

ANBP2 Left Ventricular Hypertrophy Sub-Study

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Left to Right: Cathryn Alexander (Research Assistant), Fiona Kulesz (Echo Technician), and Liz Dewar (LVH Project Manager) at the Moorabbin Centre.

The Left Ventricular Hypertrophy (LVH) sub-study is being conducted in parallel with the main study, the participating randomised patients undergo an echocardiogram before commencing antihypertensive medication. The aim of the sub-study is to determine the association of LVH, identified by echocardiography, with morbidity and mortality from cardiovascular events. It also aims to assess the regression of LVH with each arm of antihypertensive drug treatment, after a repeat study in three years. The sub-study is a prospective, randomised, open-label with blinding of end-point assessment.

This study is unique, in that previous studies have suggested that treatment with antihypertensive drugs may result in regression of LVH, but these studies have been small in sample size, low in statistical power and have relatively short periods of follow up. The sample size is 1600 patients from the various sites in Victoria and NSW allowing a reliable outcome.

The LVH sub-study has the objective to be community based, therefore echocardiography is conducted in a semi-mobile manner at various sites, which are conveniently located to recruited patients.

Our first studies were conducted in May at the Moorabbin Campus of the Monash Medical Centre in Victoria. Over 450 patients have had echocardiographs, we have found that most randomised patients are more than happy to participate in the sub-study. We also have a site at the St George Hospital in NSW, which will serve those patients randomised within that area. Various other sites for 1997 are being negotiated within selected areas of patient recruitment.

Once the echocardiograms are recorded they are transferred to the central reporting and analysis centre which is located within the Heart Centre at the Alfred Hospital in Victoria. Measurements are made of certain parameters such as wall thicknesses and diastolic function to determine end organ damage causes by hypertension. Reproducibility and intraobserver variability are being addressed with 10% of studies being re-reported. Reporters are blinded to factors which may cause bias such as age, height, weight, sex and blood pressure at the time of the study. These parameters will then be

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analysed together with the main study data and endpoints.

The LVH sub-study is an integral part of the Second Australian Blood Pressure Study. Thank you to all those involved in randomisation and recruitment.

Keep up the good work!

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