

**2005**

**2005**

( )

卫生部疾病控制司

二 00 五年十二月二十八日

2005

20

2003

WHO/ISH

2002

18.8%, 1.6

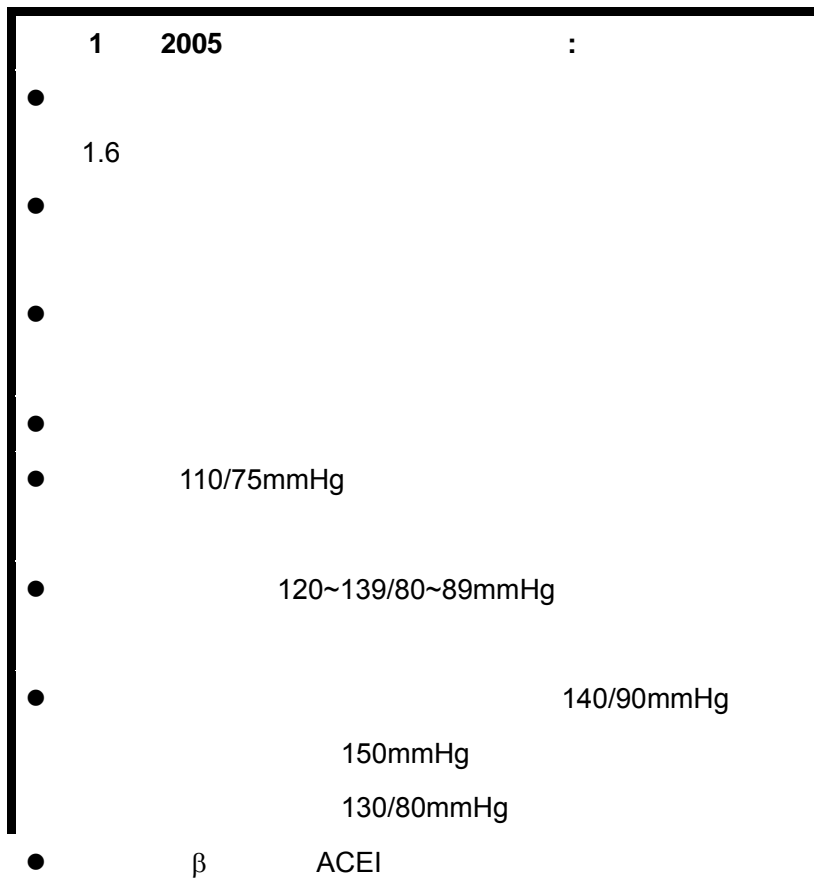
$\geq 140\text{mmHg}$  /  $\geq 90\text{mmHg}$  1 2 3

4 ( )

140/90mmHg

130/80mmHg

II  $\text{AT}_1$  ARB  $\beta$  ACEI



2004

,

1999

2004

2005

**1**

Riva-Rocci

20

50-60

(cutoff point)

“ ” “ ”

140

mmHg

90mmHg

“ ” “ ”

“  $\geq 140$  mmHg /  $\geq 90$  mmHg”

**1.1**

1

2

3

4

5

6

“ ”

7

8

1.2

1958-1959

15

50

5.1% 1979-1980

15

400

≥160/95 mmHg

140/90mmHg

160/95mmHg

140/90

≥141 mmHg / ≥91 mmHg

7.73% 1991

15 90

≥140

mmHg / ≥90 mmHg

13.58%

≥141 mmHg / ≥91 mmHg

11.88%

1980

1991

10

4.15

54%

250/10

50/10

5

110/75mmHg

<110/75mmHg

120~129/80~84mmHg

1

140~149/90~94mmHg

2

>180/110mmHg

10

2002

27

18

18.8%

1.6

1991

31%

30.2%

24.7%

6.1%

1991

18

2.6%

1.9%

2200

1600

1996

(2005 )

