ISSN : 0974 - 7435

Volume 10 Issue 12





An Indian Journal

= FULL PAPER BTAIJ, 10(12), 2014 [5973-5978]

## **Research hotspots analysis of ACE-Is pharmacological action by PubMed**

Hou Jinjie\* Xingtai Medical College, 054000, Xingtai, Hebei, (P.R.CHINA) E-mail : wein871@sohu.com

# ABSTRACT

To understand the research hotspots of Angiotensin-converting enzyme inhibitors (Pharmacological Action) by PubMed. Methods: With MS Excel, SPSS, Cytoscape software, we took MeSH (Medical Subject Headings) word frequency analysis, clustering analysis, co-word network graph of PubMed papers. Results: It shows that the main research hotspot of ACE-Is (pharmacological action) is Antihypertensive Agents of ACE-Is for Hypertension, also it is beneficial to Heart Failure, Myocardial Infarction, Type 2 Diabetes Mellitus, Diabetic Nephropathies, Kidney Diseases, Left Ventricular Dysfunction, and so on. Conclusion: It is helpful and timesaving for researcher or doctor to understand the research hotspots with ACE-Is (Pharmacological Action).

# **KEYWORDS**

Angiotensin-converting enzyme inhibitors (ACE-Is); Pharmacological action; Word frequency analysis; Clustering analysis; Co-word network graph; Antihypertensive agents; Hypertension.

© Trade Science Inc.



#### INTRODUCTION

Angiotensin-converting enzyme inhibitors (ACE-Is) are widely used in the therapy of cardiovascular diseases<sup>[1]</sup>. There are lower cardiac mortality of ACE-Is in clinical practice than other related drug<sup>[2]</sup>. Although ACE-Is remain a cornerstone in the management of hypertension, and especially cardiovascular protection<sup>[3]</sup>. Several randomized, controlled trials show that angiotensin-converting enzyme (ACE) inhibitors improve survival in patients who have had an acute myocardial infarction<sup>[4]</sup>. It is beneficial for patients with cardiovascular disease.

At present the fundamental clinical research of ACE-Is is mainly related to the research of antiatherosclerosis, treatment of myocardial infarction, heart failure and reducing the mortality of cardiovascular events, and so on, but there are not the pharmacological research hotspot analysis of ACE-Is. We hope that through this research the analysis of the Medical Subject Headings (MeSH) can draw the outline of ACE-Is (Pharmacological Action) research hotspot.

Therefore this research retrieved the ACE-Is (pharmacological action) papers of PubMed (http://www.ncbi.nlm.nih.gov/pubmed), got 12887 papers, and analyzed MeSH of above papers using Co-word Analysis<sup>[5]</sup>.

## MATERIAL AND METHODS

First, we retrieved PubMed papers with default Publication dates, did it at 30 November 2013. Second, search terms was "Angiotensin-Converting Enzyme Inhibitors" [Pharmacological Action] AND ("2003/11/30" [PDAT] : "2013/11/30" [PDAT]). Third, using Microsoft Excel we recorded All Major Topic MeSH (Majr terms) of above papers, and sort and filter the terms, and looked for the high frequency terms (occurrences), and we also counted occurrences of two high frequency terms together in the same paper, setting up the original co-word matrix. Fourth, the statistical analysis: we made Majr term's clustering analysis using SPSS13.0 statistical software, draw the co-word network graph of the high frequency terms using Cytoscape software<sup>[6]</sup>.

## THE MAJR TERMS ANALYSIS OF PAPERS ABOUT WARFARIN

## The majr terms word frequency analysis

We retrieved 12887 papers, all with MeSH terms, we extracted Majr terms and established the Majr terms database. We got 44 Majr terms of ACE-Is (pharmacological action) which occurrences frequency was over 166. From TABLE 1, we can infer that the main research hotspot of ACE-Is (pharmacological action) is Antihypertensive Agents of ACE-Is for Hypertension, also it is beneficial to Heart Failure, Myocardial Infarction, Type 2 Diabetes Mellitus, Diabetic Nephropathies, Kidney Diseases, Left Ventricular Dysfunction, and so on.

