

Clinical trials of anti hypertensive agent for hypertension in all type of patient

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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 (vs placebo) , 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
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			

continued...

Trial	Treatments	Patients	Trials design and methods
RENAAL , 2001 n=751/762 follow-up: 3.4 years	lLosartan 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 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 (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 5580 years, with previously treated or untreated hypertension (sitting blood pressure 160200/95115 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
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 angiotensin-converting enzyme inhibitors

Trial	Treatments	Patients	Trials design and methods
lisinopril vs amlodipine			
ALLHAT (vs amlodipine) , 2002 n=9054/9048 follow-up: 4.9 y	Lisinopril 10 to 40 mg/d versus amlodipine 2.5 to 10 mg/d	participants aged 55 years or older with hypertension and at least 1 other CHD risk fact	Parallel groups Double blind US
ramipril vs amlodipine			
AASK (vs amlodipine) , 2002 n=436/217 follow-up: 30 y	ramipril 2.5-10 mg/d versus amlodipine 5-10 mg/d	African Americans aged 18 to 70 years with hypertensive renal disease (GFR, 20-65 mL/min per 1.73 m ²)	Parallel groups Double blind US
various ACEI vs calcium-channel blocker			
STOP-2 (vs felodipine or isradipine) , 1999 n=2205/2196 follow-up: 50 y	Enalapril or lisinopril , enalapril 10 mg or lisinopril 10 mg daily versus felodipine 2.5 mg or isradipine 2-5 mg daily	patients aged 70-84 years with hypertension (blood pressure ≥ 180 mm Hg systolic, ≥ 105 mm Hg diastolic, or both)	Parallel groups Open Sweden
captopril vs diuretic or beta-blocker			
CAPPP , 1999 n=5492/5493 follow-up: 6.1 y	captopril 50mg/d versus beta-blocker (not specified) or diuretic (not specified)	Patients aged 25-66 years with a measured diastolic bloodpressure of 100 mm Hg or more on two occasions	Parallel groups Open Sweden and Finland

continued...

Trial	Treatments	Patients	Trials design and methods
UKPDS-HDS , 1998 n=400/358 follow-up: 84 y	captopril started at 25mg twice daily up to 50 mg twice daily (target blood pressure of <150/<85 mmHG) versus atenolol started at 50mg daily up to 100mg if required(target blood pressure of <150/<85 mmHG)	HBP+DM	Parallel groups Open England, Scotland, and Northern Ireland
various ACEI vs diuretic or beta-blocker			
STOP 2 (vs conventional drugs) , 1999 n=2205/2213 follow-up: 5.0 y	enalapril 10 mg or lisinopril 10 mg daily versus conventional antihypertensive drugs (atenolol 50 mg, metoprolol 100 mg, pindolol 5 mg, or hydrochlorothiazide 25 mg plus amiloride 25 mg daily)	patients aged 70-84 years with hypertension (blood pressure >180 mm Hg systolic, >105 mm Hg diastolic, or both).	Parallel groups Open Sweden
enalapril vs diuretics			
ANBP2 , 2003 n=3044/3039 follow-up: 4.1 y	enalapril versus hydrochlorothiazide	subjects with hypertension 65 to 84 years	Parallel groups open Australia
lisinopril vs diuretics			
ALLHAT (vs chlorthalidone) , 2002 n=9054/15255 follow-up: 49 y	lisinopril 10 to 40 mg/d versus chlorthalidone 12.5 to 25 mg/d	participants aged 55 years or older with hypertension and at least 1 other CHD risk factor	Parallel groups Double blind US
ramipril vs metoprolol			
AASK (vs metoprolol) , 2002 n=436/441 follow-up: 41 y	ramipril 2.5-10 mg/d versus metoprolol 50-200 mg/d	African Americans aged 18 to 70 years with hypertensive renal disease (GFR, 20-65 mL/min per 1.73 m ²)	Parallel groups Double blind US
various ACEI vs nifedipine			
JMIC-B , 2002 n=NA follow-up: 30 y	ACE inhibitor versus nifedipine	HBP+CHD	Parallel groups Open Japan
enalapril vs nisoldipine			
ABCD (H) , 1998 n=235/235 follow-up: 53 y	enalapril versus nisoldipine	patients with non-insulin-dependent diabetes and hypertension	double blind

