**THE SAFETY AND EFFECTIVENES OF DOUBLE RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM BLICKADE IN ACUTE MYOCARDIAL INFARCTION**

H.G. Hayrapetyan, **F.H. Muradyan**

Erebouni MC, Yerevan, Armenia

Objective: The aim of the study was to assess how clinically is safe and effective to apply to double RAAS blockade in early stages of STEMI.

Methods: We studied 134 patients with STEMI, who underwent EchoCG within 24 hours of admission for determining LV EDV and NT pro-BNP, creatinine (C) and potassium (P). All patients started treatment with 5 mg/day of perindopril. Since the 7th day, patients were randomized to receive (a) 80 mg/day of valsartan

(Group 1, n=40); (b) 150 mg/day of aliskiren (Group 2, n=44); and (c) continue with perindopril (Group 3, n=50). EchoCG and blood serum analyses were repeated by the end of the 2nd month and all cases of cardiac events and deaths as well as adverse drug reactions (ADR) or intolerance were carefully recorded.

Results: Levels of P and C were almost identical and relatively stable in three groups with no significant changes. Neither ADRs nor intolerance cases were observed in all groups. Cases of cardiac events and deaths were evenly distributed among three groups (8.8% in Group 1, 9.0% in Group 2 and 8.7% in Group 3, p>0.05). NT

pro-BNP level significantly decreased only in Group 2 (from 1125pg/ml to 734 pg /ml, 34.7%, p<0.001). We observed no significant among-group differences in LV EDV in both EchoCGs.

Conclusion: In early stages of STEMI, double RAAS blockade is shown as a safe, but clinically not an effective approach with any prognostic value. We observed only a decrease in serum NT pro-BNP in adding of aliskiren.