Rosei E, et al. , 2009) .However, despite these recommendations and the well-documented relationship between hypertension and the increased cardiovascular (CV) and renal risk,BP control rates remain poor, particularly in Europe.(Wang YR, Alexander GC, Stafford RS., 2007) (Wolf-Maier K, Cooper RS, Kramer H, et al., 2004).

Therefore, the primary aim of an effective antihypertensive treatment strategy is to lower elevated BP to target levels and to achieve a maximum reduction in risk. The recent reappraisal of the European guidelines on hypertension management recommends that it may be prudent to lower BP to values within the range of 130–139/80–85 mmHg in the majority of hypertensive patients, including those with diabetes.(Mancia G, Laurent S, Agabiti-Rosei E, et al. , 2009) In these guidelines, both angiotensin receptor blockers (ARBs) and calcium channel blockers (CCBs) are recommended for first-line therapy either as monotherapy or in combination.

Amlodipine besylate, a 3rd generation dihydropyridin calcium channel blocker (CCB), is approved for the treatment of hypertension and both vasospastic and chronic stable angina. The primary action of amlodipine is to inhibit calcium entry through voltage-gated transmembrane l-type channels, thus decreasing intracellular calcium concentration and inducing smooth muscle relaxation (Krum H.1997). Such action decreases atherosclerosis process as well via reducing calcium-dependent energy. Amlodipine also mediates nitric oxide release via a kinin-dependent mechanism (Zhang & Hintze, 1998) and modulates the metabolism of collagens within the extracellular matrix. Thus, amlodipine potentially has anti-atherosclerotic-plaque stabilizing properties as well (Jukema & van der Hoorn, 2004; Mason *et al.* 2003). It has further been proposed that amlodipine's apparent anti-atherosclerotic properties are related to its strong lipophilicity and membrane location allowing it to modulate the atherosclerotic process via both calcium-dependent and calcium-independent pathways (Mason *et al*. 2003).