



Comparative Effectiveness of Angiotensin Converting Enzyme Inhibitors or Angiotensin II Receptor Blockers Added to Standard Medical Therapy for Treating Stable Ischemic Heart Disease: Comparative Effectiveness Review Number 18

By U. S. Department of Health and Human Services

Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 328 pages. Dimensions: 11.0in. x 8.5in. x 0.7in. Nearly 2, 400 Americans die of cardiovascular disease each day. Cardiovascular disease claims more lives each year than cancer, chronic lower respiratory diseases, accidents, and diabetes mellitus combined. American College of Cardiology and American Heart Association guidelines support the use of angiotensin converting enzyme (ACE) inhibitors in patients who have chronic heart failure or those with myocardial infarction and left ventricular dysfunction, while angiotensin receptor blockers (ARBs) are reserved for those who cannot tolerate ACE inhibitors. Combined ACE inhibitor and ARB therapy has been shown to provide additional benefits over therapy with an ACE inhibitor alone among patients with heart failure. However, the combined use of an ACE inhibitor and ARB in post-myocardial-infarction patients with left ventricular dysfunction or heart failure was no better than the use of captopril alone and carried an increased risk of harms. This report summarizes the available evidence comparing the efficacy and safety of using ACE inhibitors, ARBs, or their combination vs. standard medical therapy in a population with stable ischemic heart disease, or an ischemic heart disease risk equivalent, and preserved left

Reviews

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