## Clustering analysis of the high frequency majr terms

This research used hierarchical clustering analysis which is one of the most commonly used Classify analysis to analyze the top 36 Majr terms which occurrences frequency was over 230 times), drew a dendrogram, and the results were shown in Figure 1.

| Ranking | MeSH terms                                     | <b>Occurrences frequency (times)</b> |
|---------|--|--------------------------------------|
| 1       | Angiotensin-Converting Enzyme Inhibitors       | 5460                                 |
| 2       | Hypertension                                   | 2965                                 |
| 3       | Antihypertensive Agents                        | 2239                                 |
| 4       | Angiotensin II Type 1 Receptor Blockers        | 1547                                 |
| 5       | Heart Failure                                  | 1380                                 |
| 6       | Renin-Angiotensin System                       | 983                                  |
| 7       | Benzimidazoles                                 | 882                                  |
| 8       | Benzoates                                      | 758                                  |
| 9       | Cardiovascular Diseases                        | 714                                  |
| 10      | Blood Pressure                                 | 651                                  |
| 11      | Myocardial Infarction                          | 646                                  |
| 12      | Enalapril                                      | 641                                  |
| 13      | Diabetes Mellitus, Type 2                      | 596                                  |
| 14      | Captopril                                      | 553                                  |
| 15      | Angiotensin Receptor Antagonists               | 531                                  |
| 16      | Ramipril                                       | 470                                  |
| 17      | Perindopril                                    | 464                                  |
| 18      | Diabetic Nephropathies                         | 454                                  |
| 19      | Adrenergic beta-Antagonists                    | 444                                  |
| 20      | Kidney Diseases                                | 434                                  |
| 21      | Peptidyl-Dipeptidase A                         | 428                                  |
| 22      | Kidney Failure, Chronic                        | 421                                  |
| 23      | Tetrazoles                                     | 399                                  |
| 24      | Kidney   | 351                                  |
| 25      | Calcium Channel Blockers                       | 331                                  |
| 26      | Angiotensin II                                 | 329                                  |
| 27      | Lisinopril                                     | 307                                  |
| 28      | Proteinuria                                    | 255                                  |
| 29      | Diuretics                                      | 254                                  |
| 30      | Atrial Fibrillation                            | 254                                  |
| 31      | Coronary Artery Disease                        | 254                                  |
| 32      | Endothelium, Vascular                          | 245                                  |
| 33      | Stroke   | 244                                  |
| 34      | Ventricular Dysfunction, Left                  | 242                                  |
| 35      | Losartan                                       | 232                                  |
| 36      | Angioedema                                     | 230                                  |
| 37      | Cardiovascular Agents                          | 207                                  |
| 38      | Coronary Disease                               | 199                                  |
| 39      | Mineralocorticoid Receptor Antagonists         | 193                                  |
| 40      | Hydroxymethylglutaryl-CoA Reductase Inhibitors | 192                                  |
| 41      | Amlodipine                                     | 187                                  |
| 42      | Renin  | 180                                  |
| 43      | Valine   | 177                                  |
| 44      | Albuminuria                                    | 166                                  |

#### TABLE 1 : The top 44 majr terms about ACE-is (pharmacological action)

From the Figure 1, except individual MeSH term as "Benzoates; Enalapril; Losartan; Captopril; Adrenergic beta-Antagonists; Tetrazoles ", we could seen the high frequency Majr terms could be divided into the following five groups. Group 1 contains Majr terms ("Benzimidazoles; Angiotensin II Type 1 Receptor Blockers; Diabetes Mellitus, Type 2; Diabetic Nephropathies; Cardiovascular Diseases; Ramipril"), it prompts that ACE-Is, especially Ramipril, are beneficial to Type 2 Diabetes Mellitus<sup>[7]</sup>,

Diabetic Nephropathies<sup>[8]</sup>, Cardiovascular Diseases<sup>[9]</sup>; Angiotensin receptor blockers (ARBs) are usually constituted of Benzimidazoles compounds<sup>[10]</sup>. Group 2 contains Majr terms ("Kidney Failure, Chronic; Proteinuria; Kidney Diseases; Kidney"), it suggests that ACE-Is are beneficial to Kidney Diseases<sup>[11]</sup>. Chronic Kidney Failure<sup>[12]</sup>, it also can reduce the proteinuria<sup>[13]</sup>. Group 3 contains Majr terms ("Angiotensin-Converting Enzyme Inhibitors; Angiotensin Receptor Antagonists; Renin-Angiotensin System; Atrial Fibrillation"), it suggests that ACE-Is and ARB are the two major categories of renin angiotensin - aldosterone system (RAAS) blockers, both the world health organization (WHO) and hypertension treatment guidelines recommend to use one of above as the important antihypertensive drugs. ACE-Is and ARB have become the new drugs to prevent atrial fibrillation<sup>[14]</sup>. Group 4 contains Majr terms ("Perindopril; Stroke; Calcium Channel Blockers; Diuretics; Hypertension; Antihypertensive Agents; Blood Pressure"), it suggests that ACE-Is (for example Perindopril), Calcium Channel Blockers and Diuretic are main of antihypertensive drugs, also beneficial to Stroke<sup>[15]</sup>. Group 5 contains Majr terms ("Coronary Artery Disease; Endothelium, Vascular"), it suggests that ACE-Is have the effect of protecting vascular endothelium<sup>[16]</sup>, and at the same time are good for coronary artery disease. Group 6 contains Majr terms ("Peptidyl-Dipeptidase A; Angiotensin II"), it suggests that angiotensin converting enzyme (ACE) also are called as peptidyl dipeptidase A. Group 7 contains Majr terms ("Myocardial Infarction; Ventricular Dysfunction, Left; Heart Failure"), it suggests that ACE-Is are used to treat Myocardial Infarction, Left Ventricular Dysfunction and Heart Failure<sup>[17]</sup>. Group 8 contains Majr terms ("Lisinopril; Angioedema"), it suggests that ACE-Is (for example Lisinopril) have some side-effect, such as angioedema<sup>[18]</sup>. The above clustering results suggest that several Majr terms within one group have certain inherent logic connection between eachother.



