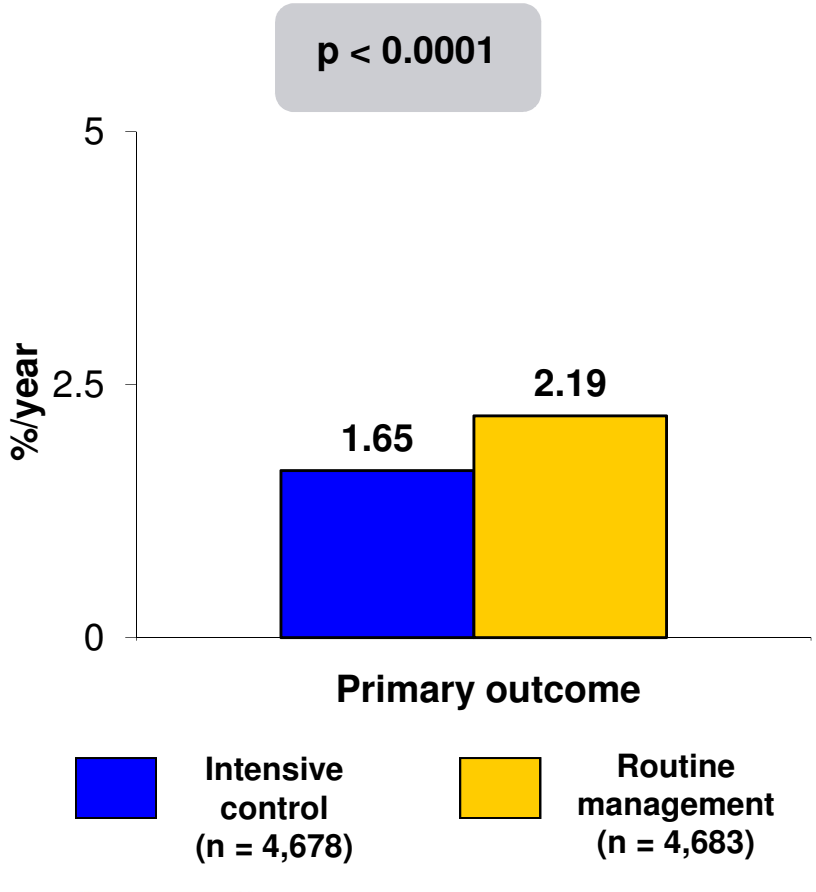
# SPRINT

**Trial design**: Patients with systolic BP ≥130 mm Hg and at least one risk factor were randomized in a 1:1 fashion to either intensive SBP lowering (target <120 mm Hg) or routine SBP management (target <140 mm Hg). Patients were followed for 5 years.

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## Results

- Primary outcome, MI/ACS/stroke/CHF/CV death: intensive vs. routine: 1.65%/year vs. 2.19%/year, HR 0.75, 95% CI 0.64-0.89; p < 0.0001; stroke: 1.3% vs. 1.5%, p = 0.5; CHF: 1.3% vs. 2.1%, p = 0.002
- Mortality: 3.3% vs. 4.5%, p = 0.0003; CV death: 0.8% vs. 1.4%, p = 0.0005; worsening renal function among patients without CKD: 3.8% vs. 1.1%, p < 0.001
- Hypotension: 2.4% vs. 1.4%, p = 0.001

## Conclusions

- Landmark trial; indicates that intensive BP lowering to a target <120 mm Hg is superior to routine management with a target of <140 mm Hg in non-diabetic patients with HTN, including in elderly patients. Reductions were also noted in CV and all-cause mortality, accompanied by a reduction in CHF
- Likely to impact clinical practice and guidelines

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