



Antihypertensive ACEIs Linked to Reduction in Cardiovascular Events, Death



According to findings of a study published in the March 31 online edition of JAMA Internal Medicine, the use of blood pressure medication angiotensin-converting enzyme inhibitors (ACEIs) in patients with diabetes seems to contribute to a reduction of major cardiovascular events and death, as well death from all other causes, while angiotensin II receptor blockers (ARBs) did not show such effect on those outcomes.

Together with colleagues, the report's author Jun Cheng, MD, of the Medical School of Zhejiang University, China, investigated the effects of these two medications. Over 285 million adults worldwide suffer from diabetes, which is a risk factor for cardiovascular diseases (CV). The American Diabetes Association recommends that patients with diabetes and high blood pressure be treated with an ACEI or an ARB.

By assessing the available medical literature the team conducted a meta-analysis that examined the effects of ACEIs and ARBs on major CV events and death, as well as death from all other causes. Out of the over 35 clinical trials identified by the authors 23 compared ACEIs with placebo or other active drugs (n=32,827 patients), while 13 other trials compared ARBs with no therapy (controls) (n=23,867 patients).

Analysing the results it appears that ACEIs reduce the risk of death from all causes by 13 percent, cut the risk CV deaths by 17 percent and lower the risk of major CV events by 14 percent, including myocardial infarction (heart attack) by 21 percent and heart failure by 19 percent.

Contrary to these findings, ARBS did not affect all-cause mortality, CV death rate and major CV events, except for heart failure. ACEIs and ARBs were not linked to a decreased risk for stroke in patients with diabetes.

Discussing the their meta-analysis, the authors indicate ACEIs reduces all-cause mortality, mortality from CV as well as major CV events in patients with DM [diabetes mellitus], whereas they suggest ARBs to not have any beneficial effects on these outcomes. Consequently they recommend the use of ACEIs to be considered as first-line therapy to limit the excess mortality and morbidity in this population.

Source: [JAMA](#)

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