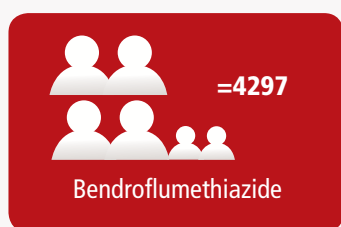




Methods: Participants received the thiazide bendroflumethiazide, the beta-blocker propranolol, or placebo targeting a goal DBP \leq 90 mm Hg.

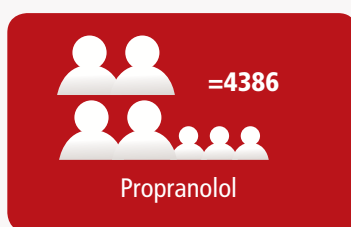
Results: Over 5 years of follow-up, bendroflumethiazide had the greatest effect on lowering BP, and cardiovascular event rates were significantly reduced with treatment compared with placebo.

Notably, bendroflumethiazide was more effective than propranolol in reducing stroke risk ($P = .002$). A reduction in stroke rate was observed in smokers taking bendroflumethiazide, but not in smokers taking propranolol, further differentiating the 2 drug classes. This is one reason the JNC 8 panel prioritized thiazide-based treatment over beta-blockers.



Average BP (men):
135/86 mm Hg
Average BP (women):
136/95 mm Hg

6.6 cardiovascular events per 1000 person-years



Average BP (men):
137/86 mm Hg
Average BP (women):
141/85 mm Hg

6.7 cardiovascular events per 1000 person-years



Average BP (men):
147/92 mm Hg
Average BP (women):
150/90 mm Hg

8.2 cardiovascular events per 1000 person-years