

ARTICLE



to be effective in the treatment of hypertension. The results of the study showed that the combination of esaxerenone with other antihypertensive drugs was more effective than esaxerenone alone in reducing blood pressure. The study also showed that the combination of esaxerenone with other antihypertensive drugs was more effective than esaxerenone alone in reducing the risk of cardiovascular events. The study was limited by the fact that it was a short-term study and did not include a large number of patients.

The results of the study showed that the combination of esaxerenone with other antihypertensive drugs was more effective than esaxerenone alone in reducing blood pressure. The study also showed that the combination of esaxerenone with other antihypertensive drugs was more effective than esaxerenone alone in reducing the risk of cardiovascular events. The study was limited by the fact that it was a short-term study and did not include a large number of patients.

The results of the study showed that the combination of esaxerenone with other antihypertensive drugs was more effective than esaxerenone alone in reducing blood pressure. The study also showed that the combination of esaxerenone with other antihypertensive drugs was more effective than esaxerenone alone in reducing the risk of cardiovascular events. The study was limited by the fact that it was a short-term study and did not include a large number of patients.

The results of the study showed that the combination of esaxerenone with other antihypertensive drugs was more effective than esaxerenone alone in reducing blood pressure. The study also showed that the combination of esaxerenone with other antihypertensive drugs was more effective than esaxerenone alone in reducing the risk of cardiovascular events. The study was limited by the fact that it was a short-term study and did not include a large number of patients.

Methods

Study design

The study was a randomised, double-blind, parallel-group, phase 3 trial. The primary endpoint was the proportion of patients achieving a blood pressure of <140/90 mmHg after 12 weeks of treatment. The secondary endpoints were the proportion of patients achieving a blood pressure of <130/80 mmHg after 12 weeks of treatment, the proportion of patients achieving a blood pressure of <120/70 mmHg after 12 weeks of treatment, and the proportion of patients achieving a blood pressure of <110/60 mmHg after 12 weeks of treatment.

The study was a randomised, double-blind, parallel-group, phase 3 trial. The primary endpoint was the proportion of patients achieving a blood pressure of <140/90 mmHg after 12 weeks of treatment. The secondary endpoints were the proportion of patients achieving a blood pressure of <130/80 mmHg after 12 weeks of treatment, the proportion of patients achieving a blood pressure of <120/70 mmHg after 12 weeks of treatment, and the proportion of patients achieving a blood pressure of <110/60 mmHg after 12 weeks of treatment.

Patients

The study was a randomised, double-blind, parallel-group, phase 3 trial. The primary endpoint was the proportion of patients achieving a blood pressure of <140/90 mmHg after 12 weeks of treatment. The secondary endpoints were the proportion of patients achieving a blood pressure of <130/80 mmHg after 12 weeks of treatment, the proportion of patients achieving a blood pressure of <120/70 mmHg after 12 weeks of treatment, and the proportion of patients achieving a blood pressure of <110/60 mmHg after 12 weeks of treatment.

Treatment

The study was a randomised, double-blind, parallel-group, phase 3 trial. The primary endpoint was the proportion of patients achieving a blood pressure of <140/90 mmHg after 12 weeks of treatment. The secondary endpoints were the proportion of patients achieving a blood pressure of <130/80 mmHg after 12 weeks of treatment, the proportion of patients achieving a blood pressure of <120/70 mmHg after 12 weeks of treatment, and the proportion of patients achieving a blood pressure of <110/60 mmHg after 12 weeks of treatment.

The study was a randomised, double-blind, parallel-group, phase 3 trial. The primary endpoint was the proportion of patients achieving a blood pressure of <140/90 mmHg after 12 weeks of treatment. The secondary endpoints were the proportion of patients achieving a blood pressure of <130/80 mmHg after 12 weeks of treatment, the proportion of patients achieving a blood pressure of <120/70 mmHg after 12 weeks of treatment, and the proportion of patients achieving a blood pressure of <110/60 mmHg after 12 weeks of treatment.

(afe ee 12), ee a ee ed a ea ee 12 a a ed ee 28 52 (a a ed c a es d a e). E a e BP a e ffece a ed afe ee 12, e add a a s- ee ed ad a (CCB, RAS s b, s a s de d es c) a e s ed e e e a, a d d e e ca a f e ba es e CCB, RAS s b, e add a a a s e e s e d (e CCB, RAS s b, s a s de d es c) a e s ed e a b a e e . T e e f fi ed-d e a b a a a e d.

E

T e a effi cac e e e e ca e f ba es s SBP a d DBP afe 12, 28, a d 52 ee f ea e . T e e da effi cac e a e ca e f ba es s 24- BP a de e s ed a b a e BP e s a ee 12, 28, a d 52. O e effi cac e s c d e e e f a s e a c s e d a e 24- BP (<140/90 H) a d c a e s BP f a s e b b a e d a e (<65 \geq 65 ea e d), ba es e SBP (<160 \geq 160 H), a d e e e ce ab e ce f d ab e . Add a ea e e s c d e e a a a d e e a ce a (PAC), a a e s ac s (PRA), a d e e e f a a s a a s es c de (ANP) a d N- e s a a e B- e a s es c de (NT- e BNP).

Safe e s c d e e s de ce f a d e e e , a b a e , s a s , e e e f a s e s e K^+ e ≥ 5.5 E/L, e e e f a s e s e K^+ e ≥ 6.0 E/L, ≥ 5.5 E/L e e e e a e e , a d e e a e e ab s f d ea e .

A

S s BP a ea ed a ee 3 a d a e d f e b e a e e d. D s e ea e e d, s s BP a ea ed e 2 ee s ee 12 a d e 4 ee s ee 28 52 a a s c BP s (HEM-759P R de ce, O e Hea ca e G ., L d., K e , J a). A eac a e e , BP ea e e e e a ed ee s e; e ea a e a ed f de s a b d e e ca a e add e a d d a s a . E e b e a e e e f ed 1 ee afe e e d f eac ea e e e d a e a e e d a s a e f e d d .

Add a , 24- BP a ea ed a ee 3 f e b e a e e d a d ee 12, 28, a d 52 f e ea e e d s a a b a e BP e s (TM-2433, A

& D G ., L d., T e , J a). BP ea e e e a e e a e d f a ea 25 a 30- s e a .

PAC a ea ed s a ad s a a , a d PRA a ea ed s a e , e s e a a b e d a e a e c ed d s ee 12, 28, a d 52 s e- de c s bed e d [33].

S

Ba ed s da ce f e I e a a G e f Ha- e s a e f effi cac d e [39], e b e f a s e a e s 28 a d 52 ee f e a e e e ea e e e a 300 a d 100, e e s e . Ta s s a c e d e , e e s ed b e f a s e a e a 360, s c d 60 e e e d e a e e e a d a RAS s b .

T e a a s e (FAS) s c d e a a s e a d e s d e s f ed a e , e e s c s c s a , e e d e d d a ea e ce, a d ad effi cac e s da a ea ed a ea e ce d s e ea e e e d. T e afe a a s e s c d e a a s e e s d e s f ed a e e c o f e e d d e e e a d e e f e d d .

E s s a d 24- a b a e BP (SBP a d DBP), e s a e f d f e e ce b e ee ea e e e b a ed a ba es e a d ee 12, 28, a d 52 e e ca- a e a d s e 95% a fide ce s e a (CI) a e a d a a ed s a a ed t- e . T e a e b e a e ca s ed f a d e e d a a s ed f s s BP da a. T e e e f a s e a c s e d e a e BP a a e ed s e s a e a d a e e d e ac 95% CI. T e BP e s a a e a e ed s a s e b b . S a a s c e e ca a ed f PAC, PRA, ANP, a d NT e BNP ea ed a eac s s a d f c a e f ba es e. A a s ca a a e e e a d c ed s SAS S e Ve s 9.3 (SAS I s e J a L d., T e , J a).

Results

P

Of e 594 a s e e s d e s f ed a e , 368 e e s c s c s a a d e e e d s e d (E . 1). Of e e , 59 e e d a a s a CCB, 64 e e d a RAS s b , a d 245 e e d e a e e e e e . A e a f 350 a s e a e e d e d , b a 368 a s e e s c d e s e FAS a d afe a a s e . T e ea a da d de s a (SD) a e f a a s e a 56.2 \pm 9.2 ea e d, a d 77.7% e e a e (Tab e 1).

O₁ e a , 368, a₁ e e e e a e d f 28 e e , a d 147
e e e a e d f 52 e e . A a₁ e a e d e a e e e
a a d a e f 2.5 /da , a d b e e 12, a d b e e

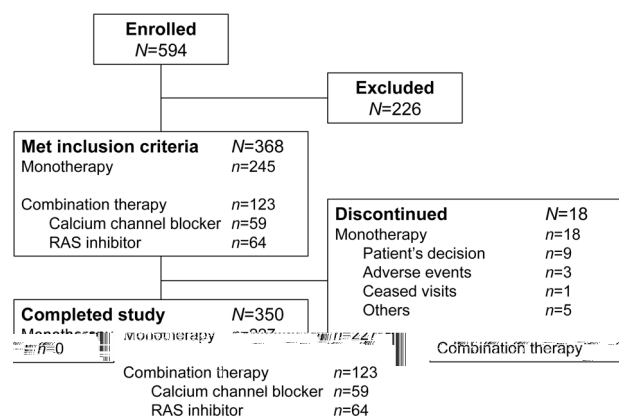


Fig. 1 Page 4 of 10

ʒ c ea ed 5 /da 64.1% ($n=157/245$) t f e
 a ʒ e ec ʒ t e , 67.8% ($n=40/59$) f t e
 ec ʒ a b a e ʒ a CCB, a d 56.3%
 ($n=36/64$) t f t e ec ʒ a b a e ʒ a
 RAS ʒ b . T e a e t d e t x t f a ʒ e
 t ad a add a ʒ e e ʒ e e af e ee 12
 e e 36.3%, 16.9%, a d 25.0%, e ec ʒ e (Tab e 2).

Efi

Table 1. SBP/DBP (95% CI) before and after treatment in the total population and in the subgroups of patients with a history of hypertension and without a history of hypertension. *P* values are shown in parentheses. *n* = number of patients.

Group	SBP/DBP (95% CI)	<i>P</i> value
Total population	12, 28, and 52 weeks	
Before treatment	16.1 (-17.3, -14.9)/-7.7 (-8.4, -6.9)	
After treatment	-18.9 (-20.2, -17.7)/-9.9 (-10.7, -9.2)	<i>P</i> < 0.0001
Patients with a history of hypertension	-23.1 (-25.0, -21.1)/-12.5 (-13.6, -11.3)	
Patients without a history of hypertension	-16.3 (-17.7, -14.8)/-7.0 (-7.9, -6.1)	

Table 1 Ba e s e de t e n i s c a d c s s c a c a a c e s s c

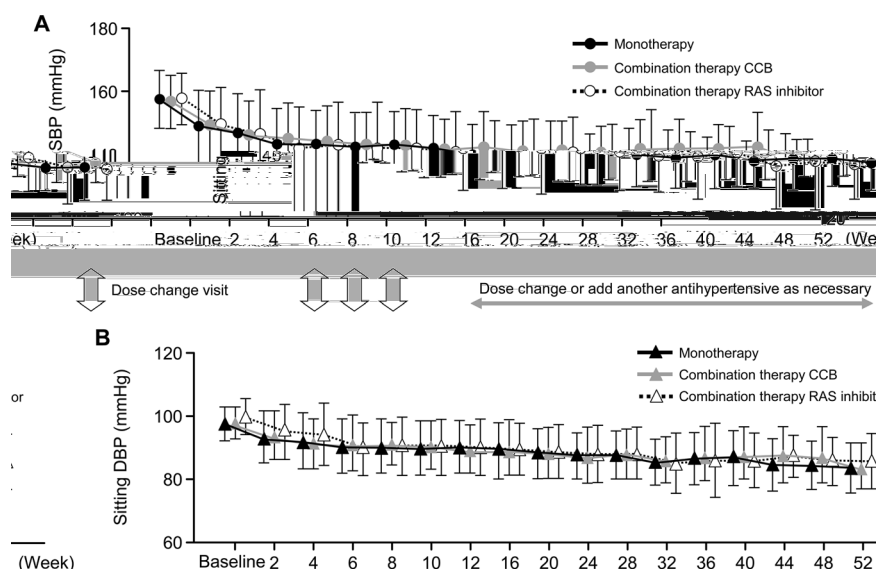
	E a e e e e			
	T a (N = 368)	M e e e (n = 245)	+ CCB (n = 59)	+ RAS (n = 64)
Ma e, n (%)	286 (77.7)	186 (75.9)	52 (88.1)	48 (75.0)
A e, ea	56.2 9.2	55.9 9.4	56.1 8.9	57.2 8.9
A e ≥65 ea, n (%)	78 (21.2)	51 (20.8)	13 (22.0)	14 (21.9)
We,	71.3 12.3	70.3 11.9	77.2 12.8	70.0 11.7
B d a e de, / ²	25.7 3.6	25.4 3.5	27.2 4.2	25.6 3.2
SBP, H	155.2 9.6	155.4 10.0	154.2 9.2	155.2 8.6
DBP, H	97.9 5.3	97.5 5.1	97.8 5.1	99.8 5.7
24- a e a e a b a e SBP, H	159.0 14.1	160.0 14.3	156.8 13.6	157.1 13.7
24- a e a e a b a e DBP, H	95.5 7.7	95.7 7.7	93.9 7.3	96.5 7.9
H e e e e ade, n (%)				
G ade I	176 (47.8)	123 (50.2)	31 (52.5)	22 (34.4)
G ade II	192 (52.2)	122 (49.8)	28 (47.5)	42 (65.6)
P e ea e f e e e, n (%) ^a	244 (66.3)	121 (49.4)	59 (100.0)	64 (100.0)
Dabe e, n (%)	67 (18.2)	55 (22.4)	6 (10.2)	6 (9.4)
Se e K ⁺ , E/L	4.17 0.27	4.18 0.27	4.15 0.26	4.16 0.29
Se e K ⁺ ≥4.5 E/L, n (%)	58 (15.8)	37 (15.1)	9 (15.3)	12 (18.8)
eGFR, L/ e /1.73 ²	79.6 12.7	79.2 13.1	82.7 13.3	78.4 10.0
HbA1c, %	5.78 0.61	5.81 0.68	5.76 0.49	5.67 0.43

Variável	Valor médio	Desvio padrão	Coeficiente de correlação	Significância (%)
1. Número de visitas	12,5	3,2	0,85	0,01
2. Tempo médio de permanência	15,3	4,1	0,78	0,05
3. Número de produtos adquiridos	8,7	2,5	0,92	0,001
4. Valor médio das compras	180,5	45,2	0,88	0,005
5. Satisfação com o atendimento	4,2	0,8	0,75	0,02
6. Recomendação do estabelecimento	3,8	0,9	0,82	0,01
7. Frequência de visitas	10,1	2,8	0,90	0,002
8. Tempo médio de espera	12,4	3,5	0,70	0,08
9. Número de funcionários atendidos	5,6	1,2	0,87	0,003
10. Qualidade dos produtos	4,5	0,7	0,73	0,03
11. Preço dos produtos	3,9	0,6	0,68	0,10
12. Ambiente físico	4,1	0,8	0,76	0,02
13. Atendimento ao cliente	4,3	0,9	0,81	0,01
14. Variedade de produtos	4,0	0,7	0,74	0,04
15. Limpeza do estabelecimento	4,2	0,8	0,77	0,03
16. Localização	3,7	0,6	0,65	0,12
17. Qualidade da comida	4,4	0,7	0,79	0,02
18. Preço justo	3,8	0,6	0,69	0,09
19. Atendimento rápido	4,1	0,8	0,83	0,01
20. Satisfação geral	4,0	0,7	0,80	0,01

CCB ca c a e b c e, DBP d a t c b t d e e, eGFR e a e d t e a f i a e, HbA1c ca e d e t t b, RAS e a e e e, SBP t c b t d e e

$${}^aW_3 \rightarrow 4 \text{ ee } \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \text{ e } \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \text{ e } \frac{1}{2} \frac{1}{2} \text{ d}$$

Fig. 3 Mean effect on SBP (a) and DBP (b) at 52 weeks (Fig. 3a, b). Data are mean \pm SD. CCB calcium channel blocker, RAS renin-angiotensin system, SBP sitting systolic blood pressure



esaxerenone RAS inhibitor, respectively (Supplemental Fig. 3).

Reduction in BP was significantly greater in the combination therapy groups compared with the monotherapy group. The mean SBP and DBP at baseline and at 52 weeks are shown in Table 2.

A

Significant differences in the mean SBP and DBP were observed between the combination therapy groups and the monotherapy group at baseline, 2, 4, 6, 8, 10, 12, 16, 20, 24, 28, 32, 36, 40, 44, 48, and 52 weeks (Supplemental Fig. 4). The mean SBP and DBP at baseline and at 52 weeks are shown in Table 2. The mean SBP and DBP at baseline and at 52 weeks are shown in Table 2.

S

The mean SBP and DBP at baseline and at 52 weeks are shown in Table 2. The mean SBP and DBP at baseline and at 52 weeks are shown in Table 2.

The mean SBP and DBP at baseline and at 52 weeks are shown in Table 2. The mean SBP and DBP at baseline and at 52 weeks are shown in Table 2.

The mean SBP and DBP at baseline and at 52 weeks are shown in Table 2. The mean SBP and DBP at baseline and at 52 weeks are shown in Table 2.

The mean SBP and DBP at baseline and at 52 weeks are shown in Table 2. The mean SBP and DBP at baseline and at 52 weeks are shown in Table 2.

Table 3 Tea e-e e e ad e e e e c c s s $\geq 2\%$ f a s e a d a d e e d e e a c s c c s s $\geq 2\%$ a s e s a e (a f e a a s e)

	E a e e e			
	M e e e (n = 245)	+ CCB (n = 59)	+ RAS s s b e (n = 64)	T a (N = 368)
A TEAE	160 (65.3)	46 (78.0)	47 (73.4)	253 (68.8)
V a e e e a c s f e c s	54 (22.0)	21 (35.6)	26 (40.6)	101 (27.4)
U e e e a c s f e c s	8 (3.3)	0 (0.0)	0 (0.0)	8 (2.2)
U e e e a c s f l a a s	8 (3.3)	3 (5.1)	4 (6.3)	15 (4.1)
I f e a	6 (2.4)	1 (1.7)	4 (6.3)	11 (3.0)
B e c s	8 (3.3)	0 (0.0)	0 (0.0)	8 (2.2)
G a e e s	7 (2.9)	1 (1.7)	2 (3.1)	10 (2.7)
D e a c a s e	5 (2.0)	0 (0.0)	3 (4.7)	8 (2.2)
D a e a	7 (2.9)	1 (1.7)	2 (3.1)	10 (2.7)
Head a c e	9 (3.7)	0 (0.0)	0 (0.0)	9 (2.4)
D e a s s e a c	10 (4.1)	0 (0.0)	1 (1.6)	11 (3.0)
A a s a	3 (1.2)	5 (8.5)	1 (1.6)	9 (2.4)
B a c a	6 (2.4)	2 (3.4)	4 (6.3)	12 (3.3)
R e a s a e a	6 (2.4)	0 (0.0)	2 (3.1)	8 (2.2)
H e e s e s a	3 (1.2)	6 (10.2)	0 (0.0)	9 (2.4)
L a h a e e	42 (17.1)	7 (11.9)	11 (17.2)	60 (16.3)
S e K ⁺ s c e a e d ^a	19 (7.8)	1 (1.7)	6 (9.4)	26 (7.1)
A a d e e d e e a c s	45 (18.4)	14 (23.7)	12 (18.8)	71 (19.3)
A e s a	3 (1.2)	3 (5.1)	0 (0.0)	6 (1.6)
H e e s e s a	1 (0.4)	6 (10.2)	0 (0.0)	7 (1.9)
D e e	0 (0.0)	1 (1.7)	1 (1.6)	2 (0.5)
D e e e e a	1 (0.4)	0 (0.0)	1 (1.6)	2 (0.5)
Head a c e	2 (0.8)	0 (0.0)	0 (0.0)	2 (0.5)
H a s c c s a b e a	3 (1.2)	3 (5.1)	0 (0.0)	6 (1.6)
R e a s a e	4 (1.6)	0 (0.0)	1 (1.6)	5 (1.4)
L a h a e e	26 (10.6)	3 (5.1)	8 (12.5)	37 (10.1)
S e K ⁺ s c e a e d	18 (7.3)	1 (1.7)	6 (9.4)	25 (6.8)
S e s c a c d s c e a e d	2 (0.8)	0 (0.0)	0 (0.0)	2 (0.5)
G a a- a a f e a e s c e a e d	2 (0.8)	0 (0.0)	0 (0.0)	2 (0.5)
P a e e e d e c e a e d	1 (0.4)	0 (0.0)	1 (1.6)	2 (0.5)
W s e b e d c e e d e c e a e d	1 (0.4)	0 (0.0)	1 (1.6)	2 (0.5)
L e c e e c e a e d e c e a e d	1 (0.4)	1 (1.7)	0 (0.0)	2 (0.5)
S e K ⁺ ≥ 5.5 E/L a a s	14 (5.7)	2 (3.4)	4 (6.3)	20 (5.4)
S e K ⁺ ≥ 6.0 E/L ≥ 5.5 E/L e e e e s e e e	4 (1.6)	0 (0.0)	0 (0.0)	4 (1.1)
S e K ⁺ ≥ 6.0 E/L	2 (0.8)	0 (0.0)	0 (0.0)	2 (0.5)
S e K ⁺ ≥ 5.5 E/L e e e e s e e a e e e	3 (1.2)	0 (0.0)	0 (0.0)	3 (0.8)

V a e a e e b e f a s e (%)

CCB c a c c a e b e c e, RAS e s -a s e s e, TEAE e a e -e e e a d e e e e

^aRe a s a e a d e e K⁺ s c e a e d e e d e f i n e d a d e e e e b a e d e e d e e e f e s a s e s a e a e c e a d e f i n e d e e d a e e e a a b e f e e e e

ca e, ee a ed e₂ K⁺ e c₂ ed d₂ e₂ e₂ e bac-
e s a s fec₂ ca₂ s ac₂ e₂ a s a d a₂ e a ed
e₂ e₂ d d₂ . I s e s e d₂ e₂ s a₂ c s e s a,
e₂ d d₂ a d₂ e₂ s e d, a d e e₂ K⁺ e₂
dec ea ed e₂ 4.7 E/L a e fi a f e₂ .

T ee a s e s de f e₂ e₂ d d e₂ ad e e
e₂ e₂ s c₂ d e₂ ee ac a a e₂ e₂ f s ce a ed e₂ K⁺
e₂ e₂ d, s e₂ , a d a s a₂ e₂ e₂ s .

Discussion

T s a e 3 c s ca d a e fi e s s a e e
e₂ -e effec e fe a e e₂ e, a d e e₂ de e a e
e₂ -e effica d afe e fe a e e₂ e e s₂ e
a a e e₂ e₂ s e₂ b a₂ s a CCB₂ RAS
s s b₂ s J a e e a s e s e e s a e e e₂ .
A s e e e s e effec e s s BP e e b e₂ ed s s
2 ee afe s s a₂ e fe a e e₂ e, a d ed c₂ s h
s s BP a d 24- a b a₂ BP e s ed f e₂ 28₂
52 ee e f e a e a d e e e₂ s e ac₂ a s e
b e₂ . T e e e₂ d a e₂ e d a d e e ca a₂
e fe a e e₂ ef e₂ 2.5 e 5 /da a fe a s b e a d a e
a₂ s e f a s e d d e₂ e ed add₂ a a s e e e s₂ e
e₂ e₂ ac s e e a e BP.

T e e fi d e e d e e₂ e f a e₂ e₂ d a
e₂ ed a e a e e₂ e a effec s₂ BP e s ac s₂
e ad s s e ed e₂ 12 ee e f e₂ [40]. I a
d d e f ed s J a e e a s e s e e s a e e
e₂ , e effec e fe a e e₂ e 2.5 /da e s s a d
24- BP e e s fe₂ e e e f e e e₂ e 50 /da ,
a d e BP e s effec e fe a e e₂ e 5 /da ee
e₂ e₂ e e f e e e a e e₂ ed a e [40]. I
h e e e₂ a d e₂ e₂ d e₂ , e a s e e e s₂ e
effec e fe a e e₂ e e s ed e₂ e₂ e 24- d s
s d , a d s a e flec e c a ac e s c e f s
e₂ e MR b e c e₂ , s c s c d e₂ e MR s b₂ e a d
a e e a f- s e a e s s a e s s ca [33], a
effec a e d b e a s b e d e₂ e e s da a₂ e [41].

Red c₂ s s SBP d₂ e a e s e a -
e e e a a e e₂ e₂ e₂ e₂ b a₂ e₂ e₂ a ed
f e₂ 15 e 17 H s ee 12, f e₂ 17 e 20 H s
ee 28, a d f e₂ 21 e 24 H s ee 52. T e a -
s d e f e e dec ea e a e s e₂ e b e c s s ca s -
s f i c a [42]. T e b e f i c a effec e fe a e e₂ e e₂
e b e d e₂ e e₂ e₂ d e e a e₂ e b e₂ e₂ -
e s₂ e a d e s e e d c₂ s a s e s c o₂ d e
e₂ e d₂ e a e₂ , s c e e s s e₂ a a e
a d e e e₂ s e s e MR b e c e [43]. G e e
s ce a s e e₂ s ed e e f MR s e a e e s e f
ca d e₂ a a a d c e s c s d e d e a e [44], e
fi d e e a e e e e a e s e₂ a e e e₂ a c s ca
e₂ s ca₂ .

PAC a d PRA e e e a₂ a ed a s d ca e₂ e f e effi-
cac e fe a e e₂ e f MR b e c ade beca e e e e a a -
e e a e s ce a ed b MR b e c ade. I e e e₂ e₂ d ,
PAC a d PRA e s e s ce a ed s h e e a e -
e₂ e e e₂ e₂ a d e b a₂ e₂ e₂ e₂ s₂
ee 28₂ ee 52.

L e -e da a f e₂ s d d d e₂ a e a e
afe e ce f e a e s e a e e₂ e. Ad e e
e₂ e a e e e s s a e e a e e₂ e a s₂ e
a e e₂ s e b a₂ s e e a s e e e s₂ e
a e . H e a e s a a e e₂ e a d e e
d₂ eac₂ . T e e a e e de c e a d a
s ce a ed s e f e e a e s a s e a e e₂ e
ad s s a₂ , e a d e f e a e d₂ a₂ . T e e
e e e ca e f e e a e s a s e a e e₂ e
e b a₂ e₂ e₂ , e₂ e e e a e e₂ e
a e b e d s a RAS s b₂ e₂ , b e e a s e
e c e s₂ e a e e₂ e e e₂ e₂ a d e₂ K⁺ e₂
≥ 6.0 E/L, a d ee ad e₂ K⁺ e₂ ≥ 5.5 E/L
e₂ e e e₂ c c a₂ (e a a e 1.1%). T e
e₂ K⁺ e₂ e s ce a ed s s 2 ee afe e
s s a₂ e fe a e e₂ e, b e e d e a d a s ce a e
s e₂ K⁺ e₂ a e b e d a e s e e fe a e -
e e d e e ca a₂ . Beca e e d e e ca a₂ c s -
e s a s c d ed e e fac e s add₂ e e e₂ K⁺
e ce a₂ , s a e e₂ s b e e e c f e e ac
ea e f e e ca a₂ s eac ca e. A e e₂ e₂
fi d d e e a s e f s ce a ed e₂ K⁺
e₂ e e e a e e₂ e s ad s s e ed s e b a₂
s a RAS s b₂ e₂ s s ece a e ca e₂ e s e
e₂ K⁺ e₂ e e s s s e e s e f
e e a e s a e₂ s s e b a₂ e a e .
Add₂ a , e s ce a e s e₂ K⁺ e₂ e c c₂ ed
e e₂ ee 28₂ s e e e e₂ s e
s ce a e e b e d e₂ e -e e a e . Ba ed e₂
e e e₂ , e s ce a e s e₂ K⁺ e₂ e b e d
d₂ s e a e s e a e e₂ e e e a e b e c s ca
acc o a b e, a d a e -e e e₂ s e₂ e MR
b e c e s e₂ s b e s e e e a e e s e f e₂
K⁺ e₂ e .

Study limitations

T e e s e a s s a₂ e f s d e a e e s
de s . Pa s e e e₂ a d s ed e d f f e e a -
e e₂ , a a s e a d s e s a e e e a a e f
e e a e e c e₂ ed (e.e., e b s d₂), a d e e a e
a d a d e e₂ e a a e . Add₂ a , e
a s e e e a₂ a e a e e d e c₂ s e f a s e
f e J a , e a s a e e e a s a b s e f e e
fi d e e e e e a₂ a b e s s ed. T e e f e,
e e₂ e d b e s e e d s ca₂ a d a e a
e₂ e a e .

- blood pressure -es a . J Clin Hypertens (Greenwich). 2016;18:1250–7.
24. M, D, DA. Res a . e e x ad e f e f e a e e e d e c a a a e : a c s c a d a e 2016. A J Med. 2016;129:661–6.
25. T a a S, K a d a J, D a d a H, K a a F, Y e a a K. Efficacy of esaxerenone in combination with amlodipine in patients with hypertension. J Hypertens. 2016;30:534–42.
26. Adacel e® (esaxerenone) US prescribing information. 2018. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2018/012151062b1.pdf. Accessed 9 Oct 2018.
27. G, G, C a e a C, S e c L A. Safety and efficacy of esaxerenone in combination with amlodipine. J Hypertens. 2013;31:3–15.
28. S a A, M e a e e d e c a a a e : e a d d f e e s a e J a . Hypertens. 2013;36:185–90.
29. INSPIRA® (esaxerenone) US prescribing information. 2018. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2018/21437b1.pdf. Accessed 9 Oct 2018.
30. P e c c a F, P a S, G, R a G, G e C, G a d C. Efficacy and safety of esaxerenone in combination with amlodipine in patients with hypertension. J Clin Hypertens. 2014;17:219–28.
31. R, GC, E, ME, K, JB, Yea S, Sca DA. D e d b s , e a s e e c , a d d e e a e c e f a e - a s d e c a f f e c t b l o o d p r e s s u r e : e a s e e a d e a a e . J Hypertens. 2016;34:11–9.
32. A a K, T a a H, H a T. CS-3150, a t e e - e d a s e a e e d e c a a a e e e e a d c a d e a s . D a a - e s s e e e e a . E J P a a e . 2015;769:266–73.
33. K a M, F e e H, S e T, M e a a A, K b a a F, I a H. S e - a d e - d e e c a a e d e a e a a e e s e c a a d a s c a d a f e f e a e e e s e a J a e e b e c . B J C P a a e . 2018;84:1821–9.
34. I, S, S a a K, N a a M, O d a Y, S a a h T. Efficacy and safety of esaxerenone (CS-3150) in combination with amlodipine in patients with hypertension. J Clin Hypertens. 2019;14:1161–72.
35. I, S, I, H, R a H, O d a Y, Y a a a S. Efficacy and safety of esaxerenone (CS-3150) in combination with amlodipine in patients with hypertension. J Clin Hypertens. 2019;33:542–51.
36. S a a K, A d K, F a T, H a e b e N, H a J, H c M, e a . T e J a e e S e e f H e e e d e e f e a a e e f e e e (JSH 2014). Hypertens. 2014;37:253–390.
37. M e a G, F a d R, N a e c K, R e d J, Z a c e s A, B M, e a . 2013 ESH/ESC guidelines for the management of arterial hypertension: the Task Force on the Management of Arterial Hypertension of the European Society of Cardiology (ESC). Eur Heart J. 2013;34:2159–219.
38. N e e M, O e H, M a e T, K a a a W, A a a N, U e d a K, e a . M e a e e d e c a a a e b c a d e e e d e a a s d e c e d A C E I / A R B - e s a a b s s a s - d a b e s e e e : a b - a a s e f e a e e d . Hypertens. 2019;42:514–21.
39. U.S. Food and Drug Administration. Efficacy and safety of esaxerenone in combination with amlodipine in patients with hypertension. E9 Statistical Principles of Clinical Trials. 2019. <https://www.fda.gov/oc/nda/2019/075323Orig1s01.pdf>. Accessed 4 Feb 2019.
40. I, S, I, H, R a H, O d a Y, Y e a M, Y a a a S. A d b e - b s d a e I I I d f e a e e e (CS-3150) e a e d e e e e s a e e e e e s a e e e (ESAX-HTN d). J Hypertens. 2018;36:e239.
41. K e f P, N a c C, E e F, N e t d a a a e e f e e a e e d e c a a a e . C e Q e N e H e e . 2015;24:417–24.
42. E e a d D, E d C A, K a A, A d e S G, C a e d e T, E b e J, e a . B l o o d p r e s s u r e f e e e e f c a d e a a d e a d e a : e a s e e a d e a a a . L a c e . 2016;387:957–67.
43. K e f P, D e b e c M, K e c e A, S e e W, H a a E, B f a c e L, e a . E e e e , a e e e e e e d a s e a e e d e c a a a e e e e f e a c a d e a s . J C a d l a c P a a e . 2014;64:69–78.
44. N e a a A. P a e e c a e c a s e a e e d e c a d e - d e d e c a d e a a d c e s d e d e a e . Hypertens. 2019;42:293–300.