

Average BP:
143/68 mm Hg



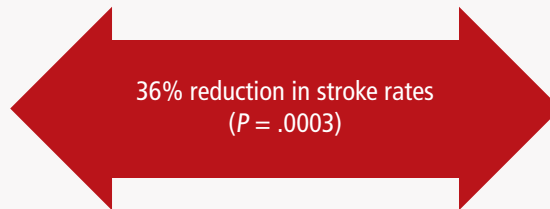
Methods: Participants received either placebo or active treatment with chlorthalidone 12.5 mg to 25 mg daily with or without atenolol 25 mg to 50 mg daily or reserpine 0.05 mg to 0.10 mg daily to reduce SBP to <170 mm Hg and DBP to <77 mm Hg. By year 5, 44% of the placebo group was receiving outside-study antihypertensive treatment.

Results: After 5 years of follow-up, active treatment was associated with a significant 37% reduction in the risk of nonfatal stroke, 34% reduction in major cardiovascular disease, 33% reduction in the risk of nonfatal myocardial infarction, 54% reduction in the risk of left ventricular failure, and 32% reduction in fatal and nonfatal cardiovascular events for both diabetics and nondiabetics.

A later analysis found active treatment prevented 51 events per 1000 participant-years in nondiabetics and 101 events per 1000 person-years in diabetics, compared with placebo.



Average BP:
155/72 mm Hg



References: 1. SHEP Cooperative Research Group. Prevention of stroke by antihypertensive drug treatment in older persons with isolated systolic hypertension. Final results of the Systolic Hypertension in the Elderly Program. *JAMA*. 1991;265(24):3255-3264. <http://www.ncbi.nlm.nih.gov/pubmed/8968014>. 2. Curb JD, Pressel SL, Cutler JA, et al. Effect of diuretic-based antihypertensive treatment on cardiovascular disease risk in older diabetic patients with isolated systolic hypertension. Systolic Hypertension in the Elderly Program Cooperative Research Group. *JAMA*. 1996;276(23):1886-1892. <http://www.ncbi.nlm.nih.gov/pubmed/8968014>.