

## Future Research Needs for Angiotensin-Converting Enzyme Inhibitors (Aceis), Angiotensin II Receptor Antagonists (Arbs), or Direct Renin Inhibitors (Dris) for Treating Hypertension: Future Research Needs Paper Number 14 (Paperback)



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## **FUTURE RESEARCH NEEDS FOR ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (ACEIS), ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBS), OR DIRECT RENIN INHIBITORS (DRIS) FOR TREATING HYPERTENSION: FUTURE RESEARCH NEEDS PAPER NUMBER 14 (PAPERBACK)**



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Createspace, United States, 2013. Paperback. Book Condition: New. 279 x 216 mm. Language: English . Brand New Book \*\*\*\*\* Print on Demand \*\*\*\*\*.Hypertension is the most common reason older adults visit the doctor and advances in antihypertensive therapy have dramatically reduced the associated cardiovascular, cerebrovascular, and renal events. Inhibitors of the renin-angiotensin system (RAS) are the most frequently used medications for blood pressure control and are highly efficacious for reducing hypertension-related outcomes. In 2007, a comparative effectiveness review (CER) sponsored by the Agency for Healthcare Research and Quality (AHRQ) evaluated the long-term benefits and harms of the two most common classes of RAS inhibitors for treating essential hypertension in adults: angiotensin-converting enzyme inhibitors (ACEIs) and angiotensin II receptor blockers/antagonists (ARBs). This 2007 CER was updated in 2011 to incorporate the significant additional direct comparison research published in the interval, and to include the direct renin inhibitors (DRIs), which are the newest class of RAS inhibitors. The 2011 CER addressed the three following Key Questions: KQ 1. For adult patients with essential hypertension, how do ACEIs, ARBs, and DRIs differ in blood pressure control, cardiovascular risk reduction, cardiovascular events, quality of life, and other outcomes? KQ 2. For adult patients with essential hypertension, how do ACEIs, ARBs, and DRIs differ in safety, adverse events, tolerability, persistence with drug therapy, and treatment adherence? KQ 3. Are there subgroups of patients-based on demographic and other characteristics (i.e., age, race, ethnicity, sex, comorbidities, concurrent use of other medications)-for whom ACEIs, ARBs, or DRIs are more effective, are associated with fewer adverse events, or are better tolerated? The results of the CER included 97 studies (36 new since 2007) directly comparing ACEIs versus ARBs and 3 studies directly comparing DRIs to ACEIs or ARBs. The strength of evidence remained high for equivalence between ACEIs and...

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