

# Study: No difference in results by race with standard heart failure treatment

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A traditional treatment for heart failure appears to be equally protective in preventing death or hospitalization among African-American patients, as compared to white patients, according to a study at Henry Ford Hospital in Detroit.

Angiotensin converting enzyme inhibitors (ACE) and angiotensin [receptor blockers](#) (ARB) are standard [heart failure](#) treatments. However, they have been shown to be less effective for [lowering blood pressure](#) in African Americans when compared to white patients, and most heart failure studies have enrolled a low proportion of African Americans.

"Although previous data have been somewhat conflicting regarding the consistency of benefits of ACE/ARB across races, this study showed that the results were virtually the same for African-American [patients with heart failure](#) compared to white patients." says Henry Ford researcher and cardiologist David Lanfear, M.D., lead author of the study.

The results will be presented May 9 at the American Heart Association's annual Quality of Care and Outcomes Research meeting (QCOR12) in Atlanta.

The retrospective study looked at insured patients who were hospitalized for heart failure at Henry Ford Hospital between January 2000 and June 2008, and who primarily received care through the Henry Ford Medical Group.

Using pharmacy claims data, the researchers were able to see the dosage and patients' adherence in filling prescriptions, and could therefore estimate the exposure to medications over time, as well as test the connection to the patients' outcomes. ACE/ARB exposure was estimated over six-month rolling periods.

A total of 1,094 patients (476 White and 618

African-Americans) were studied. The average time of follow-up was two years.

Results were adjusted for other important factors, such as gender, age, other diseases and medications (including beta blockers), in order to identify the effect specifically attributable to taking ACE/ARB medications. Data was analyzed and sorted by race.

Provided by Henry Ford Health System

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