

Telmisartan

A Viewpoint by Wilbert S. Aronow

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Telmisartan is a nonpeptide angiotensin II receptor antagonist which selectively inhibits the angiotensin II AT₁ receptor subtype. Since AT₁ receptor antagonists block the AT₁ receptor without increasing bradykinin levels, their use is associated with fewer adverse effects such as cough, rash, angioedema or taste disturbances/reduced appetite compared with ACE inhibitors.^[1]

When administered at dosages of 40 to 160mg once daily to patients with mild to moderate hypertension, telmisartan significantly lowered systolic and diastolic blood pressure compared with placebo and was at least as effective as atenolol 50 or 100 mg/day, lisinopril 10 to 40 mg/day, enalapril 20 mg/day and amlodipine 5 or 10 mg/day. In pa-

tients with severe hypertension, telmisartan 80 to 160 mg/day was as effective as enalapril 20 or 40 mg/day. Telmisartan was as well tolerated as placebo in clinical studies.

These data indicate that telmisartan is an effective antihypertensive agent which could be used to lower blood pressure in patients unable to tolerate ACE inhibitors because of cough, rash, or taste disturbances/reduced appetite. Investigational studies need to be performed to determine the effect of AT₁ receptor antagonists such as telmisartan versus ACE inhibitors on cardiovascular morbidity and mortality in patients with hypertension or congestive heart failure. ▲

References

1. Pitt B, Segal R, Martinez FA, et al. Randomised trial of losartan versus captopril in patients over 65 with heart failure (Evaluation of Losartan in the Elderly Study, ELITE). *Lancet* 1997; 349: 747-52