



ACE inhibitors and angiotensin II receptor blockers

[FAQs \(?tab=FAQs\)](#)

Published by Bupa's Health Information Team, July 2011.

This section contains answers to common questions about this topic. Questions have been suggested by health professionals, website feedback and requests via email.

Why does my age affect whether I am prescribed an angiotensin-converting enzyme (ACE) inhibitor?

Answer

ACE inhibitors may not be as effective at reducing blood pressure in people over the age of 55 compared to people who are younger. So if you are aged 55 or over, your doctor will try to control your blood pressure with another type of medicine first.

Explanation

ACE inhibitors seem to be better at lowering blood pressure in younger people. This is thought to be because younger people with high blood pressure may have a higher level of a chemical called renin in their bodies. Your body needs renin to make angiotensin I – which is converted into angiotensin II. It is the effects of angiotensin II that raise your blood pressure.

Medicines such as ACE inhibitors that affect the renin-angiotensin system are therefore thought to have a better effect in younger people.

ACE inhibitors are also not as effective at lowering blood pressure in African-Caribbean people, because people in this ethnic group tend to have lower levels of renin than Caucasian people, for example.

If you have high blood pressure and are over 55 or are African-Caribbean, your doctor will usually prescribe a diuretic or a calcium-channel blocker first to try to control your blood pressure. If you don't respond to this medicine, he or she may then also prescribe an ACE inhibitor.

How do ACE inhibitors help people with diabetes?

Answer

If you have diabetes, ACE inhibitors help to protect your kidneys from becoming damaged as a result of your condition.

Explanation

If you have diabetes, you are at higher risk of getting kidney disease. This is because the high levels of glucose associated with diabetes can damage the small blood vessels in your kidneys.

High blood pressure can cause further damage to your kidneys. So if you have diabetes, it is especially important to keep your blood pressure under control. ACE inhibitors are recommended to control blood pressure in people with diabetes, as they seem to offer better protection against kidney disease than other medicines for high blood pressure.

If you have diabetes, your doctor will prescribe an ACE inhibitor or an angiotensin II receptor blocker if tests show you have early signs of kidney disease or high blood pressure.

Can I drink alcohol when I'm taking ACE inhibitors or angiotensin II receptor blockers (ARBs)?

Answer

If you've been prescribed an ACE inhibitor or an ARB, you should always check with your doctor whether it is safe for

your to drink alcohol and how much.

Explanation

ACE inhibitors and ARBs are mainly used to treat high blood pressure. These medicines block the actions of chemicals released by your kidneys that work to increase your blood pressure. Alcohol relaxes your blood vessels and slows your heart rate.

If you are taking ACE inhibitors or ARBs, alcohol can enhance the effects and lower your blood pressure too much. Low blood pressure is a common side-effect in people taking ACE inhibitors and ARBs and drinking alcohol makes it even more likely to happen.

You may feel dizzy, light-headed and your blood pressure may drop to a point where you faint or have a heart attack.

Always ask your doctor for advice and read the patient information leaflet that comes with your medicine.

Do angiotensin II receptor blockers (ARBs) increase your risk of cancer?

Answer

No, ARBs don't increase your risk of cancer.

Explanation

In 2010, a study published in the Lancet Oncology suggested that people taking ARBs had a slightly increased risk of cancer compared to those not taking the medicine. The researchers had looked at information from five clinical trials.

In response, the US Food and Drug Administration (FDA) carried out a safety review of ARBs. The FDA looked at 31 randomized clinical trials, evaluating data from a total of over 84,000 people taking ARBs. The FDA found no evidence to suggest ARBs increased the risk of cancer.

If you're taking ARBs and have any concerns, it's important to talk to your doctor or the healthcare professional who prescribed your medicine before you stop taking it.

For our main content on this topic, see [Information \(/individuals/health-information/directory/a/ace-inhibitors?tab=Information\)](/individuals/health-information/directory/a/ace-inhibitors?tab=Information).

For sources and links to further information, see [Resources \(/individuals/health-information/directory/a/ace-inhibitors?tab=Resources\)](/individuals/health-information/directory/a/ace-inhibitors?tab=Resources).

This information was published by Bupa's Health Information Team and is based on reputable sources of medical evidence. It has been reviewed by appropriate medical or clinical professionals. Photos are only for illustrative purposes and do not reflect every presentation of a condition. The content is intended only for general information and does not replace the need for personal advice from a qualified health professional. For more details on how we produce our content and its sources, visit the [About our Health Information \(/individuals/health-information/about-health-information\)](/individuals/health-information/about-health-information) page.

Publication date: July 2011

