ACE INHIBITORS

Drugs which inhibit angiotensin converting enzyme (ACE) are commonly used to treat high blood pressure and heart disease. In certain conditions, such as diabetes mellitus, these drugs also help to prevent or slow the progression of kidney disease.

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name(s)</th>
<th>Strengths (mg)</th>
<th>Usual Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benazepril</td>
<td>Lotensin</td>
<td>5, 10, 20, 40</td>
<td>5 - 80 mg/day</td>
</tr>
<tr>
<td>Captopril</td>
<td>Capoten</td>
<td>12.5, 25, 50, 100</td>
<td>25 - 450 mg/day</td>
</tr>
<tr>
<td>Enalapril</td>
<td>Vasotec</td>
<td>2.5, 5, 10, 20</td>
<td>2.5 - 40 mg/day</td>
</tr>
<tr>
<td>Fosinopril</td>
<td>Monopril</td>
<td>10, 20, 40</td>
<td>5 - 80 mg/day</td>
</tr>
<tr>
<td>Lisinopril</td>
<td>Prinivil, Zestril</td>
<td>2.5, 5, 10, 20, 40</td>
<td>5 - 80 mg/day</td>
</tr>
<tr>
<td>Moexipril</td>
<td>Univasc</td>
<td>7.5, 15</td>
<td>7.5 - 30 mg/day</td>
</tr>
<tr>
<td>Perinodpril</td>
<td>Aceon</td>
<td>2, 4, 8</td>
<td>1 - 8 mg/day</td>
</tr>
<tr>
<td>Quinapril</td>
<td>Accupril</td>
<td>5, 10, 20, 40</td>
<td>5 - 80 mg/day</td>
</tr>
<tr>
<td>Ramipril</td>
<td>Altace</td>
<td>1.25, 2.5, 5, 10</td>
<td>1.25 - 20 mg/day</td>
</tr>
<tr>
<td>Trandolapril</td>
<td>Mavik</td>
<td>1, 2, 4</td>
<td>1 - 8 mg/day</td>
</tr>
</tbody>
</table>

POTENTIAL USES:

1) Hypertension (High Blood Pressure)
2) Cardiovascular Disease
3) Congestive Heart Failure
4) Prevention/Slowing of Kidney Disease

CONTRAINDICATIONS: (Do not use if any of these conditions are present)

1) PREGNANCY (especially 2nd & 3rd trimester)
2) Known Allergic reaction to ACE Inhibitors
3) Hyperkalemia (High Blood Levels of Potassium)

FDA PREGNANCY CATEGORY:

1st Trimester: C (Uncertain safety)
2nd & 3rd Trimester: D (Unsafe – Evidence of Risk)

ADVERSE REACTIONS:

1) COUGH – very common side effect
2) Allergic reactions – rash, facial swelling
3) Low blood pressure, postural dizziness
4) High levels of blood potassium

Disclaimer: This handout is provided as an educational service for patients. It is not all-inclusive, and is not intended to replace other sources of drug information. Please refer to each drug’s package insert for complete drug prescribing information.
MONITORING REQUIREMENTS

1) Kidney tests, Potassium levels – prior to therapy, and periodically thereafter (testing usually done 4-8 weeks after starting therapy or dose changes)

COMMON QUESTIONS

1) I don’t have high blood pressure. Why has my doctor recommended starting an ACE Inhibitor, which is a blood pressure medication?

ACE Inhibitors are effective agents for lowering blood pressure. However, they have a wide variety of other potential uses. For example, in patients with diabetes mellitus, these drugs prevent or slow the progression of kidney disease; as a result, they are often prescribed for patients whose blood pressure is normal.

2) What is an “ACE Inhibitor cough”?

Cough is one of the most common side effects associated with ACE Inhibitor therapy. The severity of cough ranges from a barely noticeable, dry cough to severe coughing spells. If you experience coughing after starting an ACE Inhibitor, contact your physician to prescribe an alternative therapy.

3) I have diabetes and I am taking an ACE Inhibitor. What is my “goal” blood pressure?

According to current recommendations from the American Diabetes Association, patients with diabetes should have a blood pressure of 130/80 mm Hg or lower. In certain patients (for example, in patients with kidney disease or cardiovascular disease), even lower blood pressure targets may be appropriate.

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