

Sixty patients with Diastolic Blood Pressure (DBP) of 100-110mmHg matched for age, sex and Bp levels were randomly assigned to propranolol 80mg daily or Hydroflumethiazide (HFM) 50mg daily. HFM causes a significant reduction in systolic blood pressure (SBP) and DBP within 4 weeks compared both with baseline and propranolol (SBP 143.7 +/- 12.3 vs 158.1 +/- 10.9mmHg,  $P < 0.05$ ; DBP 92.0 +/- 4.5 vs 102.4 +/- 5.1mmHg,  $P < 0.05$ ), (SBP 143.7 +/- 12.2 vs 152 +/- 11.0mmHg  $P < 0.05$ ; DBP 92.0 +/- 4.5 vs 101.1 +/- 6.1mmHg,  $P < 0.05$ ), respectively. Propranolol produced no significant difference from the baseline at 4 weeks (SBP 152.0 +/- 11.0 vs 154.1 +/- 11.5mmHg NS; DBP 101.1 +/- 6.1 vs 102.2 +/- 5.6mmHg, NS). Reduction in BP by HFM was maintained after 8 and 12 weeks with further reduction but which did not achieve statistical significance. Increased dose of propranolol (160mg daily) after 4 weeks caused significant reduction in BP by 8 week (SBP 146.8 +/- 11.8 vs 152.0 +/- 11.0mmHg,  $P < 0.05$ ; DBP 95.9 +/- 4.4 vs 101.1 +/- 6.1mmHg  $P < 0.05$ ), which was maintained upto 12 weeks. The values however remained higher than in the HFM group. More patients in the HFM group achieved target BP ( $< 140/90$ ), SBP 53.8% vs 29.6%  $P < 0.05$ , DBP 69.2% vs 14.8%  $P < 0.01$ . Incidence of side effects was similar and will be discussed. Thiazides are superior to B'blockers as initial monotherapy in black hypertensives.