The Association of Isosorbide-5-Mononitrate to an ACE Inhibitor Started Early After Myocardial Infarction Improves Left Ventricular Structure and Function Over Three Months: The Delapril and Remodelling in Acute Myocardial Infarction (DRAMI) Study

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Background. ACE inhibitor (ACEI) started early after AMI reduce mortality and morbidity. A subanalysis of the DIS3-3 study suggested additional benefit when a nitrate was associated to the ACEI. DRAMI was a multicentre, randomised, double-blind study to (1) verify whether isosorbide-5-mononitrate (IS5MN) added to an ACEI enhances its beneficial effects on LV remodelling, and (2) assess the tolerability of a new ACEI, delapril (D), in comparison to isosorbid dinitrate (L).

Methods. 177 patients were randomised to D or L with IS5MN or placebo (4 groups) within the first 36h of AMI. IS5MN was added to any nitrate if needed. The primary endpoint was LV remodelling after 6 months. Secondary endpoints were: left ventricular mass (LVM) at 6 months, response to dipyridamole stress thallium SPECT at 3 months, exercise capacity and quality of life.

Results: By on-treatment analysis, low-medium dose warfarin/aspirin combination (WAR) reduced stroke incidence in CHAMP.

Conclusions: Six weeks of pretreatment with IS5MN and/or quinapril reduced arrhythmias; maximum vasorelaxation (Vasorelax) in groups L and LQ was higher than controls. Conclusion: The analysed mortality and morbidity endpoints confirm that carvedilol had comparable effects in women and men. Although women were underrepresented as in most large scale trials, the consistent findings suggest a uniform protective role for carvedilol irrespective of gender.