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homeostasis. Therapeutic interventions (particularly those targeting the RAS) are often fraught with problems related to dose- and agent-related adverse events. The clinical efficacy of RAS agents has traditionally been assessed using office blood pressure measurements. In recent years, there has been an increase in the use of ambulatory blood pressure monitoring (ABPM) in assessing the antihypertensive efficacy of various antihypertensive agents. ABPM has allowed for the detection and management of non-compliant patients and has facilitated more meaningful assessment of the true efficacy of antihypertensive agents as they are used in the clinic. Factors that may influence the efficacy of RAS inhibitors include concomitant antihypertensive therapy, age, race, sex, body weight, and other characteristics such as renal function and comorbid conditions. In some individuals. RAS blockade produces BP reductions similar to those that might be expected from renin-angiotensin system blockade in the absence of confounding antihypertensive therapy. Careful assessment of patients using ABPM is particularly important for patients receiving RAS inhibitors because these agents may affect renal tubular handling of sodium and potassium and their effects on drug clearance may be reflected in the interpretation of ABPM values. Dose titration and avoidance of potentially adverse interactions c6a93da74d

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