Appendix Evidence Table C84. Overview of ACEI versus conventional therapy without ACEI trial

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| **Study/Region/**  **Funding Source** | **Inclusion/Exclusion Criteria** | **Patient Characteristics (expressed in means unless otherwise noted)** | **Intervention/Duration** | **Study Quality** |
| Cinotti, 200162  Country  Italy, multisite  Funding Source: Industry | Inclusion: ages 18-70 years; chronic renal insufficiency due to primary renoparenchymal diseases; no ACEI therapy for at least 3 months; renal insufficiency of at least 12 months with creatinine clearance between 20 and 50 ml/min/1.73m2 with variation <30% in at least 3 determinations during past 3 months; hypertension (either nontreated DBP ≥95 mmHg or well-documented treatment with antihypertensive drugs\*); proteinuria ≤1.0 g/day  Exclusion: nephropathy secondary to diabetes or other systemic diseases; malignant hypertension or previous antihypertensive treatment with >2 drugs; cerebrovascular events in the last 6 months or MI in the last 3 months; heart failure, angina, or other major cardiac diseases; significant liver, hemopoietic, or endocrine pathology; concomitant therapy with steroids or immuosuppressive drugs and erythropoietin; pregnancy; lactation; serum potassium <3 mEq/l or >5.8 mEq/l; hypersensitivity or any contraindication to use of ACEI  \*During 3 month run-in period, patients to follow 0.8 g/kg IBW protein and 3-4 g/day salt diet. Antihypertensive agents (CCB, BB or alpha blocker) continued or added. Patients required to be “compliant” and have stable DBP ≤90 mm Hg with one or two drugs at end of run-in to proceed to randomization. | N=131 Age (yr): 50.8  Gender (Male %): 66 Race/Ethnicity (%): NR  Weight (kg): 71.4 BMI: NR  Systolic BP (mm Hg): 141.6  Diastolic BP (mm Hg): 85.7 CKD stage: NR Serum creatinine (mg/dL): 2.3  Creatinine clearance (mL/min): 36.3 Albuminuria (μg/min): NR  Proteinuria (mg/day): 512  Albumin/creatinine ratio (mg/g): NR measured GFR (ml/min/1.73m2): 35.8  HbA1c (%): NR  Total cholesterol (mg/dL): NR  LDL cholesterol (mg/dL): NR Diabetes (%): 0  History of HTN (%): 100 Dyslipidemia (%): NR  History of CAD (%): NR  History of CHF (%): 0 Peripheral arterial disease (%): NR  History of MI (%): NR (no recent)  History of Stroke (%): NR (no recent)  Current smoker (%): NR History of AKI (%): NR | n=66 Lisinopril 5-10 mg/day or Lisinopril 10 mg/day with other antihypertensive drug (L)  n=65 Conventional antihypertensive therapy (without ACEI) (C)  NSAID use limited to 7 days, ASA allowed at <500 mg/d.  Followup period: 22.5 months  Study withdrawals (%):  No information reported on study withdrawals | Allocation Concealment: Unclear  Blinding: Open-label  Intention to Treat Analysis (ITT): Yes  Withdrawals/Dropouts adequately described: No data reported on withdrawals/dropouts. |

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