Figure 1 : Hierarchical clustering analysis dendrogram of majr terms

#### Co-word network graph of the high frequency Majr terms pair

By analyzing the top 15 Majr terms which word frequency were over 531 times, we got the top 13 Majr terms pair (A and B, see TABLE 2) and co-word network graph of the Majr terms pair (see Figure 2). Especially the first Majr terms pair of "Hypertension" and "Antihypertensive Agents"

#### Hou Jinjie

appeared 1464 times in the same paper, it was far higher than that of the second MeSH terms pair (1162 times, "Angiotensin-Converting Enzyme Inhibitors" and "Hypertension").

In Figure 2 the edge represents the concurrence relationship between Majr terms pair and if there are many edge between one Majr term to other Majr term, it suggests that the one Majr term is more important, it is in the center of the research hotspots. So we could infer that the main research hotspot is ACE-Is antihypertensive effect for Hypertension.

| Ranking | MeSH terms A                             | MeSH terms B                            | Co-word occurrences<br>frequency<br>(times) |
|---------|--|---|---|
| 1       | Hypertension                             | Antihypertensive Agents                 | 1464  |
| 2       | Angiotensin-Converting Enzyme Inhibitors | Hypertension                            | 1162  |
| 3       | Angiotensin-Converting Enzyme Inhibitors | Angiotensin II Type 1 Receptor Blockers | 1003  |
| 4       | Angiotensin-Converting Enzyme Inhibitors | Antihypertensive Agents                 | 787   |
| 5       | Benzimidazoles                           | Benzoates                               | 756   |
| 6       | Angiotensin-Converting Enzyme Inhibitors | Renin-Angiotensin System                | 584   |
| 7       | Angiotensin II Type 1 Receptor Blockers  | Benzimidazoles                          | 511   |
| 8       | Angiotensin-Converting Enzyme Inhibitors | Heart Failure                           | 496   |
| 9       | Angiotensin-Converting Enzyme Inhibitors | Angiotensin Receptor Antagonists        | 459   |
| 10      | Angiotensin II Type 1 Receptor Blockers  | Benzoates                               | 431   |
| 11      | Hypertension                             | Blood Pressure                          | 416   |
| 12      | Hypertension                             | Angiotensin II Type 1 Receptor Blockers | 410   |
| 13      | Angiotensin-Converting Enzyme Inhibitors | Enalapril                               | 405   |

| TABLE 2 : | The | top 1 | 13 majr | terms pair |
|-----------|-----|-------|---------|------------|
|-----------|-----|-------|---------|------------|



Figure 2 : Co-word network graph of the high frequency majr terms pair

## **CONCLUDING REMARKS**

By analyzing MeSH terms (word frequency analysis, clustering analysis, co-word network graph) of PubMed papers about ACE-Is (pharmacological action), we could infer that the main research hotspot of ACE-Is (pharmacological action) is Antihypertensive Agents of ACE-Is for Hypertension,

also it is beneficial to Heart Failure, Myocardial Infarction, Type 2 Diabetes Mellitus, Diabetic Nephropathies, Kidney Diseases, Left Ventricular Dysfunction, and so on.

