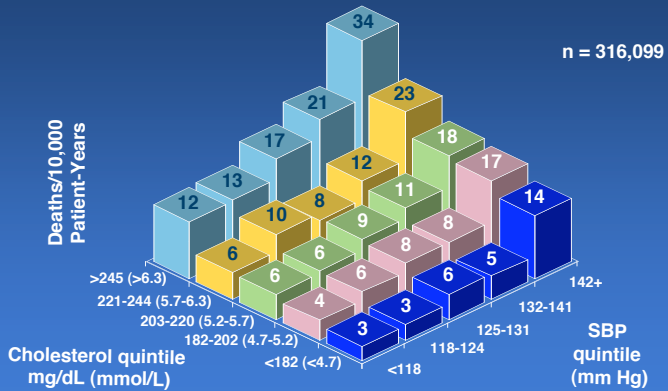
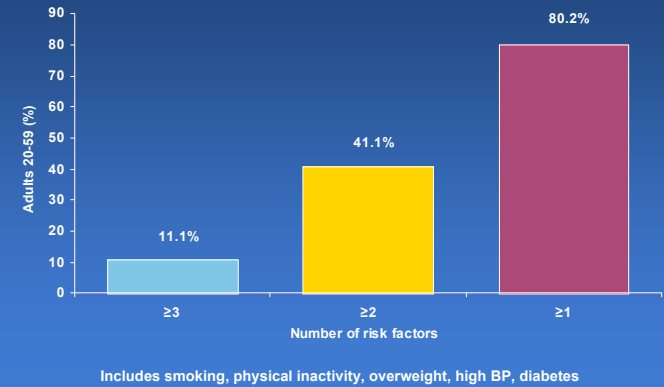


Combined Effects of SBP and Cholesterol on CHD Mortality



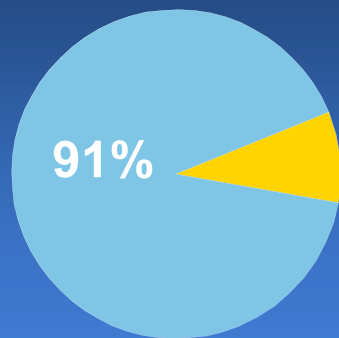
Neaton JD, et al, for the Multiple Risk Factor Intervention Trial Research Group. *Arch Intern Med.* 1992;152:56-64.

High Prevalence of Multiple Risk Factors Among Canadian Adults



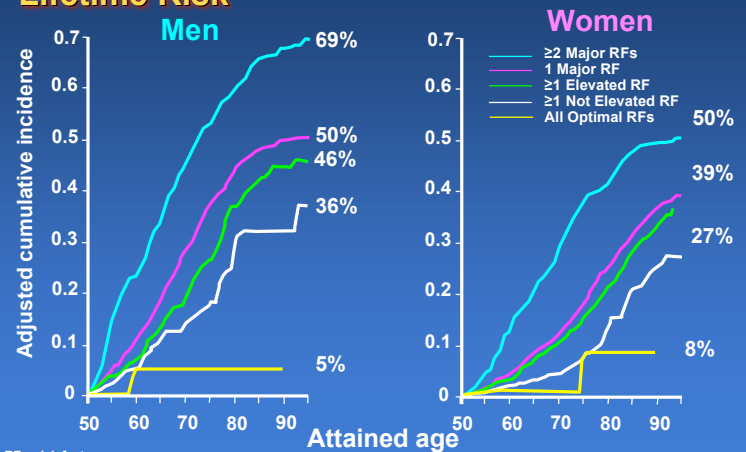
Heart and Stroke Foundation 2003, Source: Statistics Canada, Canadian Community Health Survey

91% of Patients with Hypertension Have at Least One Additional Risk Factor



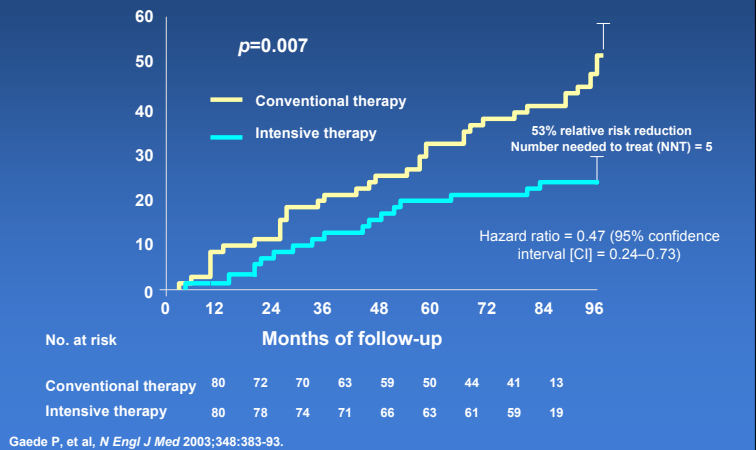
Rantala AO, et al. *J Intern Med* 1999; 245:163-74; Wannamethee SG, et al. *J Hum Hypertens* 1998;12:735-41.

Framingham Heart Study: Lifetime Risk

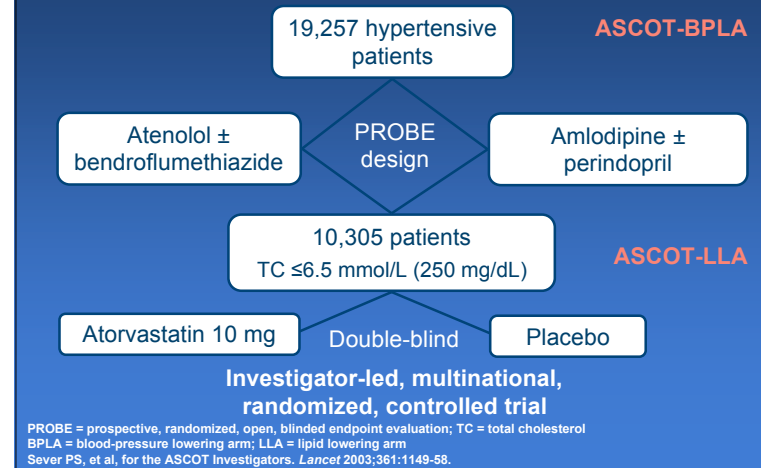


RF = risk factor
Lloyd-Jones DM, et al. *Circulation* 2006;113:791-8.

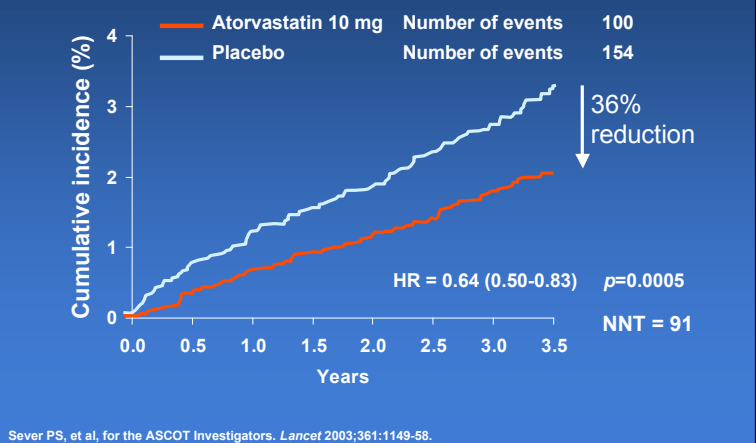
Steno-2: Effects on Combined CV Outcomes



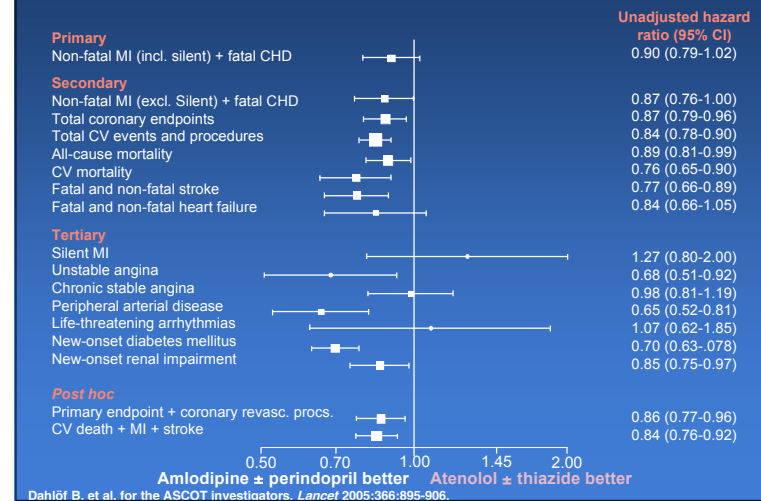
ASCOT Study Design



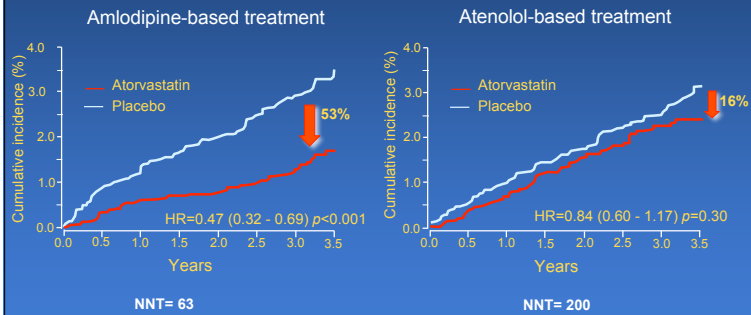
ASCOT LLA Primary Endpoint: Non-fatal MI and Fatal CHD



ASCOT BPLA: Summary of All Endpoints



ASCOT 2x2 Primary Endpoint: Non-fatal MI and Fatal CHD



HR =hazard ratio
Sever PS, et al, for the ASCOT Steering Committee Members. *Eur Heart J* 2006;27:2982-8.

2007 CHEP Recommendations

Based on ASCOT-LLA, the CHEP recommendations recommend statins in high-risk hypertensive patients with established atherosclerotic disease or with at least three CV risks such as:

- *Male*
- *55 years or older*
- *Smoking*
- *Type 2 diabetes*
- *TC/HDL-C ratio of ≥ 6*
- *Premature family history of CVD*
- *Previous stroke or TIA*
- *LVH*
- *ECG abnormalities*
- *Microalbuminuria or proteinuria*
- *Peripheral vascular disease*

CHEP = Canadian Hypertension Education Program; TIA = transient ischemic attack
Sever PS, et al, for the ASCOT Investigators. *Lancet* 2003;361:1149-58.
2007 Canadian Hypertension Education Program Recommendations