

CVD mortality similar with diuretic, ACE inhibitor, or calcium channel blocker

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For patients with hypertension and at least one other coronary heart disease risk factor, cardiovascular disease (CVD) mortality is similar for those receiving a thiazide-type diuretic, calcium channel blocker (CCB),

or angiotensin-converting enzyme (ACE) inhibitor, according to a study published online Dec. 4 in *JAMA Network Open*.

Jose-Miguel Yamal, Ph.D., from The University of Texas Health Science Center at Houston, and colleagues randomly assigned participants aged 55 years or older with a diagnosis of hypertension and at least one other coronary heart disease risk factor to receive a thiazide-type diuretic (15,002), a CCB (8,898), or an ACE inhibitor (8,904). Participants were followed for all-cause [mortality](#) due to CVD, and a subgroup of 22,754 participants were followed for fatal or nonfatal CVD.

The researchers found that CVD mortality rates were 23.7, 21.6, and 23.8 per 100 persons in the diuretic, CCB, and ACE inhibitor groups, respectively, at 23 years after randomization. For most secondary outcomes, the long-term risks were similar among the three groups. The ACE inhibitor group had increased risks for [stroke mortality](#) and for combined fatal and nonfatal hospitalized stroke compared with the diuretic group (adjusted hazard ratios, 1.19 and 1.11, respectively).

"Angiotensin-converting enzyme inhibitors were associated with an increased risk of stroke outcomes (11 percent increased risk of combined fatal and nonfatal hospitalized stroke) compared with diuretics, and this effect persisted well beyond the trial period," the authors write.

More information: Jose-Miguel Yamal et al, Mortality and Morbidity Among Individuals With Hypertension Receiving a Diuretic, ACE Inhibitor, or Calcium Channel Blocker, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.44998](https://doi.org/10.1001/jamanetworkopen.2023.44998)

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