

Clinical trials of angiotensin renin system blockade for diabetes type 2 in all type of patients

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1 angiotensin receptor blocker

| Trial | Treatments | Patients | Trials design and methods |
|---|---|---|--|
| irbesartan vs placebo | | | |
| IDNT (irbesartan vs pbo) , 2001 n=579/569 follow-up: 2.6 years | Irbesartan 300 mg daily versus placebo | hypertensive patients with nephropathy due to type 2 diabetes | Parallel groups double blind Worldwide |
| IPDM (150mg) , 2001 n=195/201 follow-up: 2 years | irbesartan 150 mg daily versus placebo | hypertensive patients with type 2 diabetes and microalbuminuria | Parallel groups double-blind Worldwide |
| losartan vs placebo | | | |
| RENAAL , 2001 n=751/762 follow-up: 3.4 y | losartan 50 to 100 mg once daily versus placebo | patients with type 2 diabetes and nephropathy | Parallel groups double-blind America, Europe, Asia |
| olmesartan vs placebo | | | |
| ROADMAP , 2010 [NCT00185159] n=2232/2215 follow-up: 3.2 y | olmesartan at 40 mg/day versus placebo | patients with diabetes and at least one additional cardiovascular risk factor, but no evidence of renal dysfunction | Parallel groups double-blind Europe (19 countries) |
| ORIENT [NCT00141453] n=282/284 follow-up: | olmesartan versus placebo | patients with diabetic Nephropathy and overt proteinuria secondary to type 2 diabetes mellitus | Parallel groups double-blind Japan, Hong Kong |
| irbesartan vs amlodipine | | | |
| IDNT (irbesartan vs amlodipine) , 2001 n=579/567 follow-up: 2.6 years | Irbesartan 300 mg daily versus amlodipine 10 mg daily | hypertensive patients with nephropathy due to type 2 diabetes | Parallel groups double blind Worldwide |
| valsartan vs amlodipine | | | |
| NAGOYA HEART , 2011 <i>unpublished</i> [NCT00129233] n=575/575 follow-up: 3.2 y median | blood-pressure-lowering therapy based on valsartan; blood-pressure goal of <130/80 mm Hg versus blood-pressure-lowering therapy based on amlodipine; blood-pressure goal of <130/80 mm Hg | patients with hypertension with type 2 diabetes or impaired glucose tolerance | Parallel groups open Japan |

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2 angiotensin-converting enzyme inhibitors

| Trial | Treatments | Patients | Trials design and methods |
|--|---|--|-------------------------------|
| captopril or atenolol vs control | | | |
| UKPDS 38 , 1998 n=758/390 follow-up: 8.4y (median) | tight control of blood pressure aiming at a BP <150/85 (with the use of captopril or atenolol as main treatment, other treatment were added if the control criteria were not met) versus less tight control aiming at a blood pressure of <180/105 (avoiding treatment with ACE inhibitors or beta-blockers) | hypertensive patients with type 2 diabetes | Parallel groups open UK |
| ACE inhibitors vs placebo | | | |

continued...

| Trial | Treatments | Patients | Trials design and methods |
|--|--|--|--|
| HOPE (diabetic subgroup) , 2000 n=1808/1759 follow-up: 4.5 years | ramipril 10 mg once per day orally versus placebo | patients with diabetes (sub group), aged 55 years or older, who had a previous cardiovascular event or at least one other cardiovascular risk factor, no clinical proteinuria, heart failure, or low ejection fraction | Factorial plan double-blind North, South america, Europe |
| perindopril and indapamide vs placebo | | | |
| ADVANCE , 2007 [NCT00145925] n=NA follow-up: | fixed combination of perindopril and indapamide versus placebo | patients with type 2 diabetes irrespective of initial blood pressure levels or the use of other blood pressure lowering drugs | |
| captopril vs atenolol | | | |
| UKPDS 39 , 1998 n=400/358 follow-up: ND | captopril 25 mg/d aiming at a BP <150/85 versus atenolol 50mg/d aiming at a BP <150/85 | hypertensive patients with type 2 diabetes | Parallel groups open UK |
| ACE inhibitor vs calcium-channel blocker | | | |
| STOP-2 (ACEI vs CCB) (diabetic subgroup) , 2000 n=235/231 follow-up: 5.03y | ACE inhibitor versus calcium antagonists | diabetic (subgroup) elderly patients aged 70-84 years | open with blind assessment Sweden |
| lisinopril vs chlorthalidone | | | |
| ALLHAT (lisi vs chlor, diabetic subgroup) , 2002 n=2431/4498 follow-up: 4.9 y | lisinopril 10 to 40 mg/d versus chlorthalidone 12.5 to 25 mg/d | diabetic (subgroup) participants aged 55 years or older with hypertension | Parallel groups double-blind |
| captopril vs diuretic and/or beta-blockers | | | |
| CAPP (diabetic subgroup) , 1999 n=309/263 follow-up: 6.1 year | Captopril initial dose of 50 mg daily given in one or two doses versus thiazide diuretic or beta-blocker | Patients aged 25-66 years with a measured diastolic blood pressure of 100 mm Hg or more on two occasions; subgroup of diabetic patients | Parallel groups open with blinded assessment Sweden, Finland |
| ACE inhibitor vs diuretic or beta-blocker | | | |
| STOP-2 (ACEI, diabetic subgroup) , 2000 n=235/253 follow-up: 5.03y | ACE inhibitor versus conventional treatment (diuretic or beta-blocker) | diabetic (subgroup) elderly patients aged 70-84 years with hypertension | Parallel groups open with blind assessment Sweden |

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Entry terms: candesartan, candesartan cilexetil, TCV 116, TCV-116, Atacand, Blopress, Kenzen, Amias, Parapres, candesartan, CV 11974, CV11974, CV-11974, , irbesartan, Aprovel, Avapro, Karvea, losartan, Losartan, Cozaar, MK-954, MK 954, MK954, DuP-753, DuP 753, DuP753, Losartan Potassium, Losartan Monopotassium Salt, , valsartan, valsartan, Diovan, Tareg, KalpressMiten, Provas, Vals, walsartan, CGP 48933, Nisis, Aventis brand of valsartan,

3 About TrialResults-center.org

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