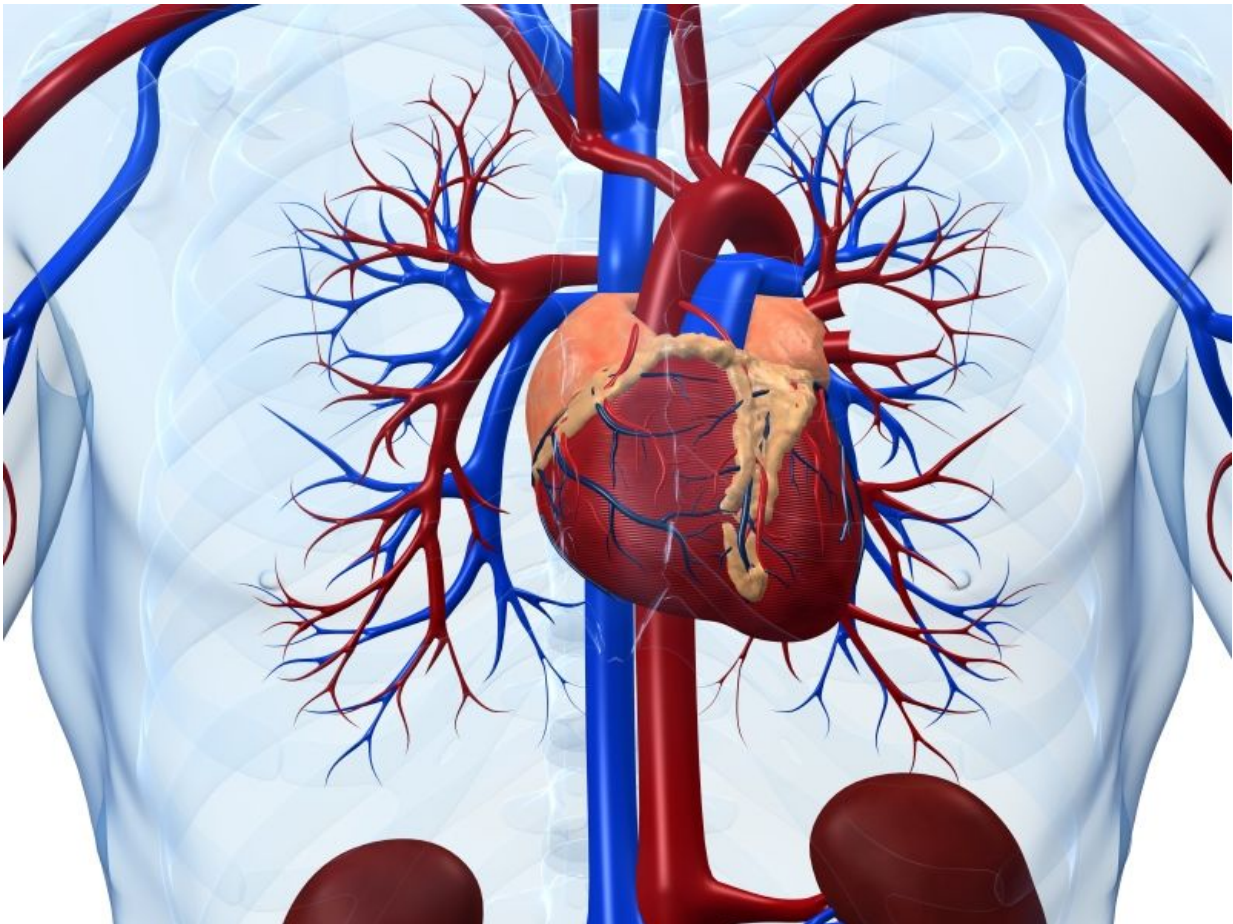


ACEI/ARBs up AMI outcomes regardless of renal status

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(HealthDay)—For acute myocardial infarction (AMI) survivors,

angiotensin-converting enzyme inhibitor (ACEI) and angiotensin receptor blocker (ARB) treatment is associated with improved long-term survival, according to research published in the April 12 issue of the *Journal of the American College of Cardiology*.

Marie Evans, M.D., Ph.D., from the Karolinska Institutet in Stockholm, and colleagues examined discharge and continuous follow-up data on ACEI/ARB use among AMI survivors (2006 to 2009) from a large Swedish registry.

The researchers found that 45,697 patients (71 percent) were treated with ACEI/ARB. Overall, the three-year mortality was 19.8 percent (17.4 and 25.4 percent among users and non-users, respectively). Survival was significantly better for patients treated with ACEI/ARB in adjusted analysis (three-year hazard ratio, 0.80), with survival benefit consistent across all kidney function strata, including dialysis patients. The three-year risk for myocardial infarction was lower for those treated with ACEI/ARB (hazard ratio, 0.91), while no significant effect was seen for stroke risk. In general, the crude risk for [acute kidney injury](#) (AKI) was low (2.5 for treated and 2.0 for non-treated [patients](#)), and was similar across categories of estimate glomerular filtration rate; the risk was significantly higher with ACEI/ARB treatment. ACEI/ARB treatment was favored for the composite of AKI and mortality.

"Treatment with ACEI/ARB after AMI was associated with improved long-term survival, regardless of underlying renal function, and was accompanied by low rates of adverse renal events," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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