**COMPARABLE LONG-TERM PROGNOSIS AFTER THE CHANGE FROM ANGIOTENSIN-CONVERTING ENZYME INHIBITOR TO ANGIOTENSIN RECEPTOR BLOCKER IN ACUTE MYOCARDIAL INFARCTION**

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*Background*: Current guidelines recommend that angiotensin-converting enzyme inhibitor (ACEi) should be used as the first choice for post myocardial infarction (MI) treatment and angiotensin II receptor blocker (ARB) should be considered in patients who are intolerant to ACEi treatment. Although 2 large randomized clinical trials were published on the early 2000s, there have been a little data about head-to-head comparisons at percutaneous coronary intervention (PCI) era.

*Methods*: We consecutively enrolled acute myocardial infarction (AMI) patients who underwent PCI in the COREA-AMI (CardiOvascular Risk and idEntificAtion of potential high-risk population in AMI) registry including nine major university hospitals throughout South Korea from January 2004 to December 2009. The primary endpoint was the incidence rates of all-cause death and landmark analysis for 1-year post-MI survivors were performed.

*Results*: Of 4,748 AMI patients, 2,405 and 1,320 patients were treated with ACEi and ARB at discharge, respectively. Among 4,200 patients who were alive at 1 year stably without non-fatal MI or stroke, 799 and 795 patients have continued to take ACEi (Group A) or ARB (Group B), and 798 patients have changed from ACEi to ARB (Group C). Median follow-up duration was 43.8 months (interquartile range 29.8 to 60.5 months). Within the first year, survival in ARB group (45 death, 3.4%) was not different with ACEi group (69 death, 2.9%) (p=0.37). After 1 year from index PCI, all-cause death were 4.3% in group A, 5.8% group B (p=0.06 vs. group A), and 4.9% in group C (p=0.57 vs. group A). Overall findings were consistent in propensity matched population.

*Conclusion*: 1-year mortality of ARB was similar with ACEi in patients with AMI undergoing PCI. In addition, to switch from ACEi to ARB or to continue taking ARB at 1 year showed comparable long-term survival with ACEi in the stable post-MI 1-year survivors.