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3 beta-blockers

Trial	Treatments	Patients	Trials design and methods
atenolol vs open control			
Coope , 1986 n=419/465 follow-up: 44y	atenolol and bendrofluazide , Atenolol versus Open control	patients aged 60 to 79 years	Parallel groups open
atenolol vs placebo			
MRC I (vs placebo) , 1985 n=4403/8654 follow-up: 5.5y	Propranolol versus Placebo	men and women aged 35-64 yearswith mild hypertension (diastolic pressure 90-109 mm Hg	Parallel groups double blind
MRC old (vs placebo) , 1992 n=1102/2213 follow-up: 5.8y	Atenolol versus Placebo	patients aged 65-74	double blind UK
Dutch TIA , 1993 n=732/741 follow-up: 26y	Atenolol 50mg/d versus Placebo	aspirin-treated patients with transient ischemic attack or nondisabling ischemic stroke	double blind
TEST , 1995 n=372/348 follow-up: 26y	Atenolol versus Placebo	post stroke	
oxprenolol vs placebo			
IPPPSH , 1985 n=3185/3172 follow-up: 40y	Oxprenolol versus Placebo	men and women aged 40-64 years with uncomplicated essential hypertension (diastolic blood pressures 100-125 mmHg)	Parallel groups Double blind
various beta-blockers vs placebo			
STOP , 1991 n=812/815 follow-up: 21y	active antihypertensive therapy (Thiazide and amiloride or beta-blocker) , Atenolol, Metoprolol, Pindolol, HCTZ/Ami versus Placebo	hypertensive men and women aged 70-84 years	Double blind Swezden
atenolol vs amlodipine			
ASCOT-BPLA , 2005 n=9618/9639 follow-up: 57y	atenolol 50/100 mg adding bendroflumethiazide 125/25 mg and potassium as required versus Amlodipine 5/10 mg adding perindopril 4/8 mg as required	hypertensif patients aged 40-79y with at least three other cardiovascular risk factors	Parallel groups Open
atenolol vs bendroflumethiazide			
MRC I (vs diuretics) , 1985 n=4403/4297 follow-up: 55y	Propranolol versus Bendroflumethiazide.	men and women aged 35-64 years with mild hypertension (diastolic pressure 90-109 mm Hg	Parallel groups double blind
propranolol vs bendroflumethiazide			
Berglund , 1986 n=NA follow-up: 10y	Propranolol versus Bendroflumethiazide.	patients 21 to 70 years with essential hypertension (sitting diastolic blood pressures 100-120 mm Hg)	
atenolol vs captopril			

continued...

Trial	Treatments	Patients	Trials design and methods
UKPDS , 1998 n=358/400 follow-up: 9y	Atenolol 50-100 mg/ versus Captopril 25-50 mg twice daily	hypertensive patients with type 2 diabetes	Parallel groups Open England,Scotland, and Northern Ireland.m
various beta-blockers vs diuretics			
Yurenev , 1992 n=150/154 follow-up: 40y	hypotensive drugs including beta-blockers versus same combination of drugs including diuretics	hypertensive patients with different degrees of left ventricular hypertrophy (LVH)	
HAPPHY , 1988 n=3297/3272 follow-up: 38y	Atenolol, Metoprolol, Propranolol versus Hydrochlorothiazide, Bendroflumethiazide	Men aged 40-64 years with mild to moderate hypertension (diastolic blood pressure 100-130 mmHg)	open
atenolol vs hydrochlorothiazide+amiloride			
MRC old (vs diuretics) , 1992 n=1102/1081 follow-up: 58y	Atenolol versus Hydrochlorothiazide/amiloride	hypertensive patients aged 65-74	double blind UK
atenolol vs lacidipine			
ELSA , 2002 n=1157/1177 follow-up: 375y	Atenolol 50 mg once daily versus Lacidipine 4 mg once daily	Subjects aged 45 to 75 years with sitting systolic blood pressure (SBP) of 150 to 210 mm Hg and diastolic blood pressure (DBP) of 95 to 115 mm Hg	Parallel groups Double blind Europe
atenolol vs Losartan			
LIFE , 2002 n=4588/4605 follow-up: 4.8y	Atenolol 50mg/d versus Losartan 50mg/d	participants aged 55-80 years with essential hypertension (sitting blood pressure 160/200/ 95/115 mm Hg) and LVH ascertained by electrocardiography (ECG).	Parallel groups Double blind Denmark, Finland, Iceland, Norway, Sweden, UK, US
atenolol vs verapamil			
INVEST , 2003 [NCT00133692] n=11309/11267 follow-up: 27y	Atenolol 50mg/d versus Verapamil SR 250 mg/d	hypertensive with coronary artery disease patients aged 50 years or older	open

