



ACEI danas

ACEI today

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Učinci angiotenzina II

KRVNE ŽILE	• vazokonstrikcija
SRCE	• inotropni i kronotropni učinak • koronarna vazokonstrikcija
NBŽ	• lučenje aldosterona i adrenalina
MOZAK	• lučenje vazopresina • stimulacija centra žeđi • povećana simpatička aktivnost
BUBREG	• vazokonstrikcija (E>A) • kontrakcija mezang. stanica • reapsorp. Na u proks. tubulu ↑ • sekrecija K u dist. tubulu ↑ • lučenje renina ↓
TROMBOCITI	• stimulacija adhezije i agregacije
ENDOTELNE STANICE	• inaktivacija NO (inhibicija eNOS) • ekspresija oxLDL receptora
SIMPATIČKI SUSTAV	• povećanje periferne noradrenergičke neurotransmisije • lučenje kateholamina iz srži NBŽ
FIBRINOLIZA	• ekspresija PAI-1 ↑
UPALA	• aktivacija i migracija makrofaga • ekspresija adhezijskih molekula ↑ (VCAM, ICAM, P-selektin) • citokina (IL-6), kemotaktičnih proteina (MCP-1)
TROFIČKI UČINCI	• hipertrofija kardiocita • stimulacija VSMC • stimulacija proto-onkogeni i MAPK-a • stvaranje faktora rasta ↑ (TGF-β1, PDGF, IGF-1, bFGF) • sinteza proteina ECM ↑ (fibronektin, kolagen I i III, laminin B1-B2)
ATEROSKLEROZA	• peroksidacija lipida, stvaranje superoksida, stimulacija NADH/NADPH

Angiotensin II Effects

BLOOD VESSELS	• vasoconstriction • inotropic and chronotropic effects
HEART	• coronary vasoconstriction • secretion of aldosterone and adrenaline
SUPRARENAL GLAND	• secretion of vasopressin • stimulating the thirst center • increased sympathetic activity
BRAIN	• vasoconstriction (E>A) • contraction of mesangial cells • re-absorption Na into prox. tubule ↑ • secretion K into dist. tubule ↑ • secretion of renin ↓
KIDNEY	• stimulation of adhesion and aggregation
THROMBOCYTES	• NO inactivation (eNOS inhibition) • expression oxLDL receptors
ENDOTHELIN CELLS	• increasing peripheral noradrenergic neurotransmission • secretion of catecholamine from core of suprarenal gland
SYMPATHETIC SYSTEM	• Expression PAI-1 ↑
FIBRINOLYSIS	• Activation and migration of macrophage • Expression of adhesive molecules ↑ (VCAM, ICAM, P-selectine) • cytokine (IL-6), chemotactic proteins (MCP-1)
INFLAMMATION	• Cardiocyte hypertrophy • Stimulation of VSMC • Stimulation of proto-oncogen i MAPK-a • Creation of growth factor ↑ (TGF-β1, PDGF, IGF-1, bFGF) • Protein synthesis ECM ↑ (fibronektin, collagen I and III, laminin B1-B2)
TROPHIC EFFECTS	• Lipid peroxidase, creation of superoxide, stimulation of NADH/NADPH
ATHEROSCLEROSIS	

Farmakologija ACE inhibitora

- Mogu biti podjeljeni s obzirom na različitu **apsorpciju, vezanje o bjelancevine plazme i o tkiva, poluživot** i način dostupnosti lijeka – **svi lijekovi ove klase slično snižavaju arterijski tlak**
- Osim kaptoprila i lizinoprila svi su prolijekovi
- Strukturno su različiti; razlikuju se po sulfhidrilnom, fosfinilnom ili karboksilnom postraničnom lancu
- lipofilnost

Pharmacology of ACE Inhibitors

- Can be divided according to various **absorption, linking of proteing plasma and body cells, half-life** and type of access to medication – **all medication of this class reduce blood pressure in a similar manner**
- Besides captopril and lisinopril, all are prodrugs
- Structurally are various; differ according to sulfhydryl, phosphoryl or carboxyl lateral chain
- lypophilicity

Mehanizam djelovanja ACE inhibitora

- **Neurohumoralni učinci:** ACE – pluripotentna serinska proteaza (konverzija AG I u AG II; degradira bradikinin – BK stimulira produkciju NO)
- **“Angiotenzinski bijeg”** kod dugotrajne upotrebe ACE inhibitora
- NSAID mogu umanjiti učinkovitost ACEI
- ACEI umanjuju refleksni odgovor SNS

Mechanism in ACE inhibitor action

- **Neurohumoral effects:** ACE – pluripotent serine protease (conversion AG I to AG II; degrades bradykinin – BK stimulates production of NO)
- **“Angiotensin escape”** for long-term use of ACE inhibitors
- NSAID can reduce the effectiveness of ACEI
- ACEI reduces the reflex response of SNS



ACE Inhibitori: učinkovitost

Snižavaju pobol i smrtnost u:



- Srčanoj dekompenzaciji
- Akutnom IM / Nakon-IM
- Kronična bolest koronarnih arterija
- Vaskularna / Cerebrovaskularna bolest
- Dijabetes (> 55 g + 1 rizik faktor)

Sigurni i učinkoviti u hipertenziji

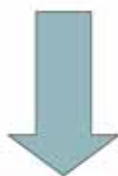
Renoprotektivni u bubrežnoj disfunkciji

Renoprotektivni i retinoprotektivni u DM

Reduciraju rizik razvoja DM

ACE Inhibitors: effectiveness

Reduce morbidity and mortality in:



- Heart failure
- Acute IM / after-IM
- Chronic coronary heart disease
- Vascular / Cerebrovascular disease
- Diabetes (> 55 year + 1 risk factor)

Safe and effective for hypertension

Renoprotective in renal dysfunction

Renoprotective and retinoprotective in DM

Reduces the risk in developing DM

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