

SIGNIFICANCE STATEMENT

Whether use of angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), or the two in combination prevents mortality or ESRD in people with albuminuria and cardiovascular risk factors is uncertain; evidence from randomized trials relies on subgroup analyses or is inconclusive. The authors describe findings from a multicenter, randomized clinical trial involving 1243 evaluable patients with moderate or severe albuminuria and cardiovascular risk factors. Although the trial was stopped early with low power due to slow enrollment, it found that ACE inhibitors or ARBs used alone or in combination seem to have similar cardiovascular and renal outcomes, consistent with earlier studies. ACE inhibitor and ARB treatment may yield similar outcomes in people with albuminuria and cardiovascular risk factors, although ARB monotherapy may be better tolerated.