Table. The test for interaction was significant showing stronger effects of losartan among patients with prior aspirin for both the primary endpoint (cardiovascular mortality, fatal or non-fatal myocardial infarction, and fatal or non-fatal stroke) (p=0.016 for interaction) and myocardial infarction (p=0.037 for interaction). 4. In hypertensive patients using the angiotensin-ll type 1 receptor antagonist losartan, there seemed to be a positive interaction with significant reductions for the primary endpoint and myocardial infarction with losartan in patients using aspirin.

The Effect of Aspirin on Endpoints in the LIFE Study

		Atenolol Without Aspirin n=3622 With Aspirin n=966	Losartan Without Aspirin n=3601 With Aspirin n=1004
Event	Aspirin	Pts w/events	Pts w/events (%)
Angina pectoris	No	93 (2.6)	107 (3.0)
	Yes	48 (5.0)	53 (5.3)
Cong. heart failure	No	108 (3.0)	108 (3.0)
	Yes	53 (5.5)	45 (4.5)
Cardiovascular death	No	158 (4.4)	148 (4.1)
	Yes	76 (7.9)	56 (5.6)
Myocardial infarction (definite)	No	130 (3.6)	154 (4.3)
	Yes	58 (6.0)	44 (4.4)
Mortality	No	310 (8.6)	277 (7.7)
	Yes	121 (12.5)	106 (10.6)
Primary endpoint	No	408 (11.3)	380 (10.6)
	Yes	180 (18.6)	128 (12.7)
Stroke	No	215 (5.9)	171 (4.7)
	Yes	94 (9.7)	61 (6.1)

Key Words: Losartan, Aspirin, Atenolol

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BASELINE CHARACTERISTICS OF PARTICIPANTS IN THE LIPID LOWERING COMPONENT OF ALLHAT

Vasilios Papademetriou, David Gordon, Thomas J Hartney, Theresa S Geraci, Linda B Piller, Charles E Ford, Efrain Reisin, Brian M Summer, Nathan D Wong, Puneet Narayan, Chuke Nwachuku, Julian L Haywood. Medicine, VAMC, Washington, DC; NHLBI, NIH, Bethesda, MD; Medicine, University of California, Irvine, CA.

Introduction: ALLHAT is the largest antihypertensive trial ever done in the United States. Patients were initially randomized to one of 4 treatment groups: Chlorthalidone, amlodipine, lisinopril and Doxazosin. Of the 42,418 patients randomized to the antihypertensive trial, 10,356 were also randomized to the Lipid Lowering component (LLC). The objectives of this study, were 1) to evaluate the impact of pravastatin treatment on all-cause mortality in a hypertensive cohort with multiple risk factors and 2) to assess the applicability of benefits to populations that had been excluded or under-represented in previous trials (seniors, women, minority, racial and ethnic groups, diabetics, etc.). Eligible patients for the lipid component were those with no history of coronary heart disease (CHD) and fasting LDL cholesterol of 120-189 mg/dl on no lipid lowering therapy, or fasting LDL cholesterol of 100-129 and history of CHD. Of the LLC participants 5,185 were randomized to Usual Care and 5,171 to pravastatin 40mg daily. The study physician had the option of lowering the dose of pravastatin if poorly tolerated. Approximately 14% of LLC participants had a history of CHD and were equally distributed to Usual Care or Pravastatin therapy.

Results: ALLHAT over-recruited groups of patients under-represented in previous lipid lowering trials. Thus the LLC included 49% women, 37% black patients, 32% over the age of 70, 60% current /past smokers and 34% diabetics. Baseline characteristics, such as body mass index, systolic and diastolic BP, serum creatinine, fasting blood glucose, and baseline lipids were similar between the UC and PRAV participants. Differences that emerged among the various subgroups are shown on table below.

In Conclusion: Baseline characteristics were similar among ALLHAT Participants randomized to UC or PRAV. Subgroups of patients under-represented in previous trials showed substantial differences in their baseline lipid profiles.

Lipid Profiles of Various Patient Sub-groups

	Men	Women	White	African Am	Diabetic	Non-Diabetic
Total-C	217	232*	224	226*	225	224
HDL-C	43	52*	44	52*	46	48*
LDL-C	144	149*	145	148*	146	146
Triglycerides	150	152	169	124*	158	147*

** P < .01 compared to respective subgroup*

Key Words: cholesterol, Hypertension, lipids

OR-29

THE VALUE TRIAL: LONG-TERM BLOOD PRESSURE TRENDS IN 13,449 PATIENTS WITH HYPERTENSION AND HIGH CARDIOVASCULAR RISK

Stevo Julius, Sverre E Kjeldsen, Hans Brunner, Lennart Hansson, Marc Henis, Steffan Ekman, John Laragh, Gordon McInnes, Beverly Smith, Michael Weber, Alberto Zanchetti. Hypertension/Internal Medicine, University of Michigan Hospital, Ann Arbor, MI; Cardiovascular Clinical Research, Novartis Pharmaceuticals Corporation, Summit, NJ; Cardiovascular Clinical Research, Novartis Pharma AG, Basel, Switzerland.

Purpose: The VALUE Trial compares cardiovascular outcomes in 15,314 eligible patients from 31 countries randomized to valsartan or amlodipine-based treatment.

Methods: The blood pressure (BP) trends are analyzed in 13,449 patients with baseline and 24 months data, and in 12,570 patients with baseline and 30 months data.

Results: Ninety two % received antihypertensive therapy prior to enrollment. The (entry) BP in treated patients was 153.5/ 86.9 mmHg compared to 168.1.8/95.3 mmHg in untreated patients. After sixth months both groups had indistinguishable BP values. At 12 months the BP fell to 141.2/ 82.9 mmHg, at 24 month to 139.1/79.8 mmHg ($p < 0.0001$ vs 12 months), and to 138.1/79.0 mmHg at 30 months ($p < 0.0001$ vs 24 months). Compared to baseline (21.7%) the systolic control BP (<140 mmHg) increased to 59.5% at 24 months and 62.2% at 30 months. Similarly, the diastolic control BP (<90 mmHg) increased from 53.7% at baseline to 88.6% at 24 months and 90.0% at 30 months, and combined control (<140 and <90 mmHg) increased from 18.9% at baseline to 57.6% at 24 months and 60.5% at 30 months. All proportions at 24 and 30 months vs baseline for diastolic, systolic and combined control BP are highly significant ($p<0.0001$). At 24 months 87.7% of all patients received randomized therapy: monotherapy = 39.7%, added hydrochlorothiazide= 46.0%, additional drugs permitted by the protocol= 15.9%.

Conclusion: The VALUE Trial is executed in regular clinical settings. The achieved BP control in this study is better than in any published large-scale trial. Our results demonstrate that when explicit BP goal is set and a treatment algorithm is provided, the physicians achieve much better control rates than in their regular practice.

Key Words: target blood pressure, valsartan, amlodipine