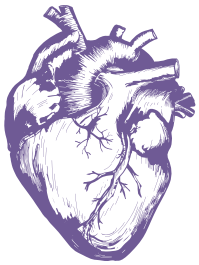

BÖLÜM 30

Anjiyotensin Dönüştürücü Enzim İnhibitörleri ve Anjiyotensin Reseptör Blokörleri

Mehmet Murat YİĞİTBAŞI [1]

GİRİŞ

Tanı ve tedavi yöntemlerindeki tüm gelişmelere rağmen, akut koroner sendromlar (AKS) özellikle de ST yükselmeli miyokard enfarktüsü (STEMI) endüstrileşmiş dünyada önemli bir halk sağlığı problemi olmaya devam etmektedir ve gelişmekte olan ülkelerde önemli bir artış göstermektedir (1). Son dönemde duyarlılığı daha yüksek belirteçlerin kullanıma girmesiyle AKS'ler içerisinde STEMI oranı düşmekle beraber (2) erken dönem mortalite oranı %5-6, ilk 1 yıl mortalite oranı %7-18 arasındadır (3,4).

Modern tıpta STEMI yönetimi, 20. yüzyılın başlarında klinik gözlem ve sonrasında koroner yoğun bakım ünitesi fazlarındayken, teknolojinin gelişimi ve reperfüzyon dönemiyle beraber büyük bir atılım yakalamıştır (5). Reperfüzyon dönemiyle beraber, önce fibrinoliz sonrasında primer perkütan girişim ve buna eşlik eden kılavuza yönelik optimal medikal tedavinin rutine dönüşmesi, kanıta dayalı tedavinin uygulanmasını arttırmış ve STEMI sonrası tüm klinik sonuçları iyileştirmiştir (6).

Renin - Anjiyotensin - Aldosteron sistemi (RAAS) normal fizyolojide kardiyovasküler sistemin önemli bir parçasıdır. Kan basıncının yükseltilmesi, sodyum retansiyonu, arterler üzerinde vazokonstrüksiyon ve adrenal bezden aldosteron salgılanması önemli fonksiyonları arasındadır. Ayrıca, kalpte pozitif inotropik ve kronotropik etkiler gösterir, nörohumoral sistem üzerinden susama, tuz iştahı, sempatik sistem aktivasyonu ve vazopressin salgılanmasında önemli rolleri mevcuttur (7). Bütün bu etkiler normal fizyolojide bir insanda homeostazinin devamı için elzem olsa da miyokard enfarktüsünde RAAS'ın aktivasyonu, oksidatif strese, endotelyal disfonksiyona ve inflamasyona sebep olarak kardiyovasküler sistem üzerinde zararlı etkiler oluşturmaktadır (8,9).

Anjiyotensin Dönüştürücü Enzim (ACE) inhibitörleri ve Ajiyotensin II Reseptör Blokörlerİ (ARB) RAAS'ın STEMI geçiren hastalarda oluşturduğu etkileri ortadan kaldırmak maksadıyla uzun zamandan beri kullanılmakta olup optimal medikal tedavi içinde yer almaktadır. Güncel olarak STEMI sonrası sol ventrikül ejeksiyon fraksiyonu (LVEF) <%40 olan veya kalp yetersizliği semptomları olan hastalarda, diyabetiklerde, hipertansif hastalarda, kontrendikasyon yoksa kronik böbrek hastalarında ACE inhibitörleri rutin tedavide önerilmektedir. ACE inhibitörlerini tolere edemeyen hastalarda da ARB'ler aynı şekilde önerilmektedir.

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cel kılavuzlar STEMI geçiren hastalarda, anterior lokalizasyon olması veya LVEF<%40 olması veya kalp yetersizliği semptomları olması halinde ACE inhibitörlerini kesin olarak birinci basamak tedavide erken dönemde başlanmak üzere önermektedir. Bu özellikleri barındırmayan hastalarda da aynı kanıt düzeyinde olmamakla birlikte kuvvetli öneri mevcuttur. Herhangi bir sebeple ACE inhibitörü kullanamayan hastalarda da ARB'ler aynı şekilde önerilmektedirler.

Anjiyotensin dönüştürücü enzim inhibitörleri ve ARB'ler yan etki profilleri düşük, birçok farklı mekanizma ile kardiyoprotektif etki gösteren, uygun maliyetli ilaç gruplarıdır. Hipertansiyonu olan, kalp yetersizliği olan veya STEMI geçiren hastalarda, herhangi bir engel bulunmadığında, bu ilaçlar tedavi seçenekleri arasında öncelikli olarak düşünülmelidir.

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