ACCOMPLISH (diabetic subgroup) 2010

NCT00170950

1 Treatments

Studied treatment  benazepril, combined with amlodipine
starting doses of benazepril 20 mg/day plus amlodipine 5 mg/day. amlodipine dose could be increased to 10
mg/day if required to achieve a target blood pressure goal of <140/90 mm Hg. For the diabetic patients a target
blood pressure of <130/80 mmHg was recommended, but not mandated

Control treatment  benazepril, combined with hydrochlorothiazide
starting doses of benazepril 20 mg/day plus hydrochlorothiazide 12.5 mg/day. hydrochlorothiazide dose could be
increased to 25 mg/day if required to achieve a target blood pressure goal of <140/90 mm Hg. For the diabetic
patients a target blood pressure of <130/80 mmHg was recommended, but not mandated

Concomittant treatments  -

Female (%)  43%

Age  67.5 y

2 Patients

Patients  patients with diabetes (subgroup) and hypertension at high risk of cardiovascular
and related events

Inclusion criteria  >=60 years of age; systolic BP >=160 mm Hg or currently on antihyper-
tensive therapy; evidence of cardiovascular or renal disease or target organ damage; patients
aged 55 to 59 years are eligible if they have evidence of two or more of the cardiovascular
diseases or target organ damage

Exclusion criteria  current evidence for angina pectoris; history of symptomatic heart fail-
ure or evidence of left ventricular ejection fraction <40%; myocardial infarction, other acute
coronary syndromes, or coronary revascularizations within 1 month; stroke or other ischemic
cerebrovascular episodes within 3 months; hypertension that is excessively severe, known to
be refractory to treatment, or known to have a secondary cause; concomitant illness, physical
impairment, or mental condition that could interfere with the effective conduct of the study

Duration of diabetes  -

Duration of hypertension  -

Glycosylated hemoglobin   NA

BP (systolic/diastolic)  145.2/79.3 mmHg

subgroup  yes

hypertension (%)  100%
treated by insulin (%) -
nephropathy -
primary population -
BMI -
BMI (kg/m²) -
history of cardiovascular disease -

3 Methods
Blinding  double-blind
Design  Parallel groups
Centers  548
Geographical area  US, Norway, Denmark, Finland
Sizes  1432/1410
study population  hypertension
fasting glucose (mmol/l) -
4 Results

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>T1</th>
<th>T0</th>
<th>d</th>
<th>95% CI</th>
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</thead>
<tbody>
<tr>
<td>Cardiovascular events</td>
<td>99/1432</td>
<td>124/1410</td>
<td>0,79</td>
<td>[0,60; 1,04]</td>
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<tr>
<td>Cardiovascular death</td>
<td>33/1432</td>
<td>42/1410</td>
<td>0,77</td>
<td>[0,49; 1,23]</td>
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<tr>
<td>Fatal and nonfatal MI</td>
<td>49/1432</td>
<td>60/1410</td>
<td>0,80</td>
<td>[0,55; 1,18]</td>
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<tr>
<td>Stroke</td>
<td>38/1432</td>
<td>41/1410</td>
<td>0,91</td>
<td>[0,58; 1,43]</td>
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<tr>
<td>All deaths</td>
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<td>76/1410</td>
<td>0,84</td>
<td>[0,60; 1,18]</td>
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<td>macro + micro-vascular events</td>
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<td>-/3468</td>
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<td>microvascular events</td>
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<tr>
<td>non fatal stroke</td>
<td>-/3478</td>
<td>-/3468</td>
<td>NA</td>
<td>-</td>
</tr>
<tr>
<td>non fatal MI</td>
<td>-/3478</td>
<td>-/3468</td>
<td>NA</td>
<td>-</td>
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<td>new or worsening nephropathy</td>
<td>134/1432</td>
<td>204/1410</td>
<td>0,65</td>
<td>[0,51; 0,82]</td>
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<td>new microalbuminuria</td>
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<td>peripheral arterial disease</td>
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<td>heart failuer (fatal and non fatal)</td>
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<td>44/1410</td>
<td>1,19</td>
<td>[0,79; 1,78]</td>
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<td>Doubling of serum creatinine</td>
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<td>new or worsening retinopathy</td>
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<td>visual deterioration</td>
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<td>renal death</td>
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<tr>
<td>Death related to diabetes</td>
<td>-/3478</td>
<td>-/3468</td>
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5 References
