



## Altace® Patient Information Sheet

Dear Patient,

You have been prescribed **ALTACE®** (Ramipril), which is an ACE inhibitor. This medication is an anti-hypertensive (blood pressure lowering) agent, but it also has important vascular protective properties independent of its blood pressure lowering effects.

In the landmark **HOPE<sup>1</sup>** trial, 9297 high-risk patients defined as:

- Age  $\geq$  55 years
- Evidence of vascular disease: coronary artery disease (CAD), cerebrovascular disease (CVA) or peripheral vascular disease (PVD)
- Diabetes plus one other cardiovascular risk factor (HPT, elevated total cholesterol, elevated LDL, smoking, documented Microalbuminuria-small amounts of protein in the urine)
- Not known to have low ejection fraction (a measure of a weakened heart)

were randomized to receive **ALTACE® 10 mg PO OD** at HS or placebo over a five year period. The primary outcome was a combination of MI (heart attack), CVA (stroke) or death from all cardiovascular causes. The study was stopped early because of the clear evidence of a beneficial effect of **ALTACE®** (Ramipril).

### Results included:

- Reduced death from cardiovascular causes 26% RRR<sup>2</sup>: ARR<sup>3</sup> 2% (282 vs 377,  $p < 0.001$ )
- Reduced MI (Heart attack) by 20% RRR: ARR 2.4% (450 vs 570,  $p < 0.001$ )
- Reduced CVA (Stroke) by 32% RRR: ARR 1.5% (156 vs 226,  $p < 0.001$ )
- Reduced death from any cause 16% RRR: ARR 1.8% (482 vs 569,  $p = 0.005$ )
- Reduced revascularization (angioplasty or bypass surgery) procedures 15% RRR:ARR 2.3%;
- Reduced cardiac arrest 37% RRR: ARR 0.5% (37 vs 59,  $p < 0.001$ )
- Reduced heart failure 23% RRR: ARR 2.5 % (417 vs 535,  $p < 0.001$ )
- Reduced complications related to DM (diabetes) by 16% RRR: ARR 1.2%

The mechanism of benefit relates to the vascular protective effects of ACE inhibitors which improve blood vessel dilatation, prevent fibrosis and scarring of blood vessels, reduce blood clotting and blood vessel inflammation and promote natural anti-oxidant properties.

These medications are intended for lifelong protection in **ANY PATIENT** with

- Stroke or TIA (transient ischaemic attack)
- Heart attack or angina
- Angioplasty or bypass surgery
- Peripheral vascular disease or abdominal aneurysm
- Diabetes with another risk factor

**To date ALTACE® is the only ACE inhibitor proven to provide this level of vascular protection and the only ACE inhibitor with the indication for vascular protection.<sup>4</sup>**

<sup>1</sup> The Heart Outcomes Prevention Evaluation Study Investigators. Effects of an angiotensin converting enzyme inhibitor, ramipril, on cardiovascular events in high-risk patients. N Engl J Med 2000; 342:145-153.

<sup>2</sup> RRR = relative risk reduction

<sup>3</sup> ARR = absolute risk reduction

<sup>4</sup> Clinical trials of other ACE inhibitors have shown benefit on CHF and post-MI patients. Trials in HOPE study populations are underway.



## What you need to know about your ALTACE®?

**ALTACE®** has been prescribed in your case:

- To treat high blood pressure
- For vascular protection
- To treat CHF (congestive heart failure)
- To treat left ventricular dysfunction (weakened heart muscle) after a heart attack
- To protect your kidneys from vascular damage
- To reduce the amount of protein leaking through your kidneys

**ALTACE®** has been prescribed at a dose of:

- 1.25 mg daily (starting dose in patients with kidney failure)
- 2.5 mg daily (usual starting dose)
- 5.0 mg daily
- 10 mg daily (usual target dose)

The therapeutic goal is to increase **ALTACE®** to the highest tolerated dose to provide maximum vascular protection.

**ALTACE®** common side effects include:

- Dry non-productive cough (1-10%)
- Dizziness, especially with first dose or if you are dehydrated
- Angioedema (swelling of the face and throat). This is a rare occurrence but if it happens stop the medication and contact your physician immediately.
- Elevated potassium – should be monitored with a blood test within 2 weeks of starting medication
- Rising serum creatinine (a measure of kidney function) – should be monitored with a blood test within 2 weeks of starting medication

In general **ALTACE®** is well tolerated. The risk of a serious side effect is < 1 %.

**ALTACE®** Patient Instructions:

- Take exactly as directed. For vascular protection **ALTACE®** is given in the evening.
- Do not discontinue without consulting prescriber.
- Hold **ALTACE®** and consult prescriber if excess dizziness or Angioedema
- **ALTACE®** does not eliminate need for diet, exercise or other lifestyle modifications
- Do not use NSAID's (anti-inflammatory agents), potassium supplements or salt substitutes without consulting prescriber
- **ALTACE®** should not be used in women of childbearing years appropriate contraceptive precautions are taken

**IF you have any questions concerning ALTACE® Consult your doctor.**

