

# Clinical trials of intensive

TrialResults-center [www.trialresultscenter.org](http://www.trialresultscenter.org)

## 1 cardiovascular prevention

Trial	Treatments	Patients	Trials design and methods
<b>intensive lipid-lowering therapy vs diet</b>			
<b>FATS , 1990</b> [NCT00000512] n=94/52 follow-up: 2.5 years	intensive lipid-lowering therapy with various drugs versus placebo	men no more than 62 years of age who had apolipoprotein B levels greater than or equal to 125 mg per deciliter, documented coronary artery disease, and a family history of vascular disease	Parallel groups open Japan

More details and results :

- cholesterol lowering intervention for cardiovascular prevention in all chronic situations at <http://www.trialresultscenter.org/go-Q154>

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## 2 hypertension

Trial	Treatments	Patients	Trials design and methods
<b>intensive vs usual</b>			
<b>ACCORD (blood pressure) , 2010</b> [NCT00000620] n=2363/2371 follow-up: 4.7 y	intensive blood-pressure control, targeting a systolic pressure of less than 120 mm Hg versus standard blood-pressure control	high-risk patients with type 2 diabetes, high HbA1c concentrations (>7.5% ), and cardiovascular disease (or $\geq 2$ cardiovascular risk factors)	Factorial plan open United States, Canada
<b>more intensive blood pressure lowering strategie vs less intensive blood pressure lowering strategie</b>			

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>PAST-BP , 2015</b> n=NA	-	-	
<b>Wei , 2013</b> n=NA follow-up: 4 years (mean)	BP <=140/90 mm Hg versus BP <=150/90 mm Hg	Chinese hypertensive patients older than 70 years	Parallel groups China
<b>SPS3 , 2013</b> [NCT00059306.] n=NA follow-up:	less than 130 mm Hg versus 130-149 mm Hg	patients lived in North America, Latin America, and Spain and had recent, MRI-defined symptomatic lacunar infarctions	Parallel groups open-label
<b>HOMED-BP , 2012</b> n=NA follow-up: 5.3 years (median)	tight control (<125/<80 mm Hg (TC)) of HBP versus usual control (125-134/80-84 mm Hg (UC))	with an untreated systolic/diastolic HBP of 135-179/85-119 mm Hg	Parallel groups
<b>VANLISH , 2010</b> n=NA follow-up: 3.07 years (median)	strict blood pressure control (<140 mm Hg) versus moderate blood pressure control (>or =140 mm Hg to <150 mm Hg)	patients aged 70 to 84 years with isolated systolic hypertension (sitting blood pressure 160 to 199 mm Hg)	Parallel groups open-label
<b>JATOS , 2008</b> n=2212/2206 follow-up:	strict treatment to maintain systolic blood pressure below 140 mmHg versus mild treatment to maintain systolic blood pressure below 160 but at or above 140 mmHg	elderly hypertensive patients with essential hypertension (65-85 years old, with a pretreatment systolic blood pressure of above 160 mmHg)	Parallel groups open-label
<b>UKPDS-HDS , 1998</b> n=758/390 follow-up: 8.4 years	blood pressure of <150/85 mm Hg (with the use of an angiotensin converting enzyme inhibitor captopril or a beta blocker atenolol as main treatment) versus less tight control aiming at a blood pressure of <180/105 mm Hg	patients with type 2 diabetes	Parallel groups open-label UK
<b>SPRINT , 2015</b> [NCT01206062] n=4678/4683 follow-up:	target of 120 mm Hg versus target of 140 mm Hg	high-risk hypertensive adults 50 years of age and older with one additional cardiovascular risk factor or preexisting kidney disease	Parallel groups open
<b>Cardio-Sis , 2009</b> [NCT00421863] n=558/553 follow-up: 2 years	tighter control of systolic BP with a goal of <130 mm Hg versus usual control, with a goal of <140 mm Hg	nondiabetic patients with hypertension and with SBP of 150 mm Hg or higher confirmed at two different times	Parallel groups open Italy