20	4.6%	6.4%	39%
18.6%	1.6	2.9%	11.9%
7.4%	22.8%	7.1%	2.0
6000	8%	1992	39%
97%			

1.3

1991

2002

1 1991 , 2002

	* %	* %	* %
1991			
37820	32.1	14.7	3.3
35752	39.4	19.7	4.9
73572	35.6	17.1	4.1
26816	11.7	4.4	1.0
28651	15.9	6.4	1.4
55467	13.9	5.4	1.2
129039	26.3	12.1	2.8
2002			
29800	30.2	24.7	6.1

\* 2002

2

140/90 mmHg

1

20 80

60% 40% 25% 2000 70% 59%

34%



1.4

## 2.

2.1

2.1.1

	BMI: kg/m <sup>2</sup>	19~24	≥24	≥28
			3 kg/m <sup>2</sup>	4
	57%	50%		
	”	”		”
”	OR			≥85cm
≥80cm	”	”		
24		BMI≥24kg/m <sup>2</sup>		3~4
	2~3	2	2	
3~4	BMI≥28kg/m <sup>2</sup>	90%		
≥85cm	≥80cm		3.5	2.5

2	2			4	
		"	"		≥90cm
≥80cm					

	2	(BMI) kg/m <sup>2</sup>	(cm)		
			<85 <80	85-94 80-89	≥95 ≥90
**		<18.5	—	—	—
		18.5-23.9	—		
		24.0-27.9			
		≥28			

\*

\*\*

	2002	23		
	BMI		BMI≥25	≥30
≥95cm				
≥90cm				
<b>2.1.2</b>			30%~66%	2%~7%
	4		40%	
<b>2.1.3</b>				
			12g-18g	7g-8g
		0.63	0.58	2g
	2.0mmHg	1.2mmHg		
<b>2.2</b>				
<b>2.2.1</b>				
	1997	WHO-MONICA	35~64	
247/10	175/10		250	700
10				
10mmHg		49%	47%	54%
5mmHg		46%		
		1.5		

	10mmHg		25%			31%
<b>2.2.2</b>					MRFIT	
				120~139mmHg		
<120mmHg	40%	140~149mmHg	1.3			50
	150	-200				
<b>2.2.3</b>				6		5mmHg
		1/4				0.9%
	400					
<b>2.2.4</b>				Syst-China	Syst-Eur	EWPHE
	60					
<b>2.3</b>						
<b>2.3.1</b>				35-74		10
		1~4				1~3
<b>2.3.2</b>				14	5	25~74
		1.1~6.2	1.2~3.1	60		
<b>2.3.3</b>					10	
			2		1	45%
	21%			1		4
<b>2.3.4</b>						
	TC			LDL-C		
	TC 200~239mg/dl			TC<200mg/dl	2	>240mg/dl
	<200mg/dl	3		TC		

TC  
<140mg/dl  
HDL-C  
14  
2.3.5

BMI  
BMI 1kg/m<sup>2</sup> 12% 6%  
BMI

2.3.6  
1994 20  
2.5% 3.2% 10 3 2002  
20 1996 39% BMI

HDL-C  
10

2.3.7 C-  
C-  
LDL-C C- " "

2.3.8  
/  
BMI

2.3.9

**3**

3.1

2	
1.	●
2.	
●	
●	
●	
●	
●	
●	
3.	
●	
●	
●	
●	
●	
●	
●	
●	
4.	
●	
●	
●	
●	
5.	
●	
6.	

:

