More Hype Than HOPE

To the Editor:

In the recently published Heart Outcomes Prevention Evaluation (HOPE study), treatment with the ACE inhibitor ramipril was reported to reduce cardiovascular morbidity and mortality independent of blood pressure (BP) reduction. High-risk “normotensive” (BP = 140/80 mm Hg) patients (n = 9541) were randomized to receive either 10 mg of ramipril or placebo in addition to their current medical regimen. They were followed for 4.5 years. The group receiving ramipril had an approximately 35% reduction in cardiovascular events despite no significant reduction in blood pressure. The reported blood pressure reduction was 3 mm Hg systolic and 2 mm Hg diastolic, which was dismissed as insignificant.

The conclusions of this study were that ACE inhibition is beneficial, independent of its antihypertensive effects, and should be initiated in all high-risk patients despite their baseline blood pressure.

The HOPE trial, I believe, is simply another hypertension trial, supporting the already strong JNC VI recommendation that high-risk patients should be treated to a blood pressure of less than or equal to 130/80 mm Hg. Although there may very well be excellent rationale and data to support the use of ACE inhibitors in normotensive patients, the HOPE study by no means proves or even strongly supports this. It would be very premature, based on this trial, to advocate the addition of an ACE inhibitor to truly normotensive patients simply in the “hope” of reducing future cardiovascular events.

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