AIM HY-INFORM

199550

Comparison of optimal hypertension regimens (Part of the ancestry informative markers in hypertension (AIM HY) Programme)

Objectives

Primary objective:

1. To determine if the response to antihypertensive drugs differ by self-defined ethnicity (SDE)

Secondary objectives:

1. To determine if the response to antihypertensive drugs differs by (a) Ancestry Informative Markers, (b) Baseline metabolomics, (c) Baseline Haemodynamics (d) Genomics (e) Detailed SDE comparison with AIM.
2. To determine the most effective mono and dual therapy for hypertension, and whether this varies by ethnicity
3. To determine whether metabolomics and haemodynamics differs by ethnicity
4. To test whether previously identified biomarkers (derived from other cohorts e.g. US) can predict response to therapy

Tertiary objectives:

1. To determine the association between cross-sectional and longitudinal change in BP and haemodynamic and genomic measures
2. To determine the most effective mono and dual therapy for hypertension, and whether this varies by other potential stratifiers (e.g. age and gender distribution)
3. To test drug compliance

Design

Randomised, open-label, cross-over trial in a multi ethnic cohort of hypertensives

Professor Ian Wilkinson *(CI)*

University of Cambridge *(Sponsor)*

Patient

Involvement

- All patients will be required to attend a screening and baseline visit.
- Following baseline patients will be followed up every four weeks for 24 weeks (Monotherapy) and every four weeks for 32 weeks (Dual therapy)
- Note: Screening visit (V1), Baseline visit (V2) and V3 can be combined.

Eligibility

Inclusion

Aged 18 – 65

- Ethnicity self-identified as white, black or Asian.
- Hypertensive (BP ≥135 mmHg (systolic) or ≥ 85 mmHg (diastolic) or taking antihypertensive drugs and likely to be controllable on study drug.

Please see protocol for full list.

Exclusion

- Secondary hypertension, hepatic impairment, kidney impairment.
- Requirement to take any of the study drugs continuously

Please see protocol for full list.