

Clinical trials of angiotensin-receptor blockers for hypertension in all diseases requiring ACEi (HF, CHD, HT,...)

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1 angiotensin receptor blocker

Trial	Treatments	Patients	Trials design and methods
ARBs vs control			
Suzuki , 2008 n=183/183 follow-up:	ARBs (valsartan, candesartan, and losartan) versus no ARBs	patients with diabetes and chronic kidney disease on dialysis	Parallel groups open
candesartan vs control			
Takahashi , 2006 n=43/37 follow-up: 19.4 months	candesartan versus control	patients on chronic haemodialysis in stable condition and with no clinical evidence of cardiac disorders	Parallel groups open
candesartan vs conventional treatment			
E-COST , 2005 n=1053/995 follow-up:	candesartan, 2 to 12 mg daily versus conventional antihypertensive drugs other than angiotensin converting enzyme inhibitors or ARBs	Japanese essential hypertensive subjects (sitting blood pressure 140-180/90-110 mmHg) aged 35-79 years	Parallel groups single-blind Japan
E-COST-R , 2005 n=69/72 follow-up:	candesartan versus conventional treatment	hypertensive subjects 60 to 75 years old with non-diabetic chronic renal insufficiency	Parallel groups open
HIJ-CREATE , 2009 n=1024/1025 follow-up: 4.2 y (median)	angiotensin II receptor blocker-based therapy versus non-angiotensin II receptor blocker-based therapy	patients with angiographically documented coronary artery disease and hypertension	Parallel groups open Japan
candesartan vs placebo			
SCOPE , 2003 n=2477/2460 follow-up: 3.7 y (mean)	candesartan, 816 mg once daily (target 160/90) versus placebo	patients aged 70-89 years, with systolic blood pressure 160-179 mmHg, and/or diastolic blood pressure 90-99 mmHg, and a Mini Mental State Examination (MMSE) test score >24	Parallel groups double-blind 15 countries
irbesartan vs placebo			
IDNT (irbesartan vs pbo) , 2001 n=579/569 follow-up: 2.6 y	Irbesartan 300mg/d (target 135/85) versus placebo	hypertensive patients with nephropathy due to type 2 diabetes	Parallel groups double-blind worldwide

continued...

Trial	Treatments	Patients	Trials design and methods
IRMA 2 , 2001 n=404/207 follow-up: 2 years	irbesartan 150 mg daily or 300 mg daily versus placebo	hypertensive patients with type 2 diabetes and microalbuminuria	Parallel groups double-blind multinational
losartan vs placebo			
RENAAL , 2001 n=751/762 follow-up: 3.4 years	Losartan 50 to 100 mg once daily versus placebo	patients with type 2 diabetes and nephropathy	Parallel groups double-blind
telmisartan vs placebo			
PROPHESSE , 2008 [NCT00153062] n=10146/10186 follow-up: 2.5 y	telmisartan 80 mg daily versus placebo	patients who recently had an ischemic stroke	Factorial plan double blind 35 countries
Candesartan vs usual care			
HIJ-CREATE , 2009 n=1025/1024 follow-up: up to 60 months	cardesartan adjusted dose for target arterial pressure of <130/85 mmHg versus usual care (non-ARB-based pharmacotherapy including angiotensin-converting enzyme-inhibitors)	hypertension with angiographically documented coronary artery disease (acute or stable)	Parallel groups open japan
candesartan vs amlodipine			
CASE-J , 2008 n=2354/2349 follow-up: 3.2 years	candesartan-based regimen versus amlodipine-based regimen	high-risk Japanese hypertensive patients	Parallel groups open (blinded assessment) Japan
irbesartan vs amlodipine			
IDNT (irbesartan vs amlodipine) , 2001 n=579/567 follow-up: 26y	Irbesartan 300mg/d (with a target of 135/85) versus amlodipine 10mg/d (with a target of 135/85)	hypertensive patients with nephropathy due to type 2 diabetes	Parallel groups double-blind worldwide
valsartan vs amlodipine			
VALUE , 2004 [NCT00129233] n=7649/7596 follow-up: 4.2 y (mean)	valsartan based regimen versus amlodipine based regimen	patients, aged 50 years or older with treated or untreated hypertension and high risk of cardiac events	Parallel groups Double blind 31 countries
losartan vs atenolol			
LIFE , 2002 n=4605/4588 follow-up: 4.8 y (mean)	losartan versus atenolol	patients aged 55-80 years, with previously treated or untreated hypertension (sitting blood pressure 160/200/95/115 mm Hg) and ECG signs of LVH.	Parallel groups Double blind USA, Europe
telmisartan vs enalapril			
DETAIL , 2004 n=120/130 follow-up: 5 year	telmisartan 80 mg daily versus enalapril 20 mg daily	subjects with type 2 diabetes and early nephropathy	Parallel groups double-blind

continued...

