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Eprosartan
A Viewpoint by William H. Frishman

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Angiotensin II receptor antagonists are the most recent class of orally active drugs to be approved in the US for use in hypertension. Eprosartan is the fourth such agent to be approved, and the drug has high affinity for the AT_1 receptor. In clinical trials, it has been shown to be more effective than placebo, and at least as effective as the ACE inhibitor enalapril. Eprosartan causes less cough than ACE inhibitors and appears to be well tolerated in clinical trials of hypertensive patients. There is no published experience using eprosartan in patients with congestive heart failure (CHF).

At this juncture, there is no clinical evidence to suggest that angiotensin II receptor blockers provide any therapeutic advantage over ACE inhibitors in the treatment of hypertension. It is controversial whether angiotensin II receptor blockade provides any advantage over ACE inhibitors in treatment of CHF. It has been suggested that the combination of ACE inhibitors with angiotensin II receptor blockers might provide an advantage over single drug therapy in patients with hypertension and/or CHF, but definitive studies need to be done to confirm if there is a mortality and morbidity advantage using this approach.

There are ongoing animal and clinical studies evaluating the angiotensin II receptor blockers in hypertrophy, apoptosis, myocardial infarction, CHF, postangioplasty vascular restenosis and diabetic renal disease. There are still unresolved questions whether there is heightened AT_2 receptor stimulation when drugs like eprosartan are used since angiotensin levels are often increased. An antiproliferative effect has been described with AT_2 stimulation. The clinical consequence of long term AT_2 receptor blockade has not been determined.

The renin-angiotensin-aldosterone system clearly has an important role to play in the pathogenesis of cardiovasular disease, and drugs like eprosartan provide pharmacological probes for helping towards an understanding of the mechanism of disease and the best clinical approach to treatment. Angiotensin II blockade may provide a therapeutic advantage. Eprosartan, with its favourable pharmacokinetic profile, may cause fewer drug-drug interactions than other drugs in this class, but definitive data are still needed. ▲