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4 calcium-channel blockers

Trial	Treatments	Patients	Trials design and methods
amlodipine vs placebo			
IDNT , 2001 n=567/569 follow-up: 26	Amlodipine 10mg/d versus placebo	hypertensive patients with nephropathy due to type 2 diabetes	Parallel groups Double blind
nitrendipine vs placebo			
SYST-EUR , 1997 n=2398/2297 follow-up: 26y	nitrendipine 10-40 mg daily , nitrendipine 10-40 mg daily versus placebo	HBP, >=60 years	Parallel groups Double aveugle 23 countries across Europe
amlodipine vs atenolol			
ASCOT-BPLA , 2005 n=9639/9618 follow-up: 5.5 y	amlodipine 510 mg adding perindopril 48 mg as required versus atenolol 50100 mg adding bendroflumethiazide 12525 mg and potassium as required	patients with hypertension who were aged 4079 years and had at least three other cardiovascular risk factors.	Parallel groups open Nordic countries and UK
lacidipine vs atenolol			
ELSA , 2002 n=1177/1157 follow-up: 40y	Lacidipine versus atenolol	patients with hypertension	Parallel groups Double blind
verapamil vs atenolol			
INVEST (Pepine) , 2003 [NCT00133692] n=11267/11309 follow-up: 2.7 y	verapamil sustained release 240mg/d versus atenolol 50mg/d	patients with hypertension and CAD	14 countries
nifedipine vs atenolol+chlorthalidone			
Castel , 1994 n=146/205 follow-up:	Nifedipine 20mg/d versus Clonidine 0.15mg/d (n=61) or atenolol 100mg/d + chlorthalidone 25mg/d	-	
amlodipine vs chlorthalidone			
ALLHAT (CCB vs diu) , 2002 n=9048/15255 follow-up: 4.9y	Amlodipine 2.5 to 10g/d , Amlodipine 2.5 to 10g/d , Amlodipine 2.5 to 10g/d , Amlodipine 2.5 to 10g/d versus chlorthalidone 12.5 to 25 mg/d	participants aged 55 years or older with hypertension and at least 1 other CHD risk factor	Double aveugle US
lacidipine vs chlorthalidone			
SHELL , 2003 n=NA follow-up: 36?y	lacidipine 4 mg/d versus chlorthalidone 12.5 mg/d	elderly patients with isolated systolic hypertension >or = 60 years	
verapamil vs chlorthalidone			

continued...

Trial	Treatments	Patients	Trials design and methods
VHAS , 1998 n=707/707 follow-up: 2 years	verapamil SR 240 mg/d versus chlorthalidone 25mg/d	HBP	Parallel groups Open
diltiazem vs diuretic or beta-blocker			
NORDIL , 2000 n=5410/5471 follow-up: up to 5 years	diltiazem 180-360 daily versus beta-blocker (not specified) or diuretic (not specified)	hypertensive patients, aged 5074 years	Parallel groups Open Norway, Sweden
felodipine or isradipine vs diuretic or beta-blocker			
STOP 2 (vs diuretic or beta-blocker) , 1999 n=2196/2213 follow-up: up to 6 years	felodipine 25 mg or isradipine 25 mg daily versus conventional antihypertensivedrugs (atenolol 50 mg, metoprolol 100 mg,pindolol 5 mg, or hydrochlorothiazide 25 mg plus amiloride2.5 mg daily	patients aged 7084 years with hypertension (blood pressure >180 mm Hg systolic, >105 mm Hg diastolic, or both).	Parallel groups Open
verapamil vs diuretic or beta-blocker			
CONVINCE , 2003 n=8241/8361 follow-up: 3 y	controlled-onset extendedrelease(COER) verapamil 180mg/d versus hydrochlorothiazide 12.5 mg/d or atenolol 50 mg/d(investigator choice prior to randomization)	hypertension with 1 or more additional risk factors for cardiovascular disease	Parallel groups Double blind 15 countries
isradipine vs hydrochlorothiazide			
MIDAS , 1996 n=442/441 follow-up: 3y	isradipine 2.5-5.0 mg twice daily versus hydrochlorothiazide 12.5-25 mg Twice daily	HBP	
amlodipine plus benazepril vs hydrochlorothiazide plus benazepril			
ACCOMPLISH , 2008 [NCT00170950] n=5744/5762 follow-up: 36 months	benazepril 40mg plus amlodipine 5mg daily versus benazepril 40mg plus hydrochlorothiazide 12.5mg daily	patients with hypertension who were at high risk for cardiovascular events	Parallel groups double blind US, Sweden, Norway, Denmark, Finland
nifedipine vs hydrochlorothiazide+amiloride			
INSIGHT , 2000 n=3157/3164 follow-up: at least 3 years	nifedipine GITS 30mg/d versus hydrochlorothiazide 25mg/d + amiloride 2.5mg/d	HBP + RF	Parallel groups Double blind
amlodipine vs lisinopril			
ALLHAT (CCB vs ACEI) , 2002 n=9048/9054 follow-up: 4.9y	Amlodipine 2.5 to 10g/d , Amlodipine 2.5 to 10g/d , Amlodipine 2.5 to 10g/d versus lisinopril 10 to 40 mg/d	participants aged 55 years or older with hypertension and at least 1 other CHD risk factor	Parallel groups Double aveugle US
amlodipine vs metoprolol			