Trial	Treatments	Patients	Trials design and methods
DETAIL , 2004 n=120/130 follow-up: 5 y	Telmisartan 80 mg daily versus Enalapril 20 mg daily	patients with type 2 diabetes and early nephropathy	Parallel groups double-blind
candesartan vs hydrochlorothiazide			
ALPINE , 2003 n=197/196 follow-up: 1 year	candesartan versus hydrochlorothiazide	newly detected hypertensives	Parallel groups double-blind Sweden
olmesartan 40 mg vs olmesartan 20 mg plus a calcium-channel blocker			
OSCAR , 2011 [NCT00134160] n=578/586 follow-up:	high-dose olmesartan 40 mg per day versus 20-mg/day olmesartan comined with standard dose of amlodipine or azelnidipine	high-risk elderly Japanese hypertension patients	Parallel groups Japan

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2 ARBs vs ACEIs

Trial	Treatments	Patients	Trials design and methods
Losartan vs Captopril			
ELITE-II , 2000 n=1578/1574 follow-up: 1.5 y	Losartan titrated to 50 mg once daily versus Captopril titrated to 50 mg three times daily	patients aged 60 years or older with New York Heart Association class II-IV heart failure and ejection fraction of 40% or less. Patients	Parallel groups double-blind
OPTIMAAL , 2001 n=2744/2733 follow-up: 2.7 y	losartan (titrated to 50 mg once daily) versus Captopril (titrated to 50 mg three times daily)	patients 50 years of age or older, with confirmed acute myocardial infarction and heart failure during the acute phase or a new Q-wave anterior infarction or reinfarction	Parallel groups NA Europe (7 countries)
ELITE , 1997 n=352/370 follow-up: 65279;1 y	65279;Losartan titrated to 50 mg once daily for 48 weeks versus 65279;Captopril titrated to 50 mg three times daily for 48 weeks	naive patients (aged 65 years or more) with NYHA class II-IV heart failure and ejection fractions of 40% or less	Parallel groups double-blind
Valsartan vs Captopril			
VALIANT/Val , 2003 n=4909/4909 follow-up: 2.1 y	Valsartan versus Captopril	patients with myocardial infarction complicated by left ventricular systolic dysfunction, heart failure, or both	Parallel groups double-blind
Telmisartan vs Enalapril			
DETAIL , 2004 n=120/130 follow-up: 5 year	telmisartan 80 mg daily versus enalapril 20 mg daily	subjects with type 2 diabetes and early nephropathy	Parallel groups double-blind
DETAIL , 2004 n=120/130 follow-up: 5 y	Telmisartan 80 mg daily versus Enalapril 20 mg daily	patients with type 2 diabetes and early nephropathy	Parallel groups double-blind
Telmisartan vs Ramipril			
ONTARGET/Tel , 2008 n=8542/8576 follow-up: 4.7 y	Telmisartan 80 mg daily versus Ramipril 10 mg daily	patients with vascular disease or high-risk diabetes	Parallel groups double-blind

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3 ARBs+ACEIs vs ACEIs

Trial	Treatments	Patients	Trials design and methods
Valsartan + captopril vs Captopril			
VALIANT/Val+Cap , 2003 n=4885/4909 follow-up: 2.1 y	Valsartan + captopril versus Captopril	patients with myocardial infarction complicated by left ventricular systolic dysfunction, heart failure, or both	Parallel groups double-blind
Telmisartan + ramipril vs Ramipril			
ONTARGET/Tel+Ram , 2008 n=8502/8576 follow-up: 4.7 y	Telmisartan + ramipril versus Ramipril	patients with vascular disease or high-risk diabetes	Parallel groups double-blind

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4 endopeptidase inhibitors

Trial	Treatments	Patients	Trials design and methods
LCZ696 vs placebo			
Ruilope , 2010 n=NA follow-up: 8 weeks	LCZ696 for 8 weeks versus placebo	patients with mild to moderate hypertension	Parallel groups double blind 18 countries

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5 About TrialResults-center.org

TrialResults-center is an innovative knowledge database that collects the results of RCTs and provides dynamic interactive systematic reviews and meta-analysis in the field of all major heart and vessels diseases.

The TrialResults-center database provides a unique view of the treatment efficacy based on all data provided directly from clinical trial results, offering a valuable alternative to personal bibliographic search, published meta-analysis, etc. Furthermore, it would allow comparing easily the various concurrent therapeutic for the same clinical condition.

Rigorous meta-analysis method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

TrialResults-center is continually updated on a weekly basis. We continually search all new results (whatever their publication channel) and these news results are immediately added to the database with a maximum of 1 week.

TrialResults-center is non-profit and self-funded.