

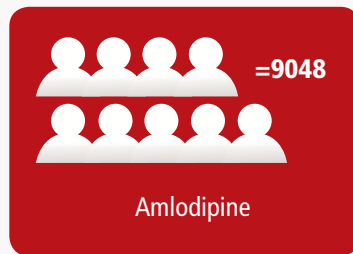
Methods: Participants received chlorthalidone 12.5 mg to 25 mg daily, amlodipine 2.5 mg to 10 mg daily, or lisinopril 10 mg to 40 mg daily. Additional therapy with atenolol, reserpine, or clonidine was used to further reduce BP to <140/90 mm Hg. The primary outcome was fatal coronary heart disease (CHD) or nonfatal myocardial infarction (MI).

Results: Over a median of 4.9 years of follow-up, no significant differences in the primary outcome or all-cause mortality were seen among the 3 treatments. But, after 6 years, chlorthalidone was linked to significantly lower rates of combined cardiovascular disease, stroke, and heart failure than lisinopril, as well as a lower heart failure rate than amlodipine. Stroke rates were higher in self-identified blacks taking lisinopril compared with calcium channel blockers, though non-black participants saw similar stroke rates with either therapy.



Average BP:
133.9/75.4 mm Hg

11.5 fatal CHD or nonfatal MI per 100 participants



Average BP:
134.7/74.6 mm Hg

11.3 fatal CHD or nonfatal MI per 100 participants



Average BP:
135.9/75.4 mm Hg

11.4 fatal CHD or nonfatal MI per 100 participants

Reference: 1. ALLHAT Investigators. Leenen FH, Nwachuku CE, Black HR, et al. Clinical events in high-risk hypertensive patients randomly assigned to calcium channel blocker versus angiotensin-converting enzyme inhibitor in the antihypertensive and lipid-lowering treatment to prevent heart attack trial. *Hypertension*. 2006;48(3):374-384. <http://hyper.ahajournals.org/content/48/3/374.full>. **2.** Wright JT Jr, Dunn JK, Cutler JA, et al. Outcomes in hypertensive black and nonblack patients treated with chlorthalidone, amlodipine, and lisinopril. *JAMA*. 2005;293(13):1595-1608. <http://jama.jamanetwork.com/article.aspx?articleid=200638>.