●

●

●

●

●

●

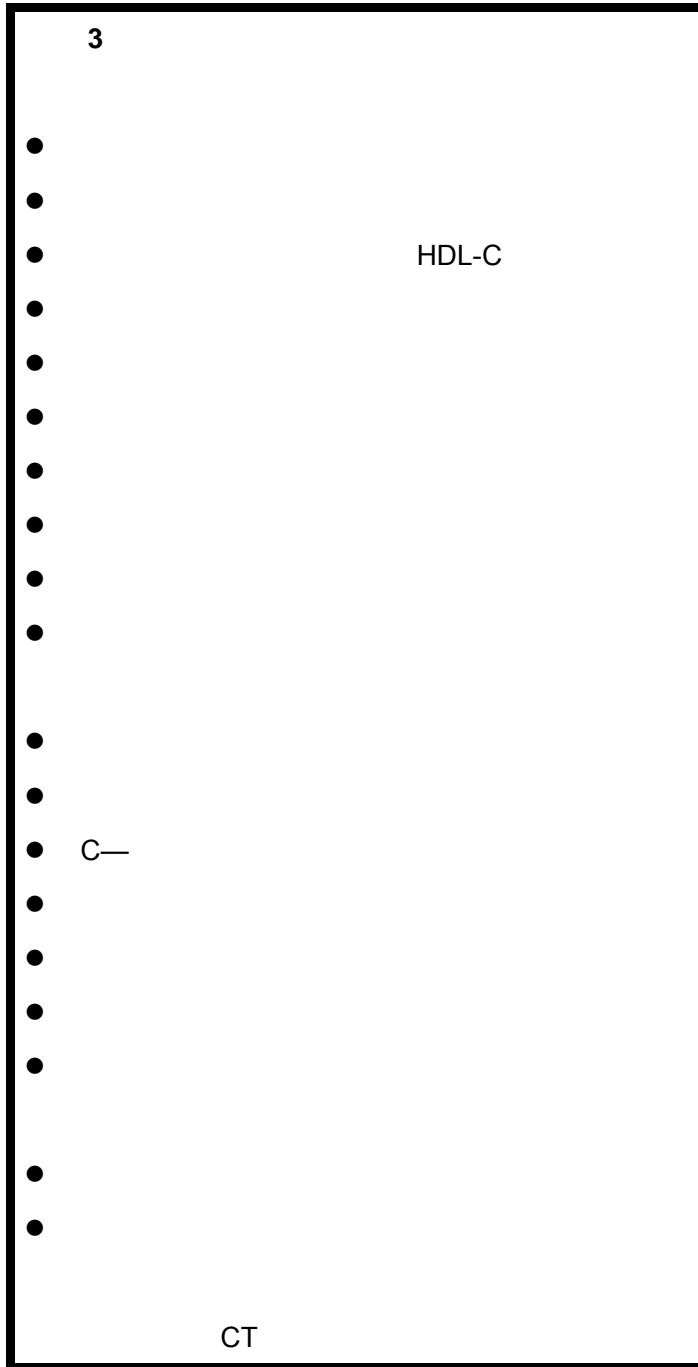
●

3.2

BMI

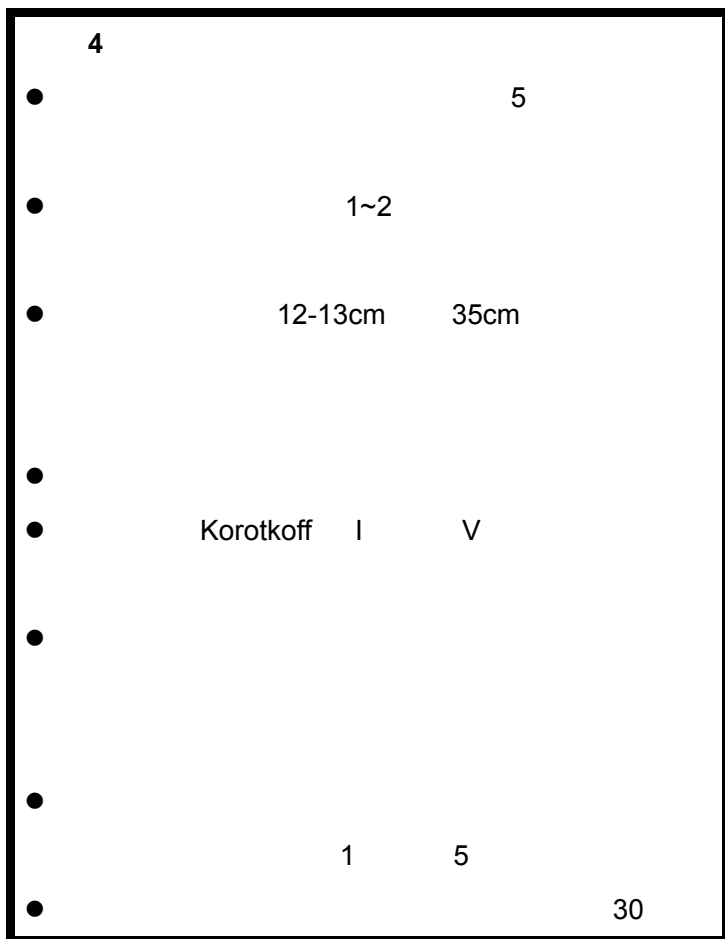
Cushing

3.3



3.4

3.4.1



BHS AAMI

80%

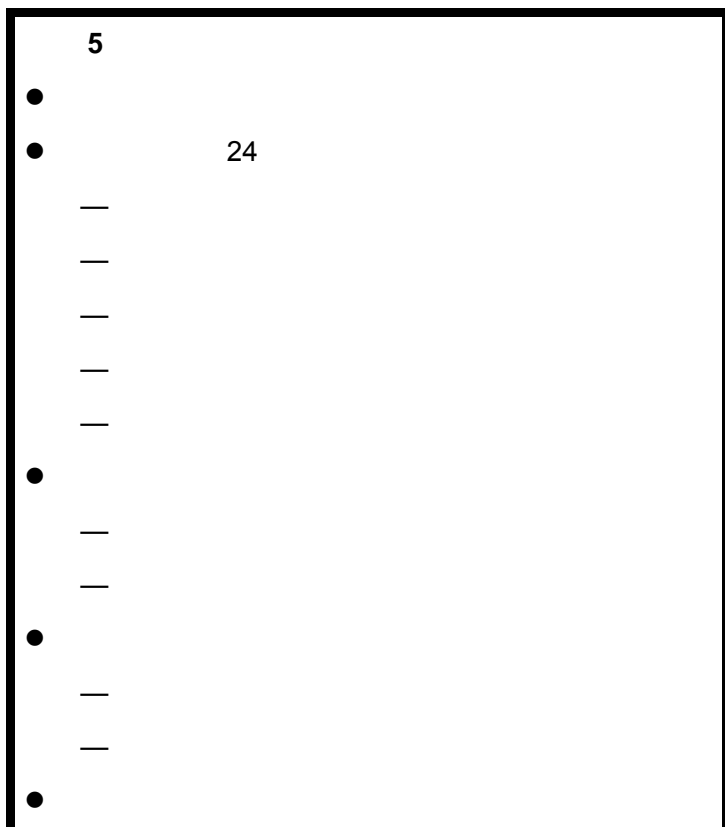
25-35cm

35cm

12-13cm

5

30



1

5

2.5cm

30mmHg 4.0kPa

2-6mmHg/

V

V

<12

		mmHg	
kPa		1mmHg=0.133kPa	
	1-2	2	2
5mmHg		3	

**3.4.2**

	BHS	AAMI
135/85mmHg		
	135/85mmHg	140/90mmHg
	20-29	/ 30

**3.4.3**

	BHS	AAMI
24	<130/80mmHg	<135/85mmHg
<125/75mmHg		10%-15%

30

80%

24

24

**3.5**

3.5.1



X

3.5.2

IMT

3.5.3

[ >416 $\mu$ mol/L 7mg/dl ]

