

# 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
<b>irbesartan vs placebo</b>			
<b>IDNT (irbesartan vs pbo) , 2001</b> 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
<b>IPDM (150mg) , 2001</b> 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
<b>losartan vs placebo</b>			
<b>RENAAL , 2001</b> 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
<b>olmesartan vs placebo</b>			
<b>ROADMAP , 2010</b> [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)
<b>ORIENT</b> [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
<b>irbesartan vs amlodipine</b>			
<b>IDNT (irbesartan vs amlodipine) , 2001</b> 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
<b>valsartan vs amlodipine</b>			
<b>NAGOYA HEART , 2011</b> <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unpublished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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Ritz E, Viberti GC, Ruilope LM, Rabelink AJ, Izzo JL Jr, Katayama S, Ito S, Mimran A, Menne J, Rump LC, Januszewicz A, Haller H Determinants of urinary albumin excretion within the normal range in patients with type 2 diabetes: the Randomised Olmesartan and Diabetes Microalbuminuria Prevention (ROADMAP) study. *Diabetologia* 2010;53:49-57 [[19876613](#)] [10.1007/s00125-009-1577-3](#)

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Matsushita K, Muramatsu T, Kondo T, Maeda K, Shintani S, Murohara T Rationale and design of the NAGOYA HEART Study: comparison between valsartan and amlodipine regarding morbidity and mortality in patients with hypertension and glucose intolerance. *J Cardiol* 2010;56:111-7 [[20409690](#)] [10.1016/j.jjcc.2010.03.004](#)

## 2 angiotensin-converting enzyme inhibitors

Trial	Treatments	Patients	Trials design and methods
<b><a href="#">captopril or atenolol vs control</a></b>			
<a href="#">UKPDS 38 , 1998</a> 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
<b><a href="#">ACE inhibitors vs placebo</a></b>			

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>HOPE (diabetic subgroup) , 2000</b> 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
<b>perindopril and indapamide vs placebo</b>			
<b>ADVANCE , 2007</b> [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	
<b>captopril vs atenolol</b>			
<b>UKPDS 39 , 1998</b> 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
<b>ACE inhibitor vs calcium-channel blocker</b>			
<b>STOP-2 (ACEI vs CCB) (diabetic subgroup) , 2000</b> 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
<b>lisinopril vs chlorthalidone</b>			
<b>ALLHAT (lisi vs chlor, diabetic subgroup) , 2002</b> 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
<b>captopril vs diuretic and/or beta-blockers</b>			
<b>CAPP (diabetic subgroup) , 1999</b> 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
<b>ACE inhibitor vs diuretic or beta-blocker</b>			
<b>STOP-2 (ACEI, diabetic subgroup) , 2000</b> 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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