

# Clinical trials of anti hypertensive agents for hypertension in all type of patient

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## 1 angiotensin-converting enzyme inhibitors

Trial	Treatments	Patients	Trials design and methods
<b>lisinopril vs amlodipine</b>			
<b>ALLHAT (ACEI vs amlodipine) , 2002</b> 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

## References

### ALLHAT (ACEI vs amlodipine), 2002:

Major outcomes in high-risk hypertensive patients randomized to angiotensin-converting enzyme inhibitor or calcium channel blocker vs diuretic: The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT). JAMA 2002;288:2981-97 [[12479763](#)]

Norris K, Bourgoigne J, Gassman J, Hebert L, Middleton J, Phillips RA, Randall O, Rostand S, Sherer S, Toto RD, Wright JT Jr, Wang X, Greene T, Appel LJ, Lewis J Cardiovascular outcomes in the African American Study of Kidney Disease and Hypertension (AASK) Trial. Am J Kidney Dis 2006;48:739-51 [[17059993](#)] [10.1053/j.ajkd.2006.08.004](#)

## 2 direct renin inhibitor

Trial	Treatments	Patients	Trials design and methods
<b>aliskiren vs amlodipine</b>			
<b>ACCELERATE , 2011</b> [ <a href="#">NCT00797862</a> ] n=NA follow-up:	-	essential hypertension, were aged 18 years or older, and had systolic blood pressure between 150 and 180 mm8200;Hg	
<b>aliskiren vs ramipril</b>			
<b>Andersen , 2008</b> 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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### Andersen, 2008:

Andersen K, Weinberger MH, Egan B, Constance CM, Ali MA, Jin J, Keefe DL Comparative efficacy and safety of aliskiren, an oral direct renin inhibitor, and ramipril in hypertension: a 6-month, randomized, double-blind trial. J Hypertens 2008;26:589-99 [18300872]

### 3 angiotensin receptor blocker

Trial	Treatments	Patients	Trials design and methods
<b>ARBs vs control</b>			
<b>Suzuki , 2008</b> 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
<b>candesartan vs control</b>			
<b>Takahashi , 2006</b> 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
<b>candesartan vs conventional treatment</b>			
<b>E-COST , 2005</b> 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
<b>E-COST-R , 2005</b> 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
<b>HIJ-CREATE , 2009</b> 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
<b>candesartan vs placebo</b>			
<b>SCOPE , 2003</b> 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
<b>irbesartan vs placebo</b>			
<b>IDNT (irbesartan vs pbo) , 2001</b> 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
<b>IRMA 2 , 2001</b> 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
<b>losartan vs placebo</b>			

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>RENAAL , 2001</b> 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
<b>telmisartan vs placebo</b>			
<b>PROPHESSE , 2008</b> [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
<b>candesartan vs amlodipine</b>			
<b>CASE-J , 2008</b> 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
<b>irbesartan vs amlodipine</b>			
<b>IDNT (irbesartan vs amlodipine) , 2001</b> 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
<b>valsartan vs amlodipine</b>			
<b>VALUE , 2004</b> [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
<b>losartan vs atenolol</b>			
<b>LIFE , 2002</b> 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
<b>telmisartan vs enalapril</b>			
<b>DETAIL , 2004</b> 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
<b>candesartan vs hydrochlorothiazide</b>			
<b>ALPINE , 2003</b> n=197/196 follow-up: 1 year	candesartan versus hydrochlorothiazide	newly detected hypertensives	Parallel groups double-blind Sweden
<b>olmesartan 40 mg vs olmesartan 20 mg plus a calcium-channel blocker</b>			
<b>OSCAR , 2011</b> [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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## 4 angiotensin-converting enzyme inhibitors

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Trial	Treatments	Patients	Trials design and methods
<b>ramipril vs amlodipine</b>			
<a href="#">AASK (ramipril vs amlodipine)</a> , 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 <sup>2</sup> )	Parallel groups Double blind US
<b>various ACEI vs calcium-channel blocker</b>			
<a href="#">STOP-2 (ACEI vs felodipine or isradipine)</a> , 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 >or = 180 mm Hg systolic, >or = 105 mm Hg diastolic, or both)	Parallel groups Open Sweden
<b>captopril vs diuretic or beta-blocker</b>			
<a href="#">CAPPP</a> , 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

