

Methods: Participants were randomized to treatment targeting DBP ≤ 90 mm Hg, ≤ 85 mm Hg, or ≤ 80 mm Hg. Felodipine was used as first-line therapy, followed by the addition of angiotensin-converting enzyme inhibitors, beta-blockers, and diuretics.

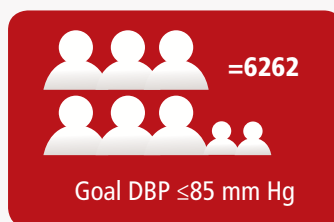
Results: Those who achieved an average BP of 138.5/82.6 mm Hg had the lowest risk of major cardiovascular events. Type 2 diabetics in the DBP ≤ 80 mm Hg target group had a 51% reduced risk of cardiovascular events compared with those in the DBP ≤ 90 mm Hg group. There was also a trend toward reduced mortality rates among type 2 diabetics with lower DBP targets.

While there were no significant differences in all-cause mortality, cardiovascular mortality, major cardiovascular events, or stroke among the groups after 3.8 years of follow-up, there was a significant relationship between lower DBP levels and reduced rates of myocardial infarction.



Average BP:
139.7/81.1 mm Hg
Average DBP reduction:
-24.3 mm Hg

4.1% CV mortality rate
8.8% total mortality rate



Average BP:
141.4/83.2 mm Hg
Average DBP reduction:
-22.3 mm Hg

3.8% CV mortality rate
8.2% total mortality rate



Average BP:
143.7/85.2 mm Hg
Average DBP reduction:
-20.3 mm Hg

3.7% CV mortality rate
7.9% total mortality rate

Reference: Hansson L, Zanchetti A, Carruthers SG, et al. Effects of intensive blood-pressure lowering and low-dose aspirin in patients with hypertension: principal results of the Hypertension Optimal Treatment (HOT) randomised trial. HOT Study Group. *Lancet*. 1998;351(9118):1755-1762. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(98\)04311-6](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(98)04311-6).