Response to Uncritical Acceptance of Combination Treatment of Angiotensin II Receptor Blocker and Angiotensin-Converting Enzyme Inhibitor in Nondiabetic Renal Disease Trial Results

The reason Griffin and Bidani1 were cited among “the expert nephrologists who have accepted the results of the Combination Treatment of Angiotensin II Receptor Blocker and Angiotensin-Converting Enzyme Inhibitor in Nondiabetic Renal Disease Trial”2 was this statement in their 2006 paper3: “Data have been interpreted as indicating that the superior renoprotection that is seen with RAS blockade is mediated by BP-independent mechanisms. Support for such conclusions also has been inferred from the greater benefits that are obtained with dual RAS blockade compared with monotherapy with either ACE inhibitors or ARB. However, with exception of the Combination Treatment of Angiotensin-II Receptor blocker and Angiotensin-converting-Enzyme Inhibitor in Nondiabetic Renal disease (COOPERATE) trial, which did include a small number of hard end points, most of the other smaller studies have shown improvements only in proteinuria and usually not without additional BP reductions.” Maybe the good doctors did not intend to accept the COOPERATE data, but it sure looks that way to me.

Bidani’s4 questioning of the veracity of the Combination Treatment of Angiotensin II Receptor Blocker and Angiotensin-Converting Enzyme Inhibitor in Nondiabetic Renal Disease data, published some months after the article I quoted, does appear to be the first published questioning of the data, for which we are all grateful.

Disclosures
None.

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