

METHODS

We randomly assigned 3845 patients from Europe, China, Australasia, and Tunisia who were 80 years of age or older and had a sustained systolic blood pressure of 160 mm Hg or more to receive either the diuretic indapamide (sustained release, 1.5 mg) or matching placebo. The angiotensin-converting–enzyme inhibitor perindopril (2 or 4 mg), or matching placebo, was added if necessary to achieve the target blood pressure of 150/80 mm Hg. The primary end point was fatal or nonfatal stroke.

RESULTS

The active-treatment group (1933 patients) and the placebo group (1912 patients) were well matched (mean age, 83.6 years; mean blood pressure while sitting, 173.0/90.8 mm Hg); 11.8% had a history of cardiovascular disease. Median follow-up was 1.8 years. At 2 years, the mean blood pressure while sitting was 15.0/6.1 mm Hg lower in the active-treatment group than in the placebo group. In an intention-to-treat analysis, active treatment was associated with a 30% reduction in the rate of fatal or nonfatal stroke (95% confidence interval [CI], –1 to 51; $P=0.06$), a 39% reduction in the rate of death from stroke (95% CI, 1 to 62; $P=0.05$), a 21% reduction in the rate of death from any cause (95% CI, 4 to 35; $P=0.02$), a 23% reduction in the rate of death from cardiovascular causes (95% CI, –1 to 40; $P=0.06$), and a 64% reduction in the rate of heart failure (95% CI, 42 to 78; $P<0.001$). Fewer serious adverse events were reported in the active-treatment group (358, vs. 448 in the placebo group; $P=0.001$).

Šta je nulta hipoteza?

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Da li su uzorci nezavisni?