

# *What Else Will We Learn from SPRINT?*

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*For the SPRINT Study Research Group*

# *Cognitive outcomes*

- *One of SPRINT's specific aims was to address hypotheses related to dementia, cognitive decline, and brain changes on MRI.*
- *2800 participants received extended cognitive testing in addition to the screening tests performed on the entire cohort*
- *From a subset of clinics, a total of 640 participants were recruited to undergo brain MRI at baseline and after 4 years of follow-up*

# *Cognitive outcomes*

- *Main secondary outcome: Incident dementia (all-cause)*
- *Additional secondary outcomes:*
  - *Global and Domain-Specific rate of cognitive decline*
  - *Incident Mild Cognitive Impairment (MCI)*
  - *Brain MRI for*
    - *Microvascular disease burden*
    - *Total Brain Volume*
- *Cognitive testing was done at baseline, 2 years, and 4 years or closeout.*

# *Cognitive outcomes*

- *We expected a majority of the incident mild cognitive impairment and dementia to be ascertained at or beyond the Year 4 visit*
- *When the intervention was stopped, very few participants had completed the Year 4 visit and only about 1% of the follow-up MRI data had been obtained*
- *The Steering Committee and clinics remain blinded to the cognitive results until mid-2016*

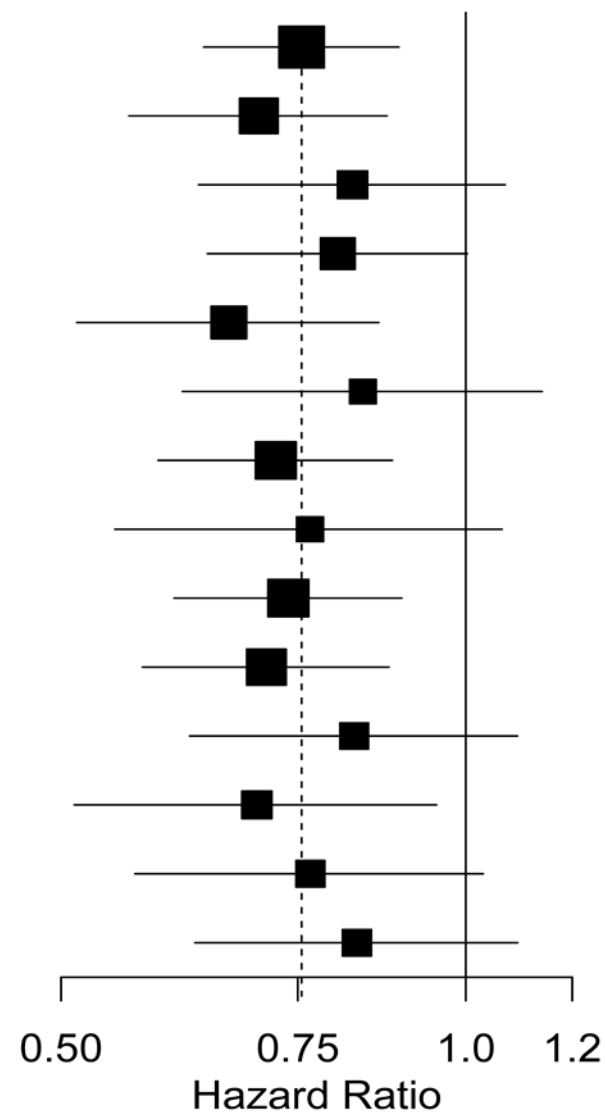
# *Subgroups*

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- *None of the subgroups exhibit substantial heterogeneity with respect to the intervention effect.*
- *However, there is interest in exploratory analysis focused on some of our targeted subgroups, especially seniors and participants with CKD at baseline.*
- *Addressing special concern for how intensive lowering of SBP affects seniors is a high priority: a presentation at GSA later this month, which will also assess impact by frailty and gait speed, with rapid publication*

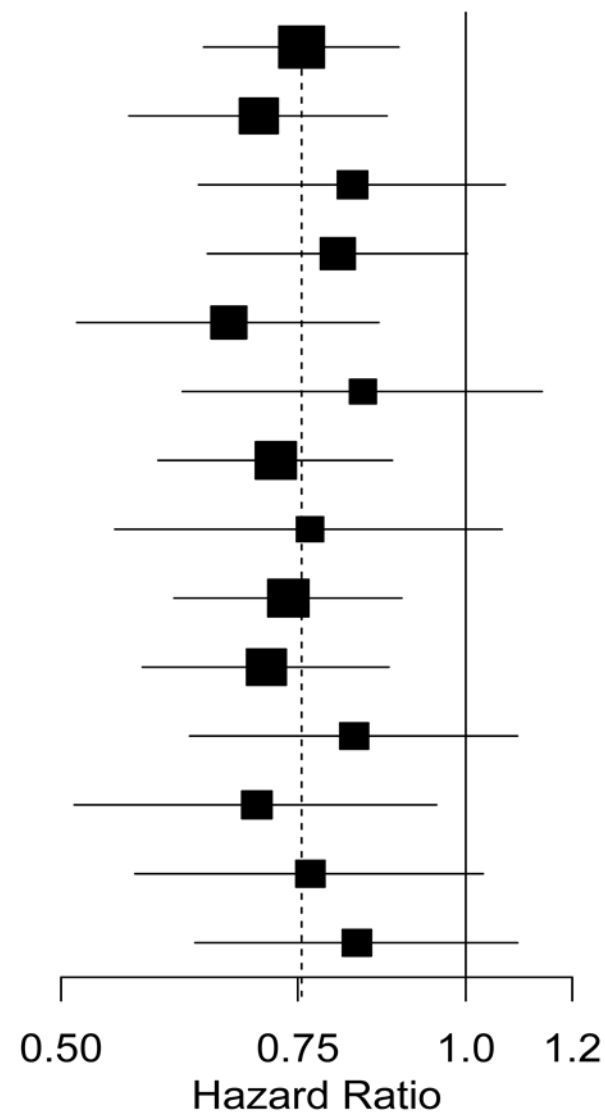
<b>Subgroup</b>	<b>HR</b>	<b>P*</b>
Overall	0.75 (0.64,0.89)	
No Prior CKD	0.70 (0.56,0.87)	0.36
Prior CKD	0.82 (0.63,1.07)	
Age < 75	0.80 (0.64,1.00)	0.32
Age ≥ 75	0.67 (0.51,0.86)	
Female	0.84 (0.62,1.14)	0.45
Male	0.72 (0.59,0.88)	
African-American	0.77 (0.55,1.06)	0.83
Non African-American	0.74 (0.61,0.90)	
No Prior CVD	0.71 (0.57,0.88)	0.39
Prior CVD	0.83 (0.62,1.09)	
SBP ≤ 132	0.70 (0.51,0.95)	0.77
132 < SBP < 145	0.77 (0.57,1.03)	
SBP ≥ 145	0.83 (0.63,1.09)	

\*Unadjusted for multiplicity



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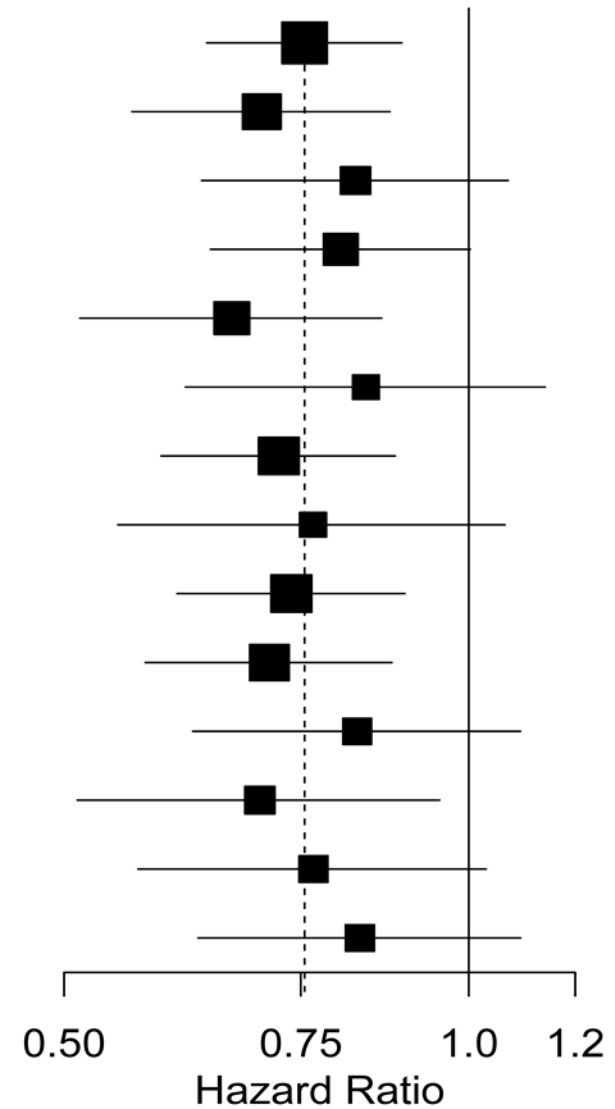
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# *Subgroups*

- *Effects on participants with CKD at baseline is another high priority topic, along with effects on renal outcomes in participants with and without CKD at baseline*
- *Manuscripts on cardiovascular outcomes in the CKD subgroup and renal outcomes in the CKD and non-CKD subgroups are being developed*

## *Other outcomes*

- *Effects on specific cardiovascular outcomes: heart failure, stroke, MI*
- *Effects on safety outcomes*

# Serious Adverse Events\* (SAE) During Follow-up

	Number (%) of Participants		
	Intensive	Standard	HR (P Value)
	<b>All SAE reports</b>	<b>1793 (38.3)</b>	<b>1736 (37.1)</b>
<b>SAEs associated with Specific Conditions of Interest</b>			
<b>Hypotension</b>	<b>110 (2.4)</b>	<b>66 (1.4)</b>	<b>1.67 (0.001)</b>
<b>Syncope</b>	<b>107 (2.3)</b>	<b>80 (1.7)</b>	<b>1.33 (0.05)</b>
<b>Injurious fall</b>	<b>105 (2.2)</b>	<b>110 (2.3)</b>	<b>0.95 (0.71)</b>
<b>Bradycardia</b>	<b>87 (1.9)</b>	<b>73 (1.6)</b>	<b>1.19 (0.28)</b>
<b>Electrolyte abnormality</b>	<b>144 (3.1)</b>	<b>107 (2.3)</b>	<b>1.35 (0.020)</b>
<b>Acute kidney injury or acute renal failure</b>	<b>193 (4.1)</b>	<b>117 (2.5)</b>	<b>1.66 (&lt;0.001)</b>

*\*Fatal or life threatening event, resulting in significant or persistent disability, requiring or prolonging hospitalization, or judged important medical event.*

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<b>All SAE reports</b>	<b>1793 (38.3)</b>	<b>1736 (37.1)</b>	<b>1.04 (0.25)</b>
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# **SPRINT Primary Outcome and its Components**

## **Event Rates and Hazard Ratios**

	<b>Intensive</b>		<b>Standard</b>		<b>HR (95% CI)</b>	<b>P value</b>
	<b>No. of Events</b>	<b>Rate, %/year</b>	<b>No. of Events</b>	<b>Rate, %/year</b>		
<b>Primary Outcome</b>	<b>243</b>	<b>1.65</b>	<b>319</b>	<b>2.19</b>	<b>0.75 (0.64, 0.89)</b>	<b>&lt;0.001</b>
<b>All MI</b>	<b>97</b>	<b>0.65</b>	<b>116</b>	<b>0.78</b>	<b>0.83 (0.64, 1.09)</b>	<b>0.19</b>
<b>Non-MI ACS</b>	<b>40</b>	<b>0.27</b>	<b>40</b>	<b>0.27</b>	<b>1.00 (0.64, 1.55)</b>	<b>0.99</b>
<b>All Stroke</b>	<b>62</b>	<b>0.41</b>	<b>70</b>	<b>0.47</b>	<b>0.89 (0.63, 1.25)</b>	<b>0.50</b>
<b>All HF</b>	<b>62</b>	<b>0.41</b>	<b>100</b>	<b>0.67</b>	<b>0.62 (0.45, 0.84)</b>	<b>0.002</b>
<b>CVD Death</b>	<b>37</b>	<b>0.25</b>	<b>65</b>	<b>0.43</b>	<b>0.57 (0.38, 0.85)</b>	<b>0.005</b>

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## *Extended follow-up*

- *Discussions are in progress regarding follow-up of participants beyond mid-2016*
- *Continued surveillance for cognitive decline and dementia*
- *Additional measurements of renal function over a longer follow-up period*



*Thank You*

# *Cognitive outcomes*

- *Dementia and cognitive function*
  - *Main secondary outcome: Incident dementia (all-cause)*
  - *Additional secondary outcomes:*
    - *Global and Domain-Specific rate of cognitive decline*
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