

ACE Inhibitors (1 of 2)

What are ACE Inhibitors?

Angiotensin-converting enzyme (ACE) inhibitors are drugs used commonly in the treatment of high blood pressure.

There are many different brands of ACE Inhibitors e.g. Enalapril, Lisinopril, Perindopril and Ramipril.

Controlling high blood pressure is very important in people with diabetes. It reduces the risk of developing complications, in particular heart disease and damage to kidneys and eyes (see separate leaflets on High Blood Pressure and Kidney Damage for more detail).

Even if kidney disease has started to develop, controlling blood pressure can greatly slow its progression. ACE Inhibitors are particularly effective in reducing the risk of kidney problems.

How do ACE Inhibitors work?

ACE Inhibitors work by blocking the action of a chemical called Angiotensin-Converting Enzyme (ACE). This enzyme is responsible for controlling blood pressure. It does this by making the blood vessels in the body (the veins and arteries) constrict. This makes it harder for the blood to flow through them and so it increases blood pressure. By stopping this enzyme working, ACE inhibitors reduce blood pressure.

ACE Inhibitors and the Kidney

Early kidney damage can be diagnosed by a urine test that tests for the presence of protein in the urine (microalbuminuria). This protein is an indication that kidney damage has started. This is why people with diabetes should have their urine checked at least once a year.

A blood test should also be done every year to test for the presence of creatinine, which helps identify any problems with kidney function.

Early kidney damage is treatable with ACE Inhibitors but, if it goes unchecked, it can get worse and lead to serious complications.

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Starting on ACE Inhibitors

ACE Inhibitors need to be started very carefully, in small doses and then increased to achieve the best effect. The doctor then monitors blood pressure and urine every three to six months to ensure there is no kidney damage. The doctor should carry out some blood tests in the early stages of treatment (within one month at least) to make sure that any kidney problems are not made worse.

Side Effects

Although not all patients will experience side-effects from taking ACE Inhibitors, possible side-effects include: a persistent dry cough; low blood pressure with dizziness and headaches; nausea and diarrhoea.

Always read the leaflet provided with your tablets.

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