continued...

Trial	Treatments	Patients	Trials design and methods
AASK (vs metoprolol) , 2002 n=217/441 follow-up: 30y	Amlodipine 5-10 mg/d versus metoprolol 50-200 mg/d	African Americans aged 18 to 70 years with hypertensive renal disease (GFR, 20-65 mL/min per 1.73m ²)	US
amlodipine vs ramipril			
AASK (vs ramipril) , 2002 n=217/436 follow-up: 30	Amlodipine 5-10 mg/d versus ramipril 2.5-10 mg/d	African Americans aged 18 to 70 years with hypertensive renal disease (GFR, 20-65 mL/min per 1.73m ²)	Factorial plan Double blind US
nicardipine vs trichlormethiazide			
NICS-EH , 1999 n=215/214 follow-up: 4.5 years	Nicardipine SR 20mg twice daily versus trichlormethiazide 2mg once daily	>=60 years of age with systolic blood pressure of 160 to 220 mm Hg and diastolic blood pressure <115 mm Hg	Parallel groups Double blind

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5 direct renin inhibitor

Trial	Treatments	Patients	Trials design and methods
aliskiren vs placebo			
AVOID , 2008 [NCT00097955] n=301/298 follow-up: 6 months	aliskiren (150 mg daily for 3 months, followed by an increase in dosage to 300 mg daily for another 3 months versus placebo	patients with hypertension and type 2 diabetes with nephropathy	Parallel groups double blind 15 countries
aliskiren vs hydrochlorothiazide			
Schmieder (vs HCTZ) , 2009 n=567/557 follow-up: 20 weeks	aliskiren 300 mg versus hydrochlorothiazide 25 mg	patients with essential hypertension	Parallel groups double blind
aliskiren vs losartan			
ALLAY , 2009 n=154/152 follow-up: 9 months	aliskiren 300 mg versus losartan 100 mg	patients with hypertension, increased ventricular wall thickness, and body mass index >25 kg/m ²	Parallel groups open
aliskiren vs ramipril			
Andersen , 2008 n=NA follow-up: 26 weeks	aliskiren 150 mg (up to 300mg) daily versus ramipril 5 mg (up to 10mg) daily	-	Parallel groups double blind

