



Effects of angiotensin-converting enzyme inhibitors beyond lowering blood pressure – are they important for doctors?

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Abstract:

Large clinical trials and experimental studies have indicated that not all of the beneficial properties of angiotensin-converting enzyme inhibitors (ACE-Is) can be attributed to the lowering of blood pressure. The aim of this study was to assess doctors' opinions about the importance of the cardioprotective effects of ACE-Is beyond lowering blood pressure.

The study participants (685 physicians) filled in a questionnaire testing doctors' knowledge of all of the therapeutic effects of ACE-Is not directly associated with lowering blood pressure and their clinical importance. In addition, each doctor filled in 20 questionnaires for subsequent patients treated with any ACE-I.

Fifty-nine percent of the investigated physicians were aware of most of the therapeutic effects of ACE-Is. The most important therapeutic effects for the respondents were the following: reduction of peripheral resistance, inhibition of left ventricle hypertrophy, inhibition of vascular remodeling and atherosclerotic plaque stabilization.

The most commonly prescribed ACE-Is were perindopril, lisinopril and chinalapril for inhibition of left ventricular hypertrophy and perindopril, ramipril and chinalapril for inhibition of arterial wall remodeling. The ACE-Is that were used to reduce peripheral vessel resistance included perindopril, lisinopril and trandolapril. Drugs used to stabilize the plaque included perindopril, lisinopril and cilazapril.

The therapeutic effects of ACE-Is beyond lowering blood pressure were considered to be valid and important in daily clinical practice for the prevention of cardiovascular diseases and diabetic complications. The attribution of the effects of a particular ACE-I was not always in accordance with evidence-based medicine. The obtained treatment outcomes were attributed to the entire group of ACE-Is.

Key words:

ACE-I, additional therapeutic effects
