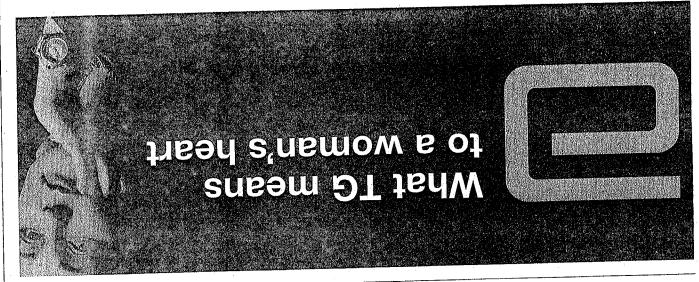
increased relative risk of coronary heart disease (CHD) — especially in women." showed that elevated triglycerides (TG) are also associated with an LDL-C-lowering, the Framingham Heart Study 30-year follow-up clearly While great attention and clinical efforts have been directed toward

women." In women, diabetes is a powerful risk factor for CHD, increasing Of the estimated 16 million Americans with diabetes, more than half are

Syndrome* in Women: Role of TG and HDL-C CHD Hisks Mith Dispetes or Metabolic

Women's Risk of CHD Elevated Triglycerides Make a Difference in



"If there is an indication for an ACE ina median of 6 years.

1,074 hypertensive patients followed for cording to an observational study of patients on other antihypertensives, acabout 50% relative to the decline seen in brain barrier slow mental decline by enzyme inhibitors that cross the blood-Seattle — Angiotensin-converting

> Sacramento Bureau BY TIMOTHY F, KIRN

Previous trials of treatment have had sity, Winston-Salem, N.C.

sion of geriatrics at Wake Forest Univerto cut that risk, said Dr. Sink of the diviantihypertensive treatment has the ability dementia, so it is important to know if an

Hypertension itself is a risk factor for Geriatrics Society.

at the annual meeting of the American Kaycee M. Sink, principal investigator, said crosses the blood-brain barrier," Dr. hibitor, we might as well use one that

tensive, and those who did not have dehad hypertension and took an antihyper-Study, selecting out those patients who the multicenter Cardiovascular Health

Her group looked at patients enrolled in Dr. Sink said.

studies were the basis for the investigation, used to control blood pressure. Those decline at doses below what would be barrier have been shown to halt cognitive ACE inhibitors that cross the blood-brain mixed results. But in animal studies, the

Marie and Control Courses Scores on the Modified to aniload launnA naaW

preventing inflammation in the brain, she cline by decreasing oxidative stress and development of dementia and mental de-ACE inhibitors might protect against the It is thought that the centrally active

others are "centrally active," Dr. Sink nazepril, moexipril, and quinapril. The the blood-brain barrier are enalapril, be-The ACE inhibitors that do not cross

points per year. decline. They had a mean decline of 0.32 counted for almost all of that difference in that crossed the blood-brain barrier ac-

But the patients on an ACE inhibitor

hibitor had a mean decline of 0.38 points points per year. Those on an ACE inhad a mean decline in exam scores of 0.64 tihypertensive other than an ACE inhibitor difference. The group of patients on an an-Mini-Mental State Exam, they did find a at the patients' scores on the Modified However, when the investigators looked

with other antihyperrensives. than that seen in the patients treated barrier, with about an 18% higher risk hibitor that did not cross the blood-brain er risk in those who took an ACE intient was exposed to was a slightly highby type of antihypertensive that the pa-6 years of follow-up. But the only effect agnosed with dementia over the average of dementia. There were 158 patients di-The aim was to look at the incidence

patients was 78 years. mentia at baseline. The mean age of the

ACE Inhibitors May Protect Against Mental Decline

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ACE Inhibitors May Protect Against Mental TIMOTHY F. KIRN (Sacramento Bureau) Decline

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SEATTLE - Angiotensin-converting enzyme inhibitors that cross the blood-brain barrier slow mental by about 50% relative to the decline seen in patients on other antihypertensives, according to an observational study of 1,074 hypertensive patients followed for a median of 6 years. decline

"If there is an indication for barrier," Dr. Kaycee M. Sink, | Geriatrics Society. r an ACE inhibitor, we might as well use one that crosses principal investigator, said at the annual meeting of the the the blood-brain American

Hypertension itself is a risk factor for dementia, so it is important to know if an antihypertensive treatment has the ability to cut that risk, said Dr. Sink of the division of geriatrics at wake Forest University, Winston-Salem, N.C.

Previous trials of treatment have had mixed results. But the blood-brain barrier have been shown to halt cognitive control blood pressure. Those studies were the basis for in animal studies, the ACE inhibitors e decline at doses below what would be the investigation, Dr. Sink said. that used

Her group looked at patients enrolled in the multicenter Cardiovascular Health Study, selecting patients who had hypertension and took an antihypertensive, and those who did not have dementia baseline. The mean age of the patients was 78 years. at those

The aim was to look at the incidence of dementia. There were 158 patients diagnosed with dementia over the average 6 years of follow-up. But the only effect by type of antihypertensive that the patient was exposed to was a slightly higher risk in those who took an ACE inhibitor that did not cross the blood-brain barrier, with about an 18% higher risk than that seen in the patients treated with other antihypertensives.

However, when the investigators looked at the patients' scores on the modified mini-mental State Exam, they did find a difference. The group of patients on an antihypertensive other than an ACE inhibitor had a mean decline in exam scores of 0.64 points per year. Those on an ACE inhibitor had a mean decline of 0.38 points per year.

the patients on t difference in (n an ACE inhibitor that crossed the blood-brain barrier accounted decline. They had a mean decline of 0.32 points per year. for almost all of

The ACE inhibitors that do quinapril. The others are "centrally the blood-brain barrier active," Dr. Sink said. are enalapril, benazepril, moexipril,

is thought that decline by c e centrally decreasing active ACE inhibitors oxidative stress and preventing inflammation n the development the brain, she of. noted dementia

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\$1097-8690(07)70929-0

.1016/s1097-8690(07)70929-0

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