CONCLUSION
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The main facts drawn from this study are

1)- The different antihypertensive agents despite lowering the blood pressure to target level differ in their ability to regress the LVH and other parameters (pathological changes) related to Hypertensive Heart Disease. Probable cause for this difference is not their different ability to reduce the after load but their different impact on neurohormonal process responsible for LVH. This conclusion has important long-term consequences as regression of LVH in these patients leads to improved survival. In my study ACE Inhibitor-Ramipril was associated with more regression of LVMI than β blocker Atenolol and this finding is statistically significant.

2)- The parameter for evaluation of diastolic dysfunction (E/A ratio) was appreciably improved by β blocker than ACE Inhibitor Ramipril.

Thus β blockers may prove more beneficial in isolated diastolic heart failure in elderly.

3)- The ejection fraction, a measurement of systolic function is depressed with use of β blockers in comparison to ACE Inhibitor Ramipril, though this finding was statistically not significant (p > 0.89).