

Correspondence

Risk of severe anaphylaxis for patients with *Hymenoptera* venom allergy: Are angiotensin-receptor blockers comparable to angiotensin-converting enzyme (ACE) inhibitors?

To the Editor:

In the November issue of the Journal, Ruëff et al¹ state that “The effect of ACE inhibitors, which was independent of age, suggests a specific role for the kinin-angiotensin system within the mechanisms causing allergic shock. Our results provide an argument for the substitution of ACE inhibitor medication in untreated patients with *Hymenoptera* venom allergy (page 1053).”

It would be of great clinical importance, especially from the viewpoint of general practitioners, to know whether they have taken into consideration, in their analysis, other drugs interfering with the renin-angiotensin-aldosterone system, namely the angiotensin-receptor blockers (ARBs).

Drugs blocking the renin-angiotensin-aldosterone system are widely used to treat arterial hypertension, heart failure, and coronary heart disease. Their favorable pharmacodynamic characteristics compared with other antihypertensive drugs make ARBs and ACE inhibitors the preferred drugs in patients with hypertension, especially those with comorbidities such as kidney or heart damage/disease, diabetes mellitus, and the metabolic syndrome.²

Angiotensin-receptor blockers are considered safer than ACE inhibitors³ as far as cough and angioedema are concerned, and at least equally effective. The ARBs' effect on the cardiovascular adaptive mechanisms is thought to be an untoward one, because they may blunt the endogenous compensatory response in case of shock. Nonetheless, they do not appear to interfere directly with the kinin system, being selective blockers of the AT₁ receptor

for angiotensin II, a pharmacodynamic step downstream from ACE inhibition.

On the basis of this, should we be concerned with all the renin-angiotensin-aldosterone system-blocking drugs and extend the authors' considerations regarding ACE inhibitors to ARBs, or are further data and analysis required? Should patients with *Hymenoptera* venom allergy, at risk for a systemic reaction (grade I-II, according to Ring and Messmer),⁴ whose underlying cardiovascular condition strongly suggest maintenance of an ARB (or an ACE inhibitor) in their therapeutic plan, be considered candidates for venom immunotherapy?

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