#### REFERENCES

- [1] A.J.Akinyemi, A.O.Ademiluyi, G.Oboh; Inhibition of angiotensin-1-converting enzyme activity by two varieties of ginger (Zingiber officinale) in rats fed a high cholesterol diet, J.Med.Food, **17(3)**, 317-323 (2014).
- [2] A.M.Walker, C.Liang, C.R.Clifford et al.; Cardiac mortality in users of olmesartan, other angiotensin-receptor blockers and angiotensin-converting enzyme inhibitors, Pharmacoepidemiol Drug Saf., 23(4), 348-356 (2014).
- [3] F.Verbeke, E.Lindley, L.Van Bortel et al.; A European Renal Best Practice (ERBP) position statement on the kidney disease, Improving Global Outcomes (KDIGO) clinical practice guideline for the management of blood pressure in non-dialysis-dependent chronic kidney disease, An endorsement with some caveats for real-life application, Nephrol Dial Transplant, **29(3)**, 490-496 (**2014**).
- [4] L.Pilote, M.Abrahamowicz, E.Rodrigues et al.; Mortality rates in elderly patients who take different angiotensin-converting enzyme inhibitors after acute myocardial infarction, A class effect? Ann.Intern.Med, 141(2), 102-112 (2004).
- [5] M.I.Viedma-Del-Jesus, P.Perakakis, M.A.Muñoz et al.; Sketching the first 45 years of the journal Psychophysiology (1964-2008), A co-word-based analysis, Psychophysiology, **48(8)**, 1029-1036 (**2011**).
- [6] C.T.Lopes, M.Franz, F.Kazi et al.; Cytoscape Web, an interactive web-based network browser, Bioinformatics, 26(18), 2347-2348 (2010).
- [7] L.Mathieson, A.Severn, B.Guthrie; Monitoring and adverse events in relation to ACE inhibitor/angiotensin receptor blocker initiation in people with diabetes in general practice, A population database study, Scott.Med.J., 58(2), 69-76 (2013).
- [8] S.Tucker, Y.Chen, R.Abell; In patients with chronic diabetic nephropathy, do angiotensin-converting enzyme inhibitors (ACEI) have greater renal protective effect as compared to angiotensin receptor blockers (ARB)? J.Okla.State.Med.Assoc., **106**(7), 294-295 (**2013**).
- [9] L.Battes, R.Barendse, E.W.Steyerberg et al.; Development and validation of a cardiovascular risk assessment model in patients with established coronary artery disease, Am.J.Cardiol., **112**(1), 27-33 (**2013**).
- [10] R.Bai, Z.Wei, J.Liu et al.; Synthesis and biological evaluation of 4'-[(benzimidazole-1-yl)methyl] biphenyl-2-sulfonamide derivatives as dual angiotensin II/endothelin A receptor antagonists, Bioorg.Med.Chem., 20(15), 4661-4667 (2012).
- [11] D.Dunkler, M.Dehghan, K.K.Teo et al.; Diet and kidney disease in high-risk individuals with type 2 diabetes mellitus, JAMA Intern.Med., 173(18), 1682-1692 (2013).
- [12] J.M.Turner, C.Bauer, M.K.Abramowitz et al.; Treatment of chronic kidney disease, Kidney Int., 81(4), 351-362 (2012).
- [13] M.C.De Goeij, M.Liem, D.J.De Jager et al.; Proteinuria as a risk marker for the progression of chronic kidney disease in patients on predialysis care and the role of angiotensin-converting enzyme inhibitor/angiotensin II receptor blocker treatment, Nephron.Clin.Pract., 121(1-2), c73-82 (2012).
- [14] L.Fauchier, B.Pierre, N.Clementy et al.; Non-antiarrhythmic drugs for the prevention of atrial fibrillation, ACEIs, ARBs, Statins and PUFAs, J.Med.Liban., 61(2), 105-108 (2013).
- [15] H.J.Lambers Heerspink; Inhibition of the renin-angiotensin-aldosterone system for cerebrorenal protection, Contrib Nephrol, 179, 7-14 (2013).
- [16] K.Nowak, H.C.Kölbel, R.P.Metzger et al.; Immunotargeting of the pulmonary endothelium via angiotensinconverting-enzyme in isolated ventilated and perfused human lung, Adv.Exp.Med.Biol., 756, 203-212 (2013).
- [17] H.Krum, A.Driscoll; Management of heart failure, Med.J.Aust., 199(5), 334-339 (2013).
- [18] R.R.Moholisa, B.R.Rayner, E.Patricia Owen et al.; Association of B2 receptor polymorphisms and ACE activity with ACE inhibitor-induced angioedema in black and mixed-race South Africans, J.Clin Hypertens (Greenwich), 15(6), 413-419 (2013).