

The Perindopril Protection Against Recurrent Stroke Study (PROGRESS) was a landmark clinical trial aimed at evaluating the effects of blood pressure reduction on the risk of recurrent stroke in individuals with a history of stroke or transient ischemic attack (TIA).

### Study Design and Participants:

- **Population:** The trial enrolled 6,105 participants from 172 centers across Asia, Australasia, and Europe. All participants had experienced a stroke or TIA within the previous five years.
- **Intervention:** Participants were randomly assigned to receive either active treatment or a placebo. The active treatment consisted of the angiotensin-converting enzyme (ACE) inhibitor perindopril (4 mg daily), with the addition of the diuretic indapamide at the discretion of the treating physicians.
- **Follow-Up:** The average follow-up period was four years.

### Key Findings:

- **Blood Pressure Reduction:** The active treatment group experienced an average blood pressure reduction of 9/4 mm Hg.
- **Stroke Risk Reduction:** There was a significant reduction in the incidence of stroke among those receiving active treatment compared to the placebo group (10% vs. 14%), representing a relative risk reduction of 28% (95% CI: 17–38;  $p < 0.0001$ ).
- **Combination vs. Single Therapy:** Participants receiving the combination of perindopril and indapamide had a greater reduction in blood pressure (12/5 mm Hg) and a more substantial decrease in stroke risk (43% reduction) compared to those on perindopril alone, who did not exhibit a discernible reduction in stroke risk.

**Conclusions:** The PROGRESS trial demonstrated that a blood pressure-lowering regimen, particularly the combination of perindopril and [indapamide](#), significantly reduces the risk of recurrent stroke in individuals with a history of cerebrovascular events. These benefits were observed regardless of the participants' baseline blood pressure levels, suggesting that such a treatment approach should be considered for all patients with a history of stroke or TIA, irrespective of their initial blood pressure.

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