) considered in specific analyses may be used, if considered useful during the statistical analysis.

## Documents

### Study results

[20141209\\_SeviTarget\\_NIS Report Final v1 0.pdf \(1.58 MB\)](#)

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### Study publications

[Bramlage P, Fronk EM, Wolf WP, Smolnik R et al. Safety and effectiveness of a f...](#)

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## Data management

## ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

## Data sources

### Data sources (types)

Other

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### Data sources (types), other

Non-Interventional Post-Authorisation Safety Study

## Use of a Common Data Model (CDM)

### CDM mapping

No

## Data quality specifications

### Check conformance

Unknown

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### Check completeness

Unknown

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### Check stability

Unknown

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**Check logical consistency**

Unknown

**Data characterisation**

**Data characterisation conducted**

No