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>UKPDS-HDS , 1998</b> 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
<b>various ACEI vs diuretic or beta-blocker</b>			
<b>STOP 2 (ACEI vs diuretic or beta-blocker) , 1999</b> 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
<b>enalapril vs diuretics</b>			
<b>ANBP2 , 2003</b> n=3044/3039 follow-up: 4.1 y	enalapril versus hydrochlorothiazide	subjects with hypertension 65 to 84 years	Parallel groups open Australia
<b>lisinopril vs diuretics</b>			
<b>ALLHAT (ACEI vs chlorthalidone) , 2002</b> 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
<b>ramipril vs metoprolol</b>			
<b>AASK (ramipril vs metoprolol) , 2002</b> 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 <sup>2</sup> )	Parallel groups Double blind US
<b>various ACEI vs nifedipine</b>			
<b>JMIC-B , 2002</b> n=NA follow-up: 30 y	ACE inhibitor versus nifedipine	HBP+CHD	Parallel groups Open Japan
<b>enalapril vs nisoldipine</b>			
<b>ABCD (H) , 1998</b> n=235/235 follow-up: 53 y	enalapril versus nisoldipine	patients with non-insulin-dependent diabetes and hypertension	double blind

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Wright JT Jr, Bakris G, Greene T, Agodoa LY, Appel LJ, Charleston J, Cheek D, Douglas-Baltimore JG, Gassman J, Glasscock R, Hebert L, Jamerson K, Lewis J, Phillips RA, Toto RD, Middleton JP, Rostand SG Effect of blood pressure lowering and antihypertensive drug class on progression of hypertensive kidney disease: results from the AASK trial. *JAMA* 2002;288:2421-31 [12435255]

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## 5 beta-blockers

Trial	Treatments	Patients	Trials design and methods
<b>atenolol vs control</b>			
Coope , 1986 n=419/465 follow-up: 44y	atenolol and bendrofluazide , Atenolol versus Open control	patients aged 60 to 79 years	Parallel groups open

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>atenolol vs placebo</b>			
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	
<b>oxprenolol vs placebo</b>			
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
<b>various beta-blockers vs placebo</b>			
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 Swezen
<b>atenolol vs bendroflumethiazide</b>			
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
<b>propranolol vs bendroflumethiazide</b>			
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)	
<b>various beta-blockers vs diuretics</b>			
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) without previous CHD, stroke	open
<b>atenolol vs hydrochlorothiazide+amiloride</b>			
MRC old (vs diuretics) , 1992 n=1102/1081 follow-up: 58y	Atenolol versus Hydrochlorothiazide/amiloride	hypertensive patients aged 65-74	double blind UK



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## 6 calcium-channel blockers

Trial	Treatments	Patients	Trials design and methods
amlodipine vs placebo			

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>IDNT (amlodipine vs pbo) , 2001</b> n=567/569 follow-up: 26	Amlodipine 10mg/d versus placebo	hypertensive patients with nephropathy due to type 2 diabetes	Parallel groups Double blind
<b>nitrendipine vs placebo</b>			
<b>SYST-EUR , 1997</b> 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
<b>amlodipine vs atenolol</b>			
<b>ASCOT-BPLA , 2005</b> 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
<b>lacidipine vs atenolol</b>			
<b>ELSA , 2002</b> n=1177/1157 follow-up: 40y	Lacidipine versus atenolol	patients with hypertension	Parallel groups Double blind
<b>verapamil vs atenolol</b>			
<b>INVEST (Pepine) , 2003</b> [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
<b>nifedipine vs atenolol+chlorthalidone</b>			
<b>Castel , 1994</b> n=146/205 follow-up:	Nifedipine 20mg/d versus Clonidine 0.15mg/d (n=61) or atenolol 100mg/d + chlorthalidone 25mg/d	-	
<b>amlodipine vs chlorthalidone</b>			
<b>ALLHAT (CCB vs diu) , 2002</b> 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 , 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
<b>lacidipine vs chlorthalidone</b>			
<b>SHELL , 2003</b> 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	
<b>verapamil vs chlorthalidone</b>			
<b>VHAS , 1998</b> n=707/707 follow-up: 2 years	verapamil SR 240 mg/d versus chlorthalidone 25mg/d	HBP	Parallel groups Open

continued...

