Appendix Evidence Table C79. Overview of diuretic versus placebo trial

| **Study/Region/**  **Funding Source** | **Inclusion/Exclusion Criteria** | **Patient Characteristics (expressed in means unless otherwise noted)** | **Intervention/Duration** | **Study Quality** |
| --- | --- | --- | --- | --- |
| Pahor, 199861  Multi-center  United States  Funding Source: Government | Inclusion: aged 60 and above; BP inclusion criteria were a systolic BP of 160 to 219 mm Hg and a diastolic BP of less than 90 mm Hg assessed as the average of 4 measurements (2 measurements were obtained at each of the 2 baseline visits).  Exclusion: a systolic BP of 220 mm Hg or higher, a recent myocardial infarction or stroke, or the presence of a major illness such as cancer, alcoholic liver disease, renal failure, insulin-treated diabetes mellitus, and depression. Participants who were receiving an antihypertensive treatment were considered potentially eligible if they had a systolic BP between 130 and 219 mm Hg and a diastolic BP of less than 85 mmHg and were free of major illnesses. | n=393 (subgroup with baseline serum creatinine above normal level [119.4-212.2 µmol/L or 1.35-2.40 mg/dL from overall cohort of 4,336)  Baseline characteristics from n=393 with elevated baseline creatinine:  Age (yr): 74.0  Gender (Male %): 81.4  Race/Ethnicity (%):  White 76.1  Black 19.8  Asian 2.8  Weight (kg): NA  BMI: 27.2  Systolic BP (mm Hg): 172  Diastolic BP (mm Hg): 77  CKD stage: NA  Serum creatinine (umol/L): NR  Creatinine clearance (mL/min): NR  Albuminuria (μg/min): NR  Proteinuria (mg/day): NR  Albumin/creatinine ratio (mg/g): NA  GFR (ml/min/1.73m2): NA  HbA1c (%): NA  Total cholesterol (mg/dL): NA  LDL cholesterol (mg/dL): NA  Diabetes (%): 11.7  History of HTN (%): 100  Dyslipidemia (%): NA  History of CAD (%): NA  History of CHF (%): NA  Peripheral arterial disease (%): NA  History of MI (%): 5.4  History of Stroke (%): 3.8  Current smoker (%): NA  History of AKI (%): NA | n= 216  Initiated chlorthalidone 12.5mg/day (if goal BP not met, dose may be increased, followed by addition of atenolol, then reserpine)  n=177 Placebo  Treatment goal was SBP <160 mm Hg or at least 20 mm Hg reduction from baseline.  Followup period: 5 years  Study withdrawals (%): Not reported for elevated serum creatinine group. | Allocation concealment: adequate  Blinding: double blinded (though open-label potassium supplement given to all participants with serum potassium levels <3.5 mmol/L)  Intention to Treat Analysis (ITT): yes  Withdrawals/Dropouts adequately described: yes (in original RCT) |

ACEI = angiotensin converting enzyme inhibitor; ACR = albumin/creatinine ratio; AER = albumin excretion rate; AKI = acute kidney injury; ARB = angiotensin II receptor blocker; BB = bete blocker; BMI = body mass index; BP = blood pressure; CAD = coronary artery disease; CCB = calcium channel blocker; CHD = coronary heart disease; CHF = congestive heart failure; CKD = chronic kidney disease; CV = cardiovascular; CVA = cerebrovascular accident; DBP = diastolic blood pressure; DM = diabetes mellitus; GFR = glomerular filtration rate; HbA1c = hemoglobin A1c; HTN = hypertension; LDL = low density lipoprotein; LVEF = left ventricular ejection fraction; MI = myocardial infarction; NR = not reported; NSAIDS = [non-steroidal anti-inflammatory drug;](http://en.wikipedia.org/wiki/Non-steroidal_anti-inflammatory_drug) PVD = peripheral vascular disease; RCT = randomized controlled trial; SBP = systolic blood pressure; UACR = urinary albumin/creatinine ratio; UAE = urinary albumin excretion