Appendix Evidence Table C44. Overview of ACEI plus diuretic versus placebo trial

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| **Study/Region/**  **Funding Source** | **Inclusion/Exclusion Criteria** | **Patient Characteristics (Expressed in means unless otherwise noted)** | **Intervention/Duration** | **Study Quality** |
| Lambers Heerspink 201051  ADVANCE Management Committee 200152  Country  Multinational  Funding Source: Industry and Government | Inclusion: age 55 years or older, diagnosed with type 2 diabetes at age 30 or older, evidence of elevated risk of cardiovascular disease (age 65 or older, diabetes diagnosed ≥ 10 years prior to entry, history of stroke or MI, hospital admission for TIA or unstable angina, coronary or peripheral revascularization, amputation secondary to vascular disease, macroalbuminuria, proliferative retinopathy or retinal photocoagulation therapy, macular edema, blindness in one eye related to diabetes, other major risk factor [current smoking, total cholesterosl >6.0 mmol/l, HDL <1.0 mmol/l, or microalbuminuria])  Exclusion: definite indication for long-term insulin therapy | N=10,640 (baseline results below are for n=2,482 with CKD stage 1 or 2 and 2,044 with CKD stage 3) Age (yr): 66.59  Gender (Male %): 52.6 Race/Ethnicity (%): NR  Weight: NR  BMI: 28.4 Systolic BP (mm Hg): 147.6  Diastolic BP (mm Hg): 81.0  CKD stage: subgroup analysis for CKD stages 1-3 Serum creatinine (μmol/L): NR  Creatinine clearance (mL/min): NR  eGFR (mL/min): 70.7 Albuminuria (μg/min): NR  Albumin/Creatinine ratio (μg/mg, median): 48.1  HbA1c (%): 7.7 Total cholesterol (mg/dL): NR  LDL cholesterol (mmol/L): 3.2 Diabetes (%): 100  History of HTN (%): 74.6 (currently treated) Dyslipidemia (%): NR  History of CAD (%): 34.7 (major macrovascular disease)  History of CHF (%): NR Peripheral arterial disease (%): NR  History of MI (%): 12.8  History of Stroke (%): 10.8  Current smoker (%): NR History of AKI (%): NR | All subjects – 6 week run-in with 2 mg perindopril and 0.625 mg indapamide  Those who were tolerant randomized to same dose or placebo; doses doubled after 3 months to 4 mg perindopril and 1.25 mg indapamide  Comcomitant treatment at descretion of provider except that open-label perindopril to max of 4 mg/day was only ACEI allowed and thiazide (-like) diuretics were not permitted  Followup period: mean 4.3 years  Study withdrawals (%): NA | Allocation Concealment: Adequate  Blinding: Double  Intention to Treat Analysis (ITT): NA-subgroup analysis   Withdrawals/Dropouts adequately described: NA-subgroup analysis |

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; HDL=high density lipoprotein cholesterol; 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; TIA=transient ischemic attack; UACR = urinary albumin/creatinine ratio; UAE = urinary albumin excretion