Trial	Treatments	Patients	Trials design and methods
<b>diltiazem vs diuretic or beta-blocker</b>			
<b>NORDIL , 2000</b> 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 50-74 years	Parallel groups Open Norway, Sweden
<b>felodipine or isradipine vs diuretic or beta-blocker</b>			
<b>STOP-2 (CCB vs diuretic or beta-blocker) , 1999</b> 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 70-84 years with hypertension (blood pressure >180 mm Hg systolic, >105 mm Hg diastolic, or both).	Parallel groups Open
<b>verapamil vs diuretic or beta-blocker</b>			
<b>CONVINCE , 2003</b> 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
<b>isradipine vs hydrochlorothiazide</b>			
<b>MIDAS , 1996</b> n=442/441 follow-up: 3y	isradipine 2.5-5.0 mg twice daily versus hydrochlorothiazide 12.5-25 mg Twice daily	HBP	
<b>amlodipine plus benazepril vs hydrochlorothiazide plus benazepril</b>			
<b>ACCOMPLISH , 2008</b> [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
<b>nifedipine vs hydrochlorothiazide+amiloride</b>			
<b>INSIGHT , 2000</b> 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
<b>amlodipine vs lisinopril</b>			
<b>ALLHAT (CCB vs ACEI) , 2002</b> 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
<b>amlodipine vs metoprolol</b>			
<b>AASK (amlodipine vs metoprolol) , 2002</b> 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 1.73m2)	US
<b>amlodipine vs ramipril</b>			

continued...

Trial	Treatments	Patients	Trials design and methods
<b>AASK (amlodipine vs ramipril) , 2002</b> 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 <sup>2</sup> )	Factorial plan Double blind US
<b>nicardipine vs trichlormethiazide</b>			
<b>NICS-EH , 1999</b> 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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## 7 direct renin inhibitor

Trial	Treatments	Patients	Trials design and methods
<b>aliskiren vs placebo</b>			
<b>AVOID , 2008</b> [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
<b>aliskiren vs hydrochlorothiazide</b>			
<b>Schmieder (vs HCTZ) , 2009</b> n=567/557 follow-up: 20 weeks	aliskiren 300 mg versus hydrochlorothiazide 25 mg	patients with essential hypertension	Parallel groups double blind
<b>aliskiren vs losartan</b>			
<b>ALLAY , 2009</b> [NCT00219141] 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 <sup>2</sup>	Parallel groups open

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## 8 diuretics

Trial	Treatments	Patients	Trials design and methods
<b>vs</b>			
<b>HYVET pilot , 2003</b> n=426/426 follow-up: 1.1y	bendroflumethiazide versus no treatment	patients older than 80 years and with a sustained blood pressure of 160-219/90-109 mmHg	Parallel groups Open 10 European countries
<b>High-dose diuretics vs control</b>			

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>HDFP , 1979</b> [NCT00000485] n=5485/5455 follow-up: 5 y	High-dose diuretics versus Usual careb	persons with high blood pressure aged 30 to 69 years	US
<b>thiazide diuretics vs control</b>			
<b>Carter , 1970</b> n=50/49 follow-up: 3.6 y	thiazide versus ?	-	NA Open
<b>Oslo (Hegeland) , 1980</b> 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
<b>ANBPS (Australian) , 1980</b> 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
<b>chlorthalidone vs placebo</b>			
<b>SHEP-pilot , 1989</b> 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
<b>VA-NHLBI , 1977</b> 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
<b>SHEP , 1991</b> [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
<b>deserpidine +methylclothiazide vs placebo</b>			
<b>HSCS , 1974</b> n=233/219 follow-up: 2.3y	deserpidine 1mg/d + methylclothiazide 10mg/d versus placebo	stroke	Parallel groups Double blind USA
<b>diuretic and rauwolfia serpentina vs placebo</b>			
<b>USPHS , 1977</b> 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
<b>High-dose diuretics vs placebo</b>			
<b>VA II , 1970</b> n=186/194 follow-up: 3.3y	High-dose diuretics versus Placebo	male hypertensive patients with diastolic blood pressures averaging 90 to 114 mm Hg	

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	-	
<b>hydrochlorothiazide + amiloride vs placebo</b>			
MRC old , 1992 n=1081/2213 follow-up:	-	hypertensive patients aged 64-75	
<b>hydrochlorothiazide + triamterene vs placebo</b>			
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
<b>indapamide vs placebo</b>			
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
<b>thiazide diuretics vs placebo</b>			
MCR 35-64 (diuretics vs pbo) , 1985 n=NA follow-up: 4.9y	bendrofluazide 10 mg/d (step 2: methyldopa) versus placebo	mild hypertension	Parallel groups single blind
<b>High-dose diuretics vs beta-blockers</b>			
MRC (diu vs BB) , 1985 n=4297/4402 follow-up: 4.9y	High-dose diuretics versus -Blockers	-	

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## 9 endopeptidase inhibitors

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

## References

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## 10 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.