1 2

3.5.4

Wagener Backer  
78%

1 2

3 4

3.5.5

CT MRI

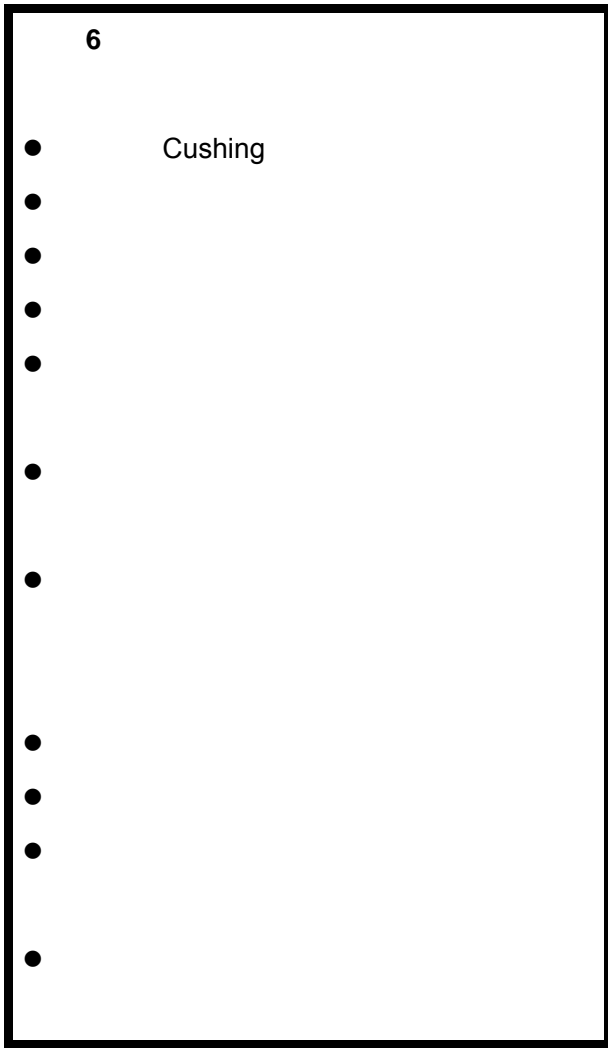
MRI

3.6

5%~10%

6

3.6.1



3.6.2

75%

CT

3.6.3

CT

3.6.4

$\beta$ -

ACEI

ng/dl

<1ng/ml/h  
ng/ml/

50

CT/MRI

3.7.5 (Cushing's syndrome)

80%

24

>110nmol 40ug

3.6.6

3.7

Liddle

### 4.

#### 4.1

90

60

3 5

#### 4.2

JNC-7 120-139/80-89mmHg  
 120-139/80-89mmHg  
 10 <110/75mmHg 1  
 120-129/80-84mmHg 130-139/85-89mmHg 10  
 45% 64%

1999 “ ” 3  
 ≥140mmHg / ≥90mmHg  
 1 2 3 ≥140mmHg <90mmHg  
 140/90mmHg

#### 4.3

WHO/ISH “ ” 10

4 5

**3**

	mmHg	mmHg
	<120	<80
	120~139	80~89
	≥140	≥90
1	140~159	90~99
2	160~179	100~109
3	≥180	≥110
	≥140	<90

1 2 3

**4**

TOD			ACC
1~3			≥7.0mmol/L
>55			( 126mg/dL
>65		LVMl	≥11.1mmol/L
	X		( 200mg/dL
TC≥5.7mmol/L		IMT≥0.9mm	
220mg/dL			
LDL-C>3.6mmol/L			
140mg/dL			
HDL-C<1.0mmol/L		115~133μmol/L	
40mg/dL		1.3~1.5mg/dL	
		107~124μmol/L	
<50		1.2~1.4mg/dL	>133μmol/L
			(1.5mg/dL)
*WC ≥85cm		30~300mg/24h	>124μmol/L
≥80cm		/	(1.4mg/dL)
BMI≥28kg/m <sup>2</sup>		≥22mg/g	>300mg/24h
		2.5mg/mmol	
		≥31mg/g	
C ≥3mg/L		3.5mg/mmol	
C ≥10mg/L			
TC	LDC-C	HDL-C	LVMl
	BMI	WC	IMT
		*	

4

1999

“ ” ” ”

1

107-133 $\mu$ mol/L 1.2-1.5mg/dL

>133 $\mu$ mol/L 1.5mg/dL >124 $\mu$ mol/L 1.4mg/dL

C-

C-

LDL-C

” ”

50

5

mmHg

1

2

3

SBP140~159

SBP160~179

SBP $\geq$ 180

DBP90~99

