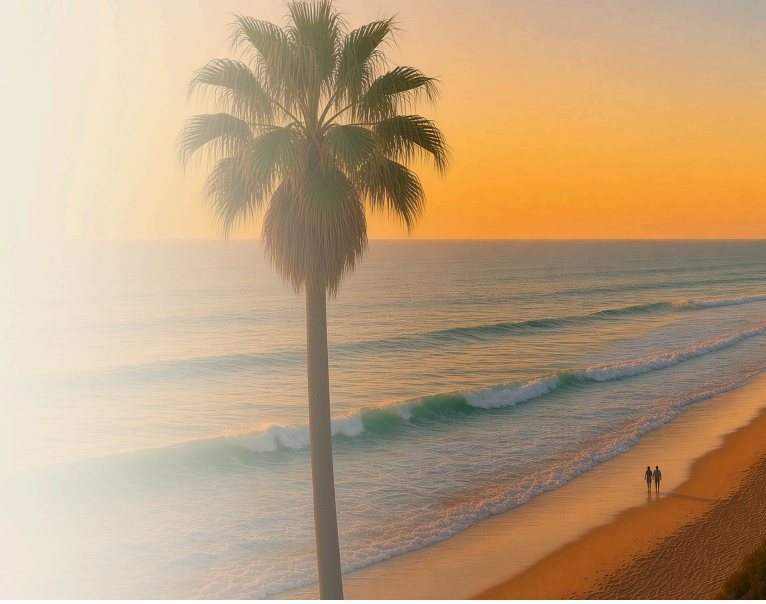
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ARB or ACE Inhibitor

Two drug classes that interrupt the same chain at different points. Why your doctor might pick one, or switch you.

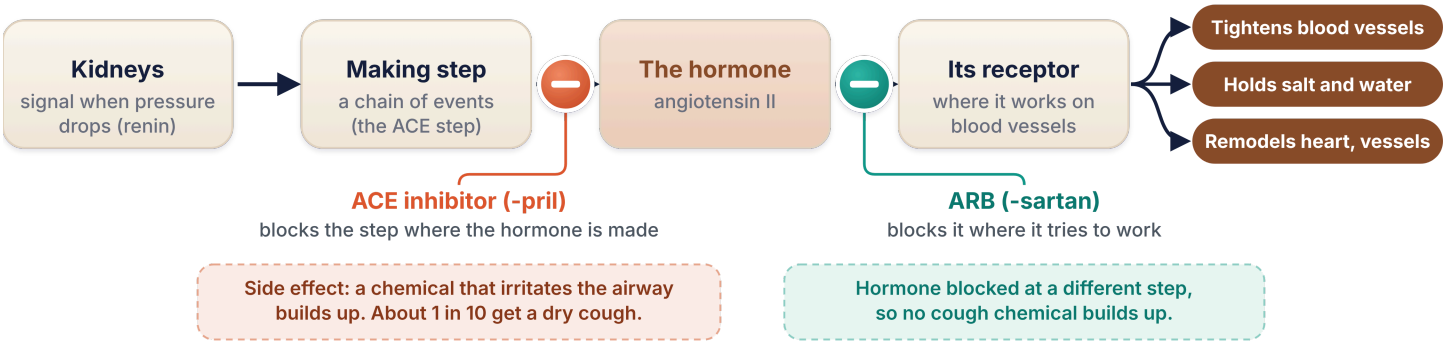
1 in 10
about how many people on an ACE inhibitor get a dry cough that won't quit

1 to 2 wk
for that cough to usually clear after switching to an ARB

4
medications in the full modern recipe for heart failure with weak pumping

WHAT THESE DRUGS DO

Same chain, different points



Either block, similar end result. Blood pressure comes down, the heart works against less resistance, the kidneys are protected.

This system keeps you from passing out when you stand up too fast. Left switched on, as with high blood pressure, heart failure and some kidney disease, it slowly damages the heart and kidneys.

ARE THEY INTERCHANGEABLE?

For everyday blood pressure, mostly yes

Similar results
Similar drops in blood pressure and similar protection over years. Head to head, outcomes were nearly identical.

The cough
No one can predict who gets it, and cough drops don't help. Switching to an ARB is the only fix.

Never both together
Combining the two caused more side effects without better outcomes, and the practice was abandoned.

Keep taking it

If you're tolerating your medication, keep taking it. The protection builds over years. If you have side effects, talk to your prescriber. Most can be solved by switching within the class, switching classes or adjusting the dose.

CHOOSING AND LIVING WITH THEM

Which one when, and what to watch for

WHERE EACH IS OFTEN FIRST

ACE inhibitor (-pril)	In the weeks after a heart attack, especially if a meaningful piece of heart muscle was affected. Decades of evidence show fewer deaths and less heart failure. For diabetic kidney disease with protein in the urine, both work, and ACE inhibitors have the longest track record. Dr. Rasch also usually picks one for vascular disease plus diabetes or other risk factors.
ARB (-sartan)	After cough or other trouble on an ACE inhibitor. Sometimes as a first blood pressure drug with no reason to favor either, since the cough risk is close to zero.
Black patients	Calcium channel blockers and water pills tend to work a bit better as a single drug. ACE inhibitors and ARBs are still used, especially with heart failure or kidney disease, and are often added on top of another drug.
Weakened heart	Entresto, an ARB paired with a second ingredient, beat an ACE inhibitor alone in a large trial and is the preferred start for people who can tolerate and afford it. It works alongside a beta blocker, spironolactone and an SGLT2 inhibitor.

SIDE EFFECTS TO WATCH

Swelling (angioedema)	Rare but serious on ACE inhibitors (about 0.3%), and less likely on ARBs (about 0.11%). Entresto is similar to other ARBs, with more risk in the first weeks after switching from an ACE inhibitor. If it ever happens, never take an ACE inhibitor again, and be cautious with ARBs.
Potassium	Both can raise it. Watch potassium supplements and salt substitutes, and get your bloodwork a couple of weeks after starting.
Kidney numbers	A small rise in the first weeks is expected and isn't damage, while a bigger jump needs evaluation. Don't stop on your own.
Low pressure	Lightheadedness, especially in the first week or after a dose increase.
Pregnancy	Neither class is safe. They can damage a developing baby's kidneys. Use reliable contraception, and switch as soon as you plan to conceive or a pregnancy is confirmed.

WHEN TO GET HELP

Call 911	Sudden swelling of the face, lips, tongue or throat, or trouble breathing or swallowing after a dose. Stop the medication until you've been seen.
Call the same day	Severe lightheadedness, fainting, unexplained muscle weakness, or a clear drop in how much you urinate after a change.
Within a few days	A new dry cough after starting an ACE inhibitor, persistent dizziness on standing, or home readings running too high or too low.

DURING A STOMACH BUG

If you're vomiting, have diarrhea or can't keep fluids down, holding the medication for a day or two is reasonable. Restart once you're eating and drinking again. Follow your written sick-day plan if you have one, or call the office.

READ THE FULL ARTICLE

damianrasch.com/
arb-vs-ace-inhibitor-comparison

For education only, and not a substitute for advice from your own physician. Sources include the CONSENSUS and SOLVD trials, published trials of sacubitril/valsartan, telmisartan, ramipril, valsartan and candesartan, the 2017 ACC/AHA blood pressure guideline and the 2022 AHA/ACC/HFSA heart failure guideline.

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