

SOUTHWESTERN NEWS

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ACE-INHIBITOR DRUG USED TO DELAY HEART FAILURE AS EFFECTIVE IN BLACKS AS WHITES

DALLAS – July 17, 2002 – A drug widely used to treat patients with heart failure is as effective for black patients as it is for white patients, according to researchers at UT Southwestern Medical Center at Dallas.

The results of this analysis do not support the hypothesis that black patients with heart failure may not respond as well to angiotensin-converting enzyme (ACE) inhibitors as white patients with heart failure, said Dr. Daniel Dries, lead author of the study in today's issue of the *Journal of the American College of Cardiology* and assistant professor of internal medicine at UT Southwestern.

“Although the black participants responded equally well to the ACE-inhibitor as white participants, they still had overall increased rates of progression to heart failure,” Dries said. “The precise explanation for the racial differences in the natural history of asymptomatic reductions in pump function is not known, but these data indicate that it is not explained by racial differences in response to ACE-inhibitor therapy.”

A retrospective analysis of 4,054 study participants involved in the Studies of Left Ventricular Dysfunction (SOLVD) Prevention Trial found that enalapril, an ACE-inhibitor commonly given to patients with heart failure, is effective at reducing the development of heart failure in both population groups. Results of the SOLVD Prevention Trial were originally published in 1992 in *The New England Journal of Medicine*.

A 2001 report, in which Dries participated, suggested that enalapril was less effective in reducing the risk of hospitalization for heart failure in blacks compared to whites. There was no evidence for racial differences in enalapril's ability to reduce the risk of death. The analysis reported today focused specifically on the ability of ACE-inhibitor therapy to delay the development of heart failure in patients with asymptomatic reductions in heart function.

“The previous study found evidence for racial differences in response to ACE-inhibitor

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therapy only for a single clinical endpoint – the risk for hospitalization – which can be influenced by a variety of environmental and social factors,” said Dries. “In this study, the benefit of enalapril was consistent and robust in reducing a spectrum of clinical endpoints indicating disease progression in both black and white participants.”

Dr. Mark Drazner, a co-author of the study and assistant professor of internal medicine, said the present study showed that enalapril prevented the development of heart failure in black and white patients equally well.

“Coupling this with previous data showing that enalapril resulted in comparable reductions in mortality in black and white patients with heart failure, we believe that ACE-inhibitors should remain a cornerstone of therapy in patients with a weak or failing heart, irrespective of their race or ethnicity,” Drazner said.

Dr. Mark Strong, assistant professor of internal medicine at UT Southwestern, also participated in the study.

The study was supported with funds from the National Institutes of Health, the American Heart Association, the Donald W. Reynolds Cardiovascular Clinical Research Center at UT Southwestern and the Doris Duke Charitable Foundation.

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