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我院田刚教授团队参与的研究成果发表在《新英格兰医学杂志》

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近日，《新英格兰医学杂志》(The New England Journal of Medicine) (影响因子91.245) 刊发了由中国专家独立完成的一项全国多中心、随机、对照临床试验的研究成果，题目为《老年高血压患者降压靶目标的干预策略研究STEP》。研究结果显示：在中国60~80岁老年高血压患者中，降压目标为110~<130mmHg强化降压，相比130~<150mmHg的标准降压，心血管事件发生率更低。更新了业内共识认为的<140mmHg的既往标准。杂志同期也刊发了述评，题为(Moving the Goalposts for Blood Pressure —Time to Act)，认为《STEP研究》证实了“收缩压降至低于目前普遍接受的目标值，能够切实提供临床获益且相对安全”。田刚教授和西安交通大学第一附属医院心血管内科作为文章的合著者和署名单位之一，以严谨认真的科学态度，历时4年高质量地完成了该项临床研究。

ORIGINAL ARTICLE

Trial of Intensive Blood-Pressure Control in Older Patients with Hypertension

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ABSTRACT

BACKGROUND

The appropriate target for systolic blood pressure to reduce cardiovascular risk in older patients with hypertension remains unclear.

METHODS

In this multicenter, randomized, controlled trial, we assigned Chinese patients 60 to 80 years of age with hypertension to a systolic blood-pressure target of 110 to less than 130 mm Hg (intensive treatment) or a target of 130 to less than 150 mm Hg (standard treatment). The primary outcome was a composite of stroke, acute coronary syndrome (acute myocardial infarction and hospitalization for unstable angina), acute decompensated heart failure, coronary revascularization, atrial fibrillation, or death from cardiovascular causes.

RESULTS

Of the 9624 patients screened for eligibility, 8511 were enrolled in the trial; 4243 were randomly assigned to the intensive-treatment group and 4268 to the standard-treatment group. At 1 year of follow-up, the mean systolic blood pressure was 127.5 mm Hg in the intensive-treatment group and 135.3 mm Hg in the standard-treatment group. During a median follow-up period of 3.34 years, primary-outcome events occurred in 147 patients (3.5%) in the intensive-treatment group, as compared with 196 patients (4.6%) in the standard-treatment group (hazard ratio, 0.74; 95% confidence interval [CI], 0.60 to 0.92; $P=0.007$). The results for most of the individual components of the primary outcome also favored intensive treatment: the hazard ratio for stroke was 0.67 (95% CI, 0.47 to 0.97), acute coronary syndrome 0.67 (95% CI, 0.47 to 0.94), acute decompensated heart failure 0.27 (95% CI, 0.08 to 0.98), coronary revascularization 0.69 (95% CI, 0.40 to 1.18), atrial fibrillation 0.96 (95% CI, 0.55 to 1.68), and death from cardiovascular causes 0.72 (95% CI, 0.39 to 1.32). The results for safety and renal outcomes did not differ significantly between the two groups, except for the incidence of hypotension, which was higher in the intensive-treatment group.

CONCLUSIONS

In older patients with hypertension, intensive treatment with a systolic blood-pressure target of 110 to less than 130 mm Hg resulted in a lower incidence of cardiovascular events than standard treatment with a target of 130 to less than 150 mm Hg. (Funded by the Chinese Academy of Medical Sciences and others; STEP ClinicalTrials.gov number, NCT03015311.)

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*A complete list of members of the STEP Study Group is provided in the Supplementary Appendix, available at NEJM.org.

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