

Abstract Submission No.: A-0518

Antihypertensive and Renal Effects of Drug Switching to Sacubitril/Valsartan, an Angiotensin Receptor-Nepriylsin Inhibitor, in Treated Hypertensive Patients: Evaluation in Daily Clinical Practice

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Objectives : Sacubitril/valsartan (Sac/Val) has been currently approved not only as a therapeutic agent for heart failure but also as an antihypertensive drug in Japan. Many studies have shown that the antihypertensive effect of Sac/Val is greater than that of angiotensin II receptor blockers (ARBs). However, in real-world clinical practice, Sac/Val is used in a variety of patterns other than switching from ARBs. The present study investigated the effects of Sac/Val on blood pressure and renal function when switching from various antihypertensive drugs.

Methods : In 92 patients with poorly controlled hypertension, clinic blood pressure and several biochemical parameters were assessed before and after switching to Sac/Val (200 mg/day).

Results : The most common pattern of Sac/Val introduction was switching from ARB (54%), followed by from ARB plus diuretic (23%) and from Ca channel blocker (10%). Systolic (144.8±12.3 to 134.6±11.7 mmHg) and diastolic BP (77.6±13.4 to 72.7±12.2 mmHg) significantly decreased after switching to Sac/Val ($p<0.0001$, respectively). When comparing systolic blood pressure reduction after switching to Sac/Val among the patient groups by antihypertensive drugs switched, its reduction was the smallest in the group switched from ARB plus diuretic. As for biochemical parameters, triglycerides, C-reactive protein, and uric acid significantly decreased after treatment with Sac/Val. Renal function including urinary protein did not significantly change before and after Sac/Val treatment. However, in the patient group switched from antihypertensive drugs containing diuretics ($n=27$), not only uric acid but also creatinine significantly decreased after switching to Sac/Val.

Conclusions : Our findings indicate that the drug switching to Sac/Val is beneficial for poorly controlled hypertension in daily clinical practice and that in patients with switching from antihypertensive drugs containing diuretics to Sac/Val, the improvement of renal function and the reduction of uric acid levels can be expected, even if an additional blood pressure reduction by the drug switching remains minimal.