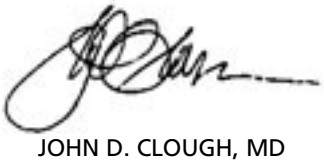
The angiotensin story continues: ARBs in heart failure

The angiotensin story began with Dr. Irvine Page, the first head of The Cleveland Clinic's research division in the modern era and the man who discovered this troublesome molecule. Given this history, it seems appropriate that the story would continue to unfold in the pages of the *Cleveland Clinic Journal of Medicine*.

In this issue (page 665), Drs. Bhakta and Dunlap discuss the Candesartan in Heart Failure Assessment of Reduction in Mortality and Morbidity (CHARM) trial. In brief, the angiotensin-receptor blocker (ARB) candesartan was found to be effective in heart-failure regimens when it was used as an alternative to an angiotensin-converting enzyme (ACE) inhibitor or in addition to an ACE inhibitor.

In an accompanying editorial on page 674, Drs. Stehlik and Taylor note with some reservations that polypharmacy, once considered the bane of good medical practice, seems to be the order of the day in treating heart failure, as in many other conditions that are difficult to manage. They count nine different classes of drugs that the heart-failure patient should be taking!

Blockade of the angiotensin receptor should inhibit the formation of angiotensin II better than does blockade of ACE, with the additional advantage of not inhibiting kininase, the enzyme that protects against the angioedema sometimes caused by ACE inhibitors. The authors point out that this double advantage, though at least partially borne out in the CHARM trial, remains theoretical and needs to be more completely tested and confirmed. Nevertheless, considering the gravity of the problem of heart failure, it makes sense to have as many alternative pathways to success as we can find.



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