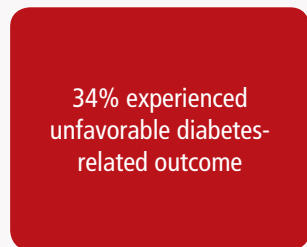


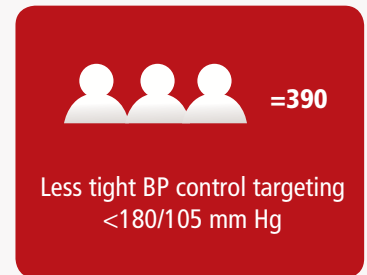
Average BP:
144/82 mm Hg



Methods: Participants were assigned either tight BP control targeting <150/85 mm Hg or less tight BP control targeting <180/105 mm Hg. Main treatment involved the angiotensin-converting-enzyme inhibitor captopril or the beta-blocker atenolol.

Unfavorable diabetes-related outcomes included sudden death, death from hyperglycemia or hypoglycemia, fatal or nonfatal myocardial infarction, angina, heart failure, stroke, renal failure, amputation, vitreous hemorrhage, retinal photocoagulation, blindness in one eye, or cataract extraction.

Results: After a median follow-up of 8.4 years, there was no significant reduction in all-cause mortality with tight BP control. However, diabetes-related deaths, stroke rates, and the rate of microvascular events were reduced with tight control.



Average BP:
154/87 mm Hg

