

Angiotensin-Receptor Blockers Aren't Associated with Adverse Cardiovascular Outcomes

In contrast to results from a 2004 study, a meta-analysis showed no excess risk.

In 2004, a randomized trial suggested that valsartan (Diovan), an angiotensin-receptor blocker (ARB), was associated with excess risk for myocardial infarction (MI; [JW Gen Med Jul 13 2004](#)).

In this systematic review and meta-analysis, investigators assessed whether risks for adverse cardiovascular (CV) and other outcomes were associated with use of ARBs.

The analysis included 37 randomized trials in which placebo or active antihypertensive treatments were compared with ARBs (147,000 patients with average follow-up of 3.3 years). Compared with placebo or active-treatment, ARBs were not associated with excess risk for all-cause death, CV-related death, or angina (relative risks, ≈ 1.0 for all outcomes). Furthermore, ARBs were not associated with excess risk for MI (RR, 0.99; 95% confidence interval, 0.92–1.07). In contrast, ARBs were associated with significantly *lower* risks for stroke (relative reduction, 10%), heart failure (13%), and new-onset diabetes (15%). The results were similar when ARBs were compared with either placebo alone or with active treatment alone.

Comment: In this large meta-analysis, ARBs were not associated with excess risk for MI, all-cause death, CV-related death, or angina. Furthermore, ARBs lowered risks for stroke, heart failure, and diabetes. These results should reassure clinicians who prescribe ARBs and patients who use ARBs to combat hypertension.

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