

Blood pressure drugs may offer benefits in valvular heart disease

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Drugs used to treat blood pressure could offer significant benefits to patients with one of the most common forms of valvular heart disease, new research at the University of Dundee and NHS Tayside has revealed.

Aortic stenosis - when the main valve between the heart and the rest of the body becomes narrowed - is one of the most common forms of valvular [heart disease](#) in the developed world, affecting around 5 % of the population and growing.

Patients with aortic stenosis are often asymptomatic. However, when the valve becomes too tight they often experience chest pain and [breathlessness](#) when they are physically active.

The mainstay of treatment is surgery to replace the valve. For patients who have no symptoms it had not been known whether offering other treatments such as drugs called [ACE Inhibitors](#) or angiotensin blockers, commonly used to treat blood pressure, may offer benefit, or indeed may delay the need for an operation.

Chim Lang, Professor of [Cardiology](#) at the University of Dundee, and his team studied the records of Tayside patients with aortic stenosis who have undergone heart scans over the last 20 years in Tayside.

'From looking at these records, we have shown that patients taking drugs that block the renin angiotensin system like ACE Inhibitors and

angiotensin blockers had significantly lower rates of all-cause death and [cardiovascular events](#),' said Professor Lang.

'Aortic stenosis is a growing problem. Physicians have previously not known whether to continue these ACE Inhibitor medications or not. On the one hand, a fall in blood pressure may not be helpful but on the other hand these drugs offer many protective benefits.

'We observed that patients with [aortic stenosis](#) who were taking these medications had a better outcome. This observation, however, needs to be confirmed by prospective clinical trials.'

Details of the research are published in the *Journal of the American College of Cardiology*.

Provided by University of Dundee

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