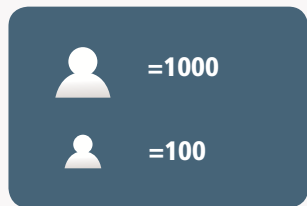


INVEST Post Hoc Analysis



Methods: Participants had received treatment with atenolol and hydrochlorothiazide or sustained-release verapamil and trandolapril. They were categorized into 3 groups by achieved SBP: <140 mm Hg, 140 mm Hg to <150 mm Hg, and ≥150 mm Hg. Importantly, those in the <140 mm group were significantly younger than the other groups, and investigators attempted to erase this effect with propensity-score matching.

The primary outcome was first occurrence of all-cause death, nonfatal myocardial infarction (MI), or nonfatal stroke, while secondary outcomes were all-cause mortality, cardiovascular mortality, total MI, nonfatal MI, total stroke, nonfatal stroke, heart failure, or revascularization, tabulated separately.

Results: After about 4 years of follow-up, those who achieved an SBP <140 mm Hg had the lowest rates of the primary outcome, all-cause mortality, cardiovascular mortality, MI, total stroke, and nonfatal stroke compared with the other groups ($P < .001$, all comparisons).



Average SBP achieved:
131 mm Hg

9.36% experienced all-cause death, nonfatal MI, or nonfatal stroke



Average SBP achieved:
144 mm Hg

12.71% experienced all-cause death, nonfatal MI, or nonfatal stroke



Average SBP achieved:
146 mm Hg

21.32% experienced all-cause death, nonfatal MI, or nonfatal stroke

Reference: Bangalore S, Gong Y, Cooper-DeHoff RM, Pepine CJ, Messerli FH. 2014 Eighth Joint National Committee panel recommendation for blood pressure targets revisited: results from the INVEST study. *J Am Coll Cardiol.* 2014;64(8):784-793. <http://content.onlinejacc.org/article.aspx?articleID=1898531>.