La Renon

Restore *Balance*

REBEAT

RAMIPRIL 2.5 mg or 5 mg Tablets

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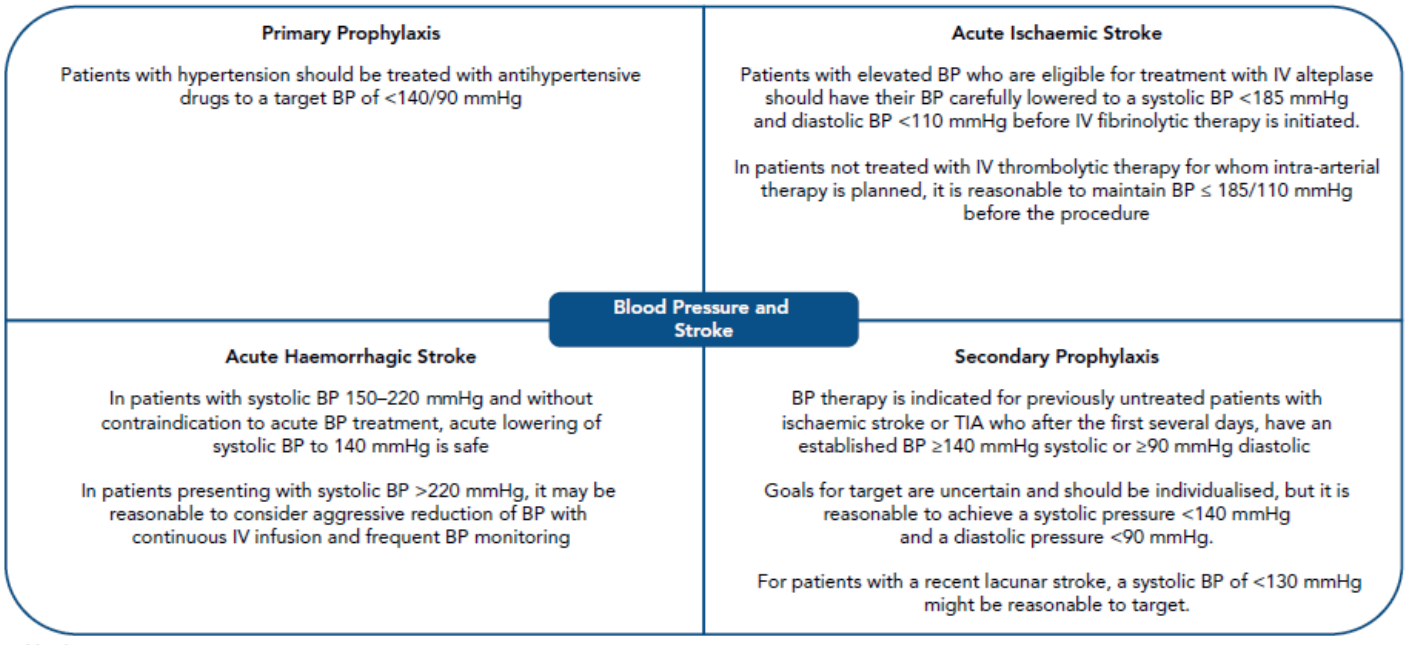
BACKGROUND:

- Stroke has become the 5th leading cause of death in 2016 and every year approx. 1.8 million people suffer stroke in India.
- Stroke classified into ischemic and haemorrhagic stroke. Majority are of ischemic stroke (60-70%).
- Hypertension is the leading modifiable risk factor for both type of stroke.
- Appropriate control of stroke ensures the good outcomes in patients of stroke and adequate blood pressure control also prevents recurrence of stroke.

Figure 1: Blood Pressure Levels in Patients with Stroke Suggested by the Current Clinical Guidelines



BP = blood pressure

CLINICAL EVIDENCE

USE OF RAMIPRIL IN PREVENTING STROKE: DOUBLE BLIND RANDOMISED TRIAL:

Objective

To determine the effect of the angiotensin converting enzyme inhibitor ramipril on the secondary prevention of stroke.

Design

Randomised controlled trial with 2 x 2 factorial design.

Participants

9297 patients with vascular disease or diabetes plus an additional risk factor, followed for 4.5 years as part of the **HOPE study.**

Intervention

Participants randomised to receive up to 10 mg of Ramipril, 400 IU of vitamin E, both, or matching placebos.

Results

Reduction in blood pressure is modest (3.8 mm Hg systolic and 2.8 mm Hg diastolic). The relative risk of any stroke has been reduced by 32% (156 v 226) in the ramipril group in comparison with the placebo group, and the relative risk of fatal stroke reduced by 61% (17 v 44). Significantly fewer patients on ramipril had cognitive or functional impairment.

Conclusion

- Ramipril reduces the incidence of stroke in patients at high risk, despite a modest reduction in blood pressure.
- **Overall, patients taking Ramipril had a significantly reduced combined risk of stroke and TIA of 23%** (6.8% vs 8.7%) compared with placebo.
- Additionally, patients who experienced a stroke despite treatment were less likely to have residual cognitive or functional impairment. These benefits were consistent across baseline blood pressures and subgroups of cardiovascular risk factors.

References:

1. *https://health.economictimes.indiatimes.com/news/industry/the-stroke-disease-burden-in-india-has-increased-nearly-100-indian-stroke-ssociation/72895241 [Accessed on 8 June 2020]*
2. *BMJ: 324: 2002: 1-5*
3. *The Journal of Family Practice: 51(7): 2002: 595*

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DESCRIPTION:

REBEAT is a pro-drug, it is metabolized to ramiprilat in liver and to a lesser extent, kidneys. Ramiprilat is a potent, competitive inhibitor of ACE, the enzyme responsible for the conversion of angiotensin I (ATI) to angiotensin II (ATII). ATII regulates blood pressure and is a key component of the renin-angiotensin-aldosterone system (RAAS).

INDICATION:

For The Management of Blood Pressure in Prevention of Stroke

MECHANISM OF ACTOIN:

ACE catalyzes the conversion of angiotensin I to the vasoconstrictor substance, angiotensin II. Angiotensin II also stimulates aldosterone secretion by the adrenal cortex. Inhibition of ACE activity leads to decreased levels of angiotensin II thereby resulting in decreased vasoconstriction and decreased aldosterone secretion.

DOSAGE:

Recommended dose as directed by physician.

PRESENTATION:

It comes as 2.5 mg and 5 mg Tablets.

STORAGE:

Store protected from light and moisture at a temperature not exceeding 30°C.

ADVANTAGES:

Ramipril, an angiotensin converting enzyme inhibitor, reduces strokes in patients at high risk whose blood pressure is not elevated, despite only a modest lowering of blood pressure.

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