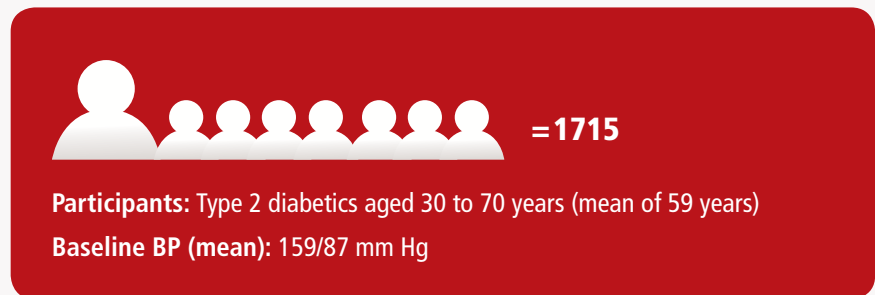
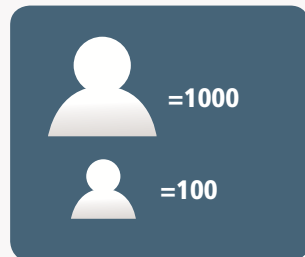


Collaborative 2



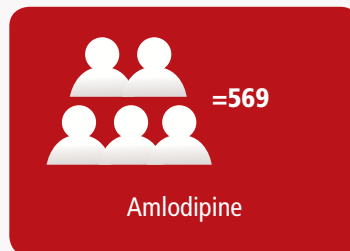
Methods: Participants received background therapy plus irbesartan 300 mg daily, amlodipine 10 mg daily, or placebo. The target BP was $\leq 135/85$ mm Hg, and the primary outcome was unfavorable renal events.

Results: Compared with amlodipine and placebo, irbesartan reduced the risk of serum creatinine doubling, end-stage renal disease, and hyperkalemia over a median of 2.6 years.



Average BP:
140/77 mm Hg

32.6% experienced unfavorable renal events
16.9% had a doubling of serum creatinine



Average BP:
141/77 mm Hg

41.1% experienced unfavorable renal events
25.4% had a doubling of serum creatinine



Average BP:
144/80 mm Hg

39% experienced unfavorable renal events
23.7% had a doubling of serum creatinine

Reference: Lewis EJ, Hunsicker LG, Clarke WR, et al. Renoprotective effect of the angiotensin-receptor antagonist irbesartan in patients with nephropathy due to type 2 diabetes. *N Engl J Med.* 2001;345(12):851-860. <http://www.nejm.org/doi/full/10.1056/NEJMoa011303>.