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6 Diuretics

Trial	Treatments	Patients	Trials design and methods
High-dose diuretics vs control			
HDFP , 1979 [NCT00000485?acronym=] n=5485/5455 follow-up: 5 y	High-dose diuretics versus Usual careb	persons with high blood pressure aged 30 to 69 years	US
thiazide diuretics vs control			
Carter , 1970 n=50/49 follow-up: 3.6 y	thiazide versus ?	-	NA Open
Oslo (Hegeland) , 1980 n=406/379 follow-up: 5.5 y	step 1: hydrochlorothiazide 50mg/d, step 2: alpha methyl dopa 250-500mg x2/d or propranolol 40-160mg x2/d, versus no treatment	men, aged 40 to 49 years, without target organ damage, with systolic blood pressures between 150 and 179 mm Hg and diastolic blood pressure below 110 mm Hg	parallel group Open Oslo
ANBPS (Australian) , 1980 n=1721/1706 follow-up: 4 y	step 1:chlorothiazide 500 mg/d, step 2: chlorothiazide 500mg x2/d or methyl dopa, propranolol, pindolol added, step 3: hydralazine or clonidine added versus placebo (without adjustment according to the BP!)	-	parallel group Double blind Australia
chlorthalidone vs placebo			
SHEP-pilot , 1989 n=443/108 follow-up: 2.8y	chlorthalidone versus placebo	elderly participants with untreated blood pressures of greater than 160/less than 90 mm Hg	double blind
VA-NHLBI , 1977 n=508/504 follow-up: 1.4 y	chlorthalidone 50mg/d versus placebo	patients aged 21 to 50 years with diastolic BP between 85 to 105 mm Hg	Double aveugle USA
SHEP , 1991 [NCT00000514] n=2365/2371 follow-up: 4.4 y	chlorthalidone, 12.5 mg/d , chlorthalidone, 12.5 mg/d , chlorthalidone, 12.5 mg/d versus placebo	patients aged 60 years and above with Systolic BP between 160 and 219 mm Hg and diastolic BP less than 90 mm Hg	Double blind
deserpidine +methylothiazide vs placebo			
HSCS , 1974 n=233/219 follow-up: 2.3y	deserpidine 1mg/d + methylothiazide 10mg/d versus placebo	stroke	Parallel groups Double blind USA
diuretic and rauwolfia serpentina vs placebo			
USPHS , 1977 n=193/196 follow-up: 7.0 y	diuretic and rauwolfia serpentina versus placebo	subjects, ages 21-55, with diastolic blood pressures between 90 and 115 mm Hg	double blind
High-dose diuretics vs placebo			
VA II , 1970 n=186/194 follow-up: 3.3y	High-dose diuretics versus Placebo	-	

continued...

Trial	Treatments	Patients	Trials design and methods
VA-I , 1967 n=73/70 follow-up: 1.5y	High-dose diuretics versus Placebo	-	
Barraclough , 1973 n=58/58 follow-up: 2.0 y	High-dose diuretics versus Placebo	-	
hydrochlorothiazide + triamterene vs placebo			
Kuramoto , 1981 n=44/47 follow-up: 4.0y	hydrochlorothiazide + triamterene versus placebo	patients over the age of 60 with sitting diastolic blood pressure on placebo treatment in the range 90-119 mm Hg and a systolic pressure in the range 160-239 mm Hg	double blind
EWPHE , 1985 n=416/424 follow-up: 4.3 y	hydrochlorothiazide + triamterene , hydrochlorothiazide + triamterene versus placebo	patients over the age of 60 with sitting diastolic blood pressure on placebo treatment in the range 90-119 mm Hg and a systolic pressure in the range 160-239 mm Hg	Double blind
indapamide vs placebo			
HYVET , 2008 [NCT00122811] n=1933/1912 follow-up: 1.8y (median)	indapamide sustained release 1.5 mg/d + perindopril 2-4mg/d to obtain SBP<150 and DBP<80 versus placebo	patients 80 years or older with persistent hypertension defined as a sustained systolic BP of 160 mm Hg or higher	Parallel groups Double blind Western and Eastern Europe, China, Australasia, and North Africa
PATS , 1995 n=2841/2841 follow-up: 2y	indapamide 2.5 mg/d versus placebo	-	Parallel groups Double blind China
thiazide diuretics vs placebo			
MCR 35-64 (diuretics vs pbo) , 1985 n=NA follow-up: 4.9y	bendrofluazide 10 mg/d (step 2: methyl dopa) versus placebo	mild hypertension	Parallel groups single blind
High-dose diuretics vs beta-blockers			
MRC (diu vs BB) , 1985 n=4297/4402 follow-up: 4.9y	High-dose diuretics versus -Blockers	-	

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MRC (diu vs BB), 1985:

7 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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8 mixed beta-blocker/diuretics

Trial	Treatments	Patients	Trials design and methods
various beta-blockers vs ACEI or calcium-blockers			
STOP-2 , 1999 n=NA follow-up: 50y	Atenolol, Metoprolol, Pindolol, HCTZ/Ami versus Enalapril, Lisinopril, Felodipine, Isradipine	patients aged 70-84 years with hypertension (blood pressure \geq 180 mm Hg systolic, \geq 105 mm Hg diastolic, or both).	open
Atenolol or hydrochlorothiazide vs verapamil			
CONVINCE , 2003 n=8361/8241 follow-up: 3.0y	Atenolol 50mg/d or hydrochlorothiazide 12.5 mg/d versus Verapamil 180mg/d	hypertension and 1 or more additional risk factors for cardiovascular disease	double blind 15 countries

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9 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.