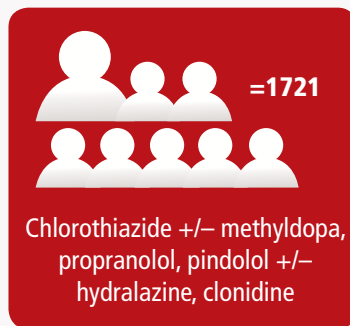
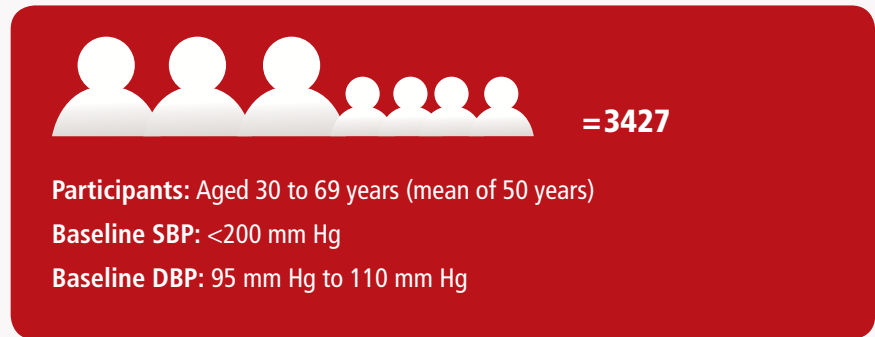
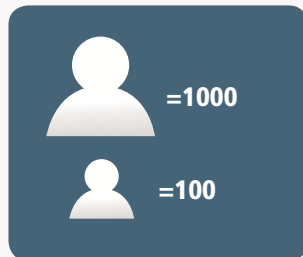


ANBP



Methods: Participants received placebo or first-line chlorothiazide 500 mg daily, plus second-line methyldopa, propranolol, or pindolol and third-line hydralazine or clonidine, if necessary. Initially, the goal DBP was <90 mm Hg, but 2 years into the trial, it was lowered to 80 mm Hg. Follow-up averaged 4 years in the intent-to-treat analysis, and 3 years in the on-treatment analysis. Rates of all-cause mortality and fatal and nonfatal cardiovascular events were analyzed.



DBP reduction:
-9.7 mm Hg to
-16.5 mm Hg

DBP reduction:
-5 mm Hg to
-9.2 mm Hg

Results: In the intent-to-treat analysis, active treatment reduced rates of cardiovascular death and fatal and nonfatal events compared with placebo. In the on-treatment analysis, active treatment significantly reduced rates of cardiovascular death, all-cause mortality, nonfatal cardiovascular events, and all fatal and nonfatal events compared with placebo.

19.7 fatal and nonfatal events per 1000 participant-years

7 fewer undesirable outcomes and 2 fewer deaths per 1000 participant-years

24.5 fatal and nonfatal events per 1000 participant-years