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Eprosartan
A Viewpoint by Anders Himmelmann

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The nonpeptide angiotensin II antagonists effectively lower elevated blood pressure and have a tolerability profile similar to that of placebo. Although they appear similar, there may be differences between the drugs of the angiotensin II antagonist class.

Eprosartan, a competitive angiotensin II receptor inhibitor with a high affinity for the AT_1 receptor subtype, effectively lowers elevated blood pressure when given once daily. It is not metabolised in the liver and does not affect cytochrome P450 enzymes. Consequently there are no known drug interactions.

Of particular interest is the recent finding that eprosartan, but not losartan potassium, valsartan or irbesartan, inhibits the sympathetic outflow through spinal cord stimulation in the pithed rat, indicating that a prejunctional angiotensin II receptor blockade may be peculiar to eprosartan. This suggests that eprosartan may be more effective in lowering systolic blood pressure and in treating isolated systolic hypertension.

In elderly patients, isolated systolic hypertension is a common type of untreated hypertension and is associated with an increased risk of cardiovascular disease. The benefit of treating systolic hypertension in elderly patients was proven in the Systolic Hypertension in the Elderly Program (SHEP).

The favourable adverse event profile of eprosartan, its increased bioavailability with advancing age, its low potential for drug interactions and its inhibition of the sympathetic outflow suggest that eprosartan may be particularly useful in elderly patients with systolic hypertension. However, the true value of eprosartan can be determined only in a well designed clinical trial evaluating its effects on morbidity and mortality. ▲