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>AASK , 2002</b> n=540/554 follow-up: (range 3-6.4y)	arterial pressure goal of 92 mm Hg or lower versus usual mean arterial pressure goal of 102 to 107 mm Hg/pj	African-Americans,with diastolic blood pressure higher than 94mmHg and a glomerular filtration rate between 20 and 65 ml/min per 1.73 m2	Parallel groups open USA
<b>ABCD target (H) , 2000</b> n=237/233 follow-up: 5 year	intensive treatment with a diastolic blood pressure goal of 75 mmHg versus moderate treatment with a diastolic blood pressure goal of 80-89 mmHg	diabetes patients with DBP >=90 mmHg	Parallel groups open
<b>ABCD target (N) , 2002</b> n=237/243 follow-up:	intensive treatment (diastolic blood pressure decrease of 10 mmHg below baseline DBP) versus moderate treatment (diastolic blood pressure goal of 80-89 mmHg)	diabetes patients with diastolic blood pressure between 80 and 89mmHg	Parallel groups open
<b>HOT , 1994</b> n=12526/6264 follow-up: 3.8 y	less or equal than 85 mmHg, or less or equal than 80 mmHg versus less or equal than 90 mmHg	patients with diastolic blood pressure between 100 mmHg and 115 mmHg	Factorial plan open 26 countries
<b>REIN-2 , 2005</b> n=169/169 follow-up: 36 months	intensified (systolic/diastolic <130/80 mm Hg) blood-pressure control versus conventional (diastolic <90 mm Hg) blood-pressure control	patients with non-diabetic proteinuric nephropathies receiving background treatment with the ACE inhibitor ramipril	open
<b>MDRD , 1994</b> n=840 follow-up: 2.2 y	low target blood pressure (mean arterial pressure <92 mm Hg) versus usual target blood pressure (mean arterial pressure <107 mm Hg)	patients with predominantly nondiabetic kidney disease and a glomerular filtration rate of 13 to 55 mL/min per 1.73 m2	open
<b>Toto , 1995</b> n=42/35 follow-up:	strict blood pressure control (DBP 65 to 80 mm Hg) versus usual blood pressure control (DBP 85 to 95 mm Hg)	non-diabetic patients (age 25 to 73) with long-standing hypertension (DBP >or = 95 mm Hg), chronic renal insufficiency (GFR <or = 70 m/min/1.73 m2) and a normal urine sediment	open
<b>ACCORD blood pressure , 2008</b> [NCT00000620] n=2362/2371 follow-up: 4.7y	intensive therapy, targeting a systolic pressure of less than 120 mm Hg versus standard therapy, targeting a systolic pressure of less than 140 mm Hg	patients with a median glyated hemoglobin level of 8.1% at high risk for cardiovascular events	Factorial plan open USA, Canada

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Trial	Treatments	Patients	Trials design and methods
ESH-CHL-SHOT [NCT01563731] n=NA	<i>ongoing</i> -	-	

More details and results :

- anti hypertensive agents for hypertension in diabetic patients at <http://www.trialresultscenter.org/go-Q10>
- intensive blood pressure control for hypertension in all type of patients at <http://www.trialresultscenter.org/go-Q336>
- intensive blood pressure control for hypertension in diabetic patients at <http://www.trialresultscenter.org/go-Q343>
- intensive blood pressure control for hypertension in non diabetic patients at <http://www.trialresultscenter.org/go-Q344>
- intensive blood pressure control for hypertension in patients with chronic kidney disease at <http://www.trialresultscenter.org/go-Q495>

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**ESH-CHL-SHOT, :**

ongoing trial NCT01563731

### 3 diabetes type 2

Trial	Treatments	Patients	Trials design and methods
intensive dietary advice vs routine dietary advice			

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
Wein , 1999 n=200 follow-up: 4.24 y	intensive dietary advice versus routine dietary advice	women with previous gestational diabetes and currently with impaired glucose tolerance (WHO 1985 criteria)	Parallel groups open USA
<b>intensive vs usual</b>			
ABCD normotensives , 1993 n=237/243 follow-up: 5.3 y	intensive (10 mm Hg below the baseline DBP) DBP control versus moderate (80 to 89 mm Hg) DBP control	normotensive type 2 diabetic patients	Parallel groups open
ACCORD (blood pressure) , 2010 [NCT00000620] n=2363/2371 follow-up: 4.7 y	intensive blood-pressure control, targeting a systolic pressure of less than 120 mm Hg versus standard blood-pressure control	high-risk patients with type 2 diabetes, high HbA1c concentrations (>7.5% ), and cardiovascular disease (or >=2 cardiovascular risk factors)	Factorial plan open United States, Canada
HOT <=80 (diabetic subgroup) , 1998 n=499 follow-up: 3.8y	target diastolic blood pressure <=80 mmHg versus target diastolic blood pressure <=90 mmHg	patients aged 50-80 years with hypertension and diastolic blood pressure between 100 mm Hg and 115 mm Hg; diabetics subgroup	Parallel groups open 26 countries
<b>intensive glyceimic control vs conventional treatment</b>			
ACCORD , 2008 [NCT00000620] n=5128/5123 follow-up: 3.5y (5y)	very intensive glyceimic control through currently available means (targetinga glycosylated hemoglobin <6% ) during a mean of 3.7 years versus standard glyceimic control (targeting a glycosylated hemoglobin 7.0-7.9% )	patients with type 2 diabetes mellitus at high risk of death and stroke (pre-existing heart disease or two or more additional risk factors for heart disease)	Factorial plan open USA, Canada
ADDITION , 2010 [NCT00237549] n=1678/1379 follow-up: 5 year	intensive multifactorial treatment versus routine care	patients with newly diagnosed type 2 diabetes	Parallel groups open Denmark, United Kingdom, the Netherlands
ADVANCE , 2008 [NCT00145925] n=5571/5569 follow-up: median 5 y	intensive glucose-lowering treatments HbA1C <=6.5% using gliclazide(modified release) plus other drugs versus standard glucose-lowering treatments (targetglycated hemoglobin levels defined on the basisof local guidelines)	patients with type 2 diabetes	Parallel groups open 20 countries

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
Kumamoto (primary prev) , 1995 n=28/27 follow-up: 8.0y	intensive glycemic control with multiple insulin injection treatment versus conventional insulin injection treatment (1-2 daily injections)	patients with non-insulin-dependent diabetes mellitus and with no retinopathy and urinary albumin excretions <30 mg/24 h	Parallel groups open Japan
Kumamoto (secondary prev) , 1995 n=27/28 follow-up: 8.0y	multiple insulin injection treatment versus conventional insulin injection treatment (1-2 daily injections)	patients with non-insulin-dependent diabetes mellitus and simple retinopathy	Parallel groups open Japan
Steno 2 , 2003 n=80/80 follow-up: 7.8 y	targeted, intensified, multifactorial intervention versus conventional treatment on modifiable risk factors for cardiovascular disease	patients with type 2 diabetes and microalbuminuria	Parallel groups open Denmark
UKPDS 33 , 1998 n=2729/1138 follow-up: 10.3 y	intensive policy with a sulphonylurea (chlorpropamide, glibenclamide, or glipizide) or with insulin; fasting plasma glucose <6.0 mmol/L versus conventional policy with diet	newly diagnosed patients with type 2 diabetes who after 3 months diet treatment had a mean of two fasting plasma glucose concentrations of 6.1150 mmol/L	Parallel groups open UK
VA CSDM , 1997 n=75/78 follow-up: 2.3y	intensive glycemic control (stepped plan from 1 evening injection of insulin, alone or with glipizide, to multiple daily injections, target to attain near-normal glycemia levels) versus standard treatment (1 insulin injection every morning)	non-insulin-dependent diabetes mellitus patients	Parallel groups open USA
VADT , 2008 [NCT00032487] n=892/899 follow-up: 5.6y	intensive glucose control versus standard glucose control	military veterans who had a suboptimal response to therapy for type 2 diabetes	Parallel groups open US
<b>more intensive blood pressure lowering strategie vs less intensive blood pressure lowering strategie</b>			
ABCD target (H) , 2000 n=237/233 follow-up: 5 year	intensive treatment with a diastolic blood pressure goal of 75 mmHg versus moderate treatment with a diastolic blood pressure goal of 80-89 mmHg	diabetes patients with DBP >=90 mmHg	Parallel groups open

continued...



Trial	Treatments	Patients	Trials design and methods
ABCD target (N) , 2002 n=237/243 follow-up:	intensive treatment (diastolic blood pressure decrease of 10 mmHg below baseline DBP) versus moderate treatment (diastolic blood pressure goal of 80-89 mmHg)	diabetes patients with diastolic blood pressure between 80 and 89mmHg	Parallel groups open

More details and results :

- anti hypertensive agents for diabetes type 2 in patients with hypertension at <http://www.trialresultscenter.org/go-Q83>
- intensive glycemc control for diabetes type 2 in Type 1 and 2 diabetes at <http://www.trialresultscenter.org/go-Q240>
- intensive glycemc control for diabetes type 2 in type 2 diabetes (NIDD) at <http://www.trialresultscenter.org/go-Q267>
- prevention for diabetes type 2 in all type of patients at <http://www.trialresultscenter.org/go-Q341>
- anti hypertensive agents for diabetes type 2 in patients with or without hypertension at <http://www.trialresultscenter.org/go-Q414>
- prevention for diabetes type 2 in people with impaired glucose tolerance at <http://www.trialresultscenter.org/go-Q416>
- intensive therapy for diabetes type 2 in all type of patients at <http://www.trialresultscenter.org/go-Q459>

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