**Title:** Legacy effects of baseline blood pressure ‘treatment naivety’ in The Antihypertensive and Lipid-Lowering Treatment to prevent Heart Attack trial (ALLHAT).

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**Background**

As per Australian and New Zealand guidelines for the primary prevention of CVD, BP lowering pharmacotherapy could be initiated at a threshold of 160/100 mmHg in low risk individuals. Many GPs have expressed a concern that delaying pharmacotherapy may lead to irreversible target organ damage, a so called ‘legacy effect’.

**Aims**

To investigate the effects of delayed BP lowering therapy on those with elevated BP over a spectrum of absolute risk (AR) on all-cause and CVD mortality.

**Method**

Post-trial survival study of the ALLHAT trial. ALLHAT was a multicentre, double blind RCT which compared the effects of a CCB, an ACE-inhibitor and a diuretic treatment. In this study, we will compare the effect of treatment in participants who did (previous treatment) or did not receive (treatment naïve) BP lowering pharmacotherapy before enrolling. We will exclude participants who had history of CVD events or those who did not have a post-trial outcome assessment. We propose to perform three analyses including analysis on a) the in-trial period (1994-2002), b) the first extended follow-up phase (1994-2006) and c) the second extended follow-up phase (1994-2011). A subgroup analysis by AR will be performed. CVD risk will be calculated by the 5-year FRS.

**Results**

To date we reached a consensus on data sharing with the ALLHAT trialists. Our analysis is in process. The analysis might be completed by 06/2018 and the results will be presented if available.

**Conclusion**

The findings will contribute to improving the adoption of AR based guideline in clinical practice.