

Telmisartan

A Viewpoint by Norman Sharpe

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Telmisartan is one of a number of angiotensin II receptor antagonists which are currently being studied in clinical trials, not only in hypertension but also in clinical congestive heart failure.

It is now about 20 years since the first trials of ACE inhibitors in hypertension. Their use has since been extended into heart failure and postmyocardial infarction left ventricular dysfunction, where they are now standard treatment.

During this time, we have continued to learn more about the renin-angiotensin-aldosterone (RAA) system and related neurohormonal systems. The RAA system has been identified in tissues as well as the circulation. There is 'cross talk' between the RAA system and the sympathetic nervous system. Furthermore, it is now appreciated that ACE

inhibition does not completely block the RAA system and that there may be some escape from blockade over time as chymase and other enzyme systems convert angiotensin I to angiotensin II.

The angiotensin II receptor antagonists offer the alternative of more specific and complete blockade of the RAA system. Already, they have emerged as alternative antihypertensive agents that are as effective as ACE inhibitors but 'without the cough'. The lack of bradykinin enhancement, as occurs with ACE inhibition, does not appear to compromise antihypertensive efficacy. In heart failure, the main question remaining is whether angiotensin II receptor antagonists will be an alternative or useful addition to ACE inhibitors.

Clinical trials currently in progress should provide further information which will determine the therapeutic value of these interesting new agents. ▲