

ARTICLES | VOLUME 359, ISSUE 9311, P995-1003, MARCH 23, 2002

 Download Full Issue

 Purchase  Subscribe  Save  Share  Reprints  Request

## Cardiovascular morbidity and mortality in the Losartan Intervention For Endpoint reduction in hypertension study (LIFE): a randomised trial against atenolol

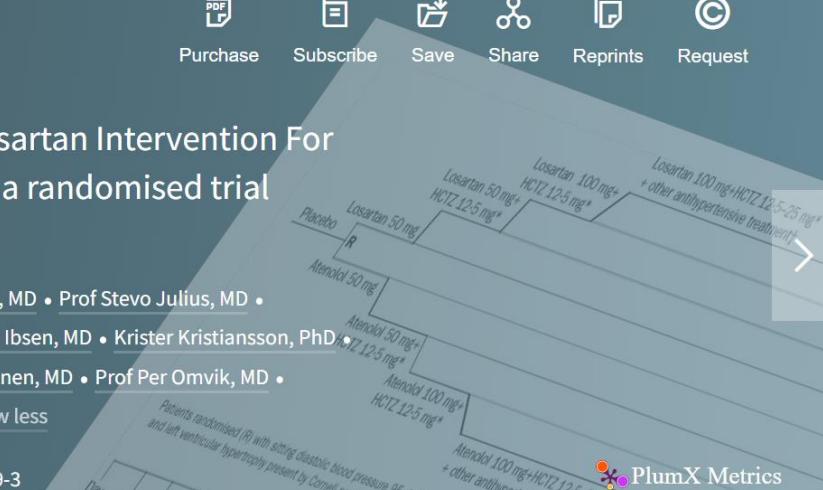
Prof Björn Dahlöf, MD  • Prof Richard B Devereux, MD • Sverre E Kjeldsen, MD • Prof Stevo Julius, MD •

Prof Gareth Beevers, MD • Prof Ulf de Faire, MD • Prof Frej Fyrquist, MD • Hans Ibsen, MD • Krister Kristiansson, PhD •

Ole Lederballe-Pedersen, MD • Prof Lars H Lindholm, MD • Prof Markku S Nieminen, MD • Prof Per Omvik, MD •

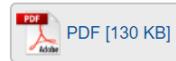
Prof Suzanne Oparil, MD • Prof Hans Wedel, MD for the LIFE study group • Show less

Published: March 23, 2002 • DOI: [https://doi.org/10.1016/S0140-6736\(02\)08089-3](https://doi.org/10.1016/S0140-6736(02)08089-3)



 PlumX Metrics

## Cardiovascular morbidity and mortality in the Losartan Interv...



PDF [130 KB]



Figures



Save



Share



Reprints



Request



Top

Summary

Introduction

Methods

Results

Discussion

References

Article info

Figures

Tables

Linked Articles

efficacy to losartan<sup>10</sup> and benefits for hypertension treatment and secondary cardiovascular protection.<sup>8, 11, 13</sup> Hydrochlorothiazide can be added to both drugs in case of insufficient reduction in blood pressure. The primary hypothesis of the LIFE study was that selective angiotensin-II type 1-receptor antagonism with losartan would be more effective than β-blockade with atenolol in reducing cardiovascular morbidity and death in patients with essential hypertension and signs of LVH. LIFE is an investigator-initiated, double-masked, double-dummy, randomised comparison of the long-term effects of losartan with atenolol in patients with hypertension and LVH. The primary endpoint was cardiovascular morbidity and death, a composite endpoint of cardiovascular death, myocardial infarction, and stroke. Other outcome measures were total mortality, angina pectoris or heart failure requiring admission to hospital, coronary or peripheral revascularisation procedures, resuscitated cardiac arrest, and new-onset diabetes mellitus.

Request your institutional access to this journal

ADVERTISEMENT

