

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

Blood Pressure and Stroke	
Primary Prophylaxis Patients with hypertension should be treated with antihypertensive drugs to a target BP of <140/90 mmHg	Acute Ischaemic Stroke Patients with elevated BP who are eligible for treatment with IV alteplase should have their BP carefully lowered to a systolic BP <185 mmHg and diastolic BP <110 mmHg before IV fibrinolytic therapy is initiated. In patients not treated with IV thrombolytic therapy for whom intra-arterial therapy is planned, it is reasonable to maintain BP ≤ 185/110 mmHg before the procedure
Acute Haemorrhagic Stroke In patients with systolic BP 150–220 mmHg and without contraindication to acute BP treatment, acute lowering of systolic BP to 140 mmHg is safe In patients presenting with systolic BP >220 mmHg, it may be reasonable to consider aggressive reduction of BP with continuous IV infusion and frequent BP monitoring	Secondary Prophylaxis BP therapy is indicated for previously untreated patients with ischaemic stroke or TIA who after the first several days, have an established BP ≥140 mmHg systolic or ≥90 mmHg diastolic Goals for target are uncertain and should be individualised, but it is reasonable to achieve a systolic pressure <140 mmHg and a diastolic pressure <90 mmHg. For patients with a recent lacunar stroke, a systolic BP of <130 mmHg might be reasonable to target.

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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RAMIPRIL 2.5 mg or 5 mg Tablets

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 ACTION:

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.

La Renon Healthcare Private Limited

207-208 Iscon Elegance, Circle P, Prahlad Nagar Cross Roads,
S.G. Highway, Ahmedabad-380015, Gujarat, India.
Phone: + 91-79-6616-8998, 2693-6656 | Fax: +91-79-6616-8998
E-mail: info@larenon.com | Web: www.larenon.com

I am: _____
Call me on: _____
Mail me at: _____

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