

Primary Care Guidance for the Use of ACE Inhibitors and Angiotensin-II receptor Blockers (AR2B'S\Sartans

ACE inhibitor & AR2B\Sartan Usage Guidance

There are no situations where an AR2B\Sartan would be considered first line in preference to an ACE inhibitor.

There is no proven clinical benefit to support the use of an AR2B\Sartan instead of an ACE inhibitor in the treatment of;

Heart Failure
Hypertension
Post MI
In diabetics
Prevention of diabetic nephropathy

An ACE inhibitor should always be used first.

Do not routinely combine an ACE inhibitor and AR2B\Sartan together. An AR2B\Sartan is recommended if a patient cannot tolerate an ACE inhibitor. Approximately 1 patient in 15-20 is unable to tolerate an ACE inhibitor.

Which ACE Inhibitor?

- 1 Ramipril and Lisinopril are recommended as the first line drugs
- 2 Avoid initiating other ACE inhibitors
- 3 Patients on alternative ACE inhibitors should continue on their

Which Angiotensin 2 Receptor Blocker (AR2B\Sartan)?

Candesartan for Hypertension and Heart failure

Alternative Indications

- 1 An ACE inhibitor is recommended as first line treatment
- 2 In instances where an ACE inhibitor is not tolerated.
Irbesartan* is recommended for diabetic patients with microalbuminuria
Valsartan* is recommended in cases of post MI, with LV dysfunction with heart failure. (It is anticipated initiation will be confined to secondary care specialists)

* These AR2B\Sartan's are recommended because they are the only AR2B\Sartan specifically licensed for these indications.