

中文題目：腎素-血管張力素-醛固酮系統阻斷劑在心肌梗塞後的老人臨床相關預後

英文題目：Renin–angiotensin–aldosterone system blockade for clinical outcomes in elderly post-myocardial infarction patient

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Background: Up to date, the resulting paucity of relevant data has culminated in a lack of definitive guidance on how to optimally manage post-myocardial infarction (MI) in older patients. The aim of our study was to examine the relationship between Angiotensin converting enzyme inhibitors (ACEIs) versus angiotensin receptor blockers (ARBs) use and the occurrence of myocardial infarction and stroke in elderly patients.

Method: The records of inpatients and outpatients with elderly patients with MI aged ≥ 70 years who were treated with an ACEI or ARB between 2000 and 2010 were included in our study using the Taiwan National Health Insurance Among elderly patients who treated with an ACEI were matched to those who treated with an ARB using propensity scores on a 1:1 ratio. The outcomes of interest were myocardial infarction, ischemic stroke, cardiovascular mortality, acute kidney injury and hyperkalemia. Intention-to-treat (ITT) and as-treated (AT) models were used.

Results: There were 5,392 ACEI elderly users and 5,392 ARB elderly users. During the study period, there was no significant difference between ACEI and ARB groups in the outcomes except for lower risks of all-cause mortality in ARB group (hazard ratio [HR]: 0.91; 95% confidence interval [CI]: 0.86 to 0.95, ACEI elderly as reference group) in the ITT analysis. Similar association were also apparent in the AT analysis. Additionally, no differential risks of hospitalization for acute kidney injury and hyperkalemia between groups were found.

Conclusions: Elderly patients after acute MI, ARB use was associated with lower risks of all-cause mortality compared to ACEI use. Therefore, our study provided the insights about the evidence-based therapies in this special subpopulations.