

Clinical trials of anti hypertensive agents for hypertension in patients with additional risk factor

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1 angiotensin-converting enzyme inhibitors

Trial	Treatments	Patients	Trials design and methods
lisinopril vs amlodipine			
ALLHAT (ACEI 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

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](#)]

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2 angiotensin receptor blocker

Trial	Treatments	Patients	Trials design and methods
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
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

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Trial	Treatments	Patients	Trials design and methods
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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Ogawa H, Kim-Mitsuyama S, Jinnouchi T, Matsui K, Arakawa K Rationale, design and patient baseline characteristics of OlmeSartan and calcium antagonists randomized (OSCAR) study: a study comparing the incidence of cardiovascular events between high-dose angiotensin II receptor blocker (ARB) monotherapy and combination therapy of ARB with calcium channel blocker in Japanese elderly high-risk hypertensive patients (ClinicalTrials.gov no. NCT00134160). Hypertens Res 2009;32:575-80 [19444280] [10.1038/hr.2009.60](#)

3 angiotensin-converting enzyme inhibitors

Trial	Treatments	Patients	Trials design and methods
lisinopril vs diuretics			
ALLHAT (ACEI 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
various ACEI vs nifedipine			
JMIC-B , 2002 n=NA follow-up: 30 y	ACE inhibitor versus nifedipine	HBP+CHD	Parallel groups Open Japan

References

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Major outcomes in high-risk hypertensive patients randomized to angiotensin-converting enzyme inhibitor or calcium channel blocker vs diuretic: The Antihypertensive and

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4 calcium-channel blockers

Trial	Treatments	Patients	Trials design and methods
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
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
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 , 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
verapamil vs diuretic or beta-blocker			
CONVINCE , 2003 n=8241/8361 follow-up: 3 y	controlled-onset extended release (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
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

continued...

Trial	Treatments	Patients	Trials design and methods
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

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5 direct renin inhibitor

Trial	Treatments	Patients	Trials design and methods
aliskiren vs losartan			
ALLAY , 2009 [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 ²	Parallel groups open

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6 About TrialResults-center.org

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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.

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