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Time to switch from ACEis to ARBs – same efficacy but safer

A head-to-head comparison trial of ARBs vs ACEis exhibited no difference in outcomes except for fewer drug withdrawals due to adverse effects with ARBs (RR, 0.72; 95% CI, 0.65-0.81).¹

In another study, ARBs had significantly lower risks of angioedema, cough, pancreatitis, and GI bleeding than patients on ACEis.²

Angioedema associated with ACEis was common (HR = 3.31; 95% CI, 2.55–4.51; $P < .01$), versus ARBs. Although rare, it remains an adverse event of concern as occasionally it can be fatal.

In New Zealand, Pharmac fully funds Losartan and Candesartan, so there is no longer any funding barrier to ARB usage.

References:

1. Angiotensin-Converting Enzyme Inhibitors or Angiotensin Receptor Blockers in Patients Without Heart Failure? Insights From 254,301 Patients From Randomized Trials. Mayo Clinical Proceedings (2015) [View here](#)
2. Comparative First-Line Effectiveness and Safety of ACE (Angiotensin-Converting Enzyme) Inhibitors and Angiotensin Receptor Blockers: A Multinational Cohort Study. Hypertension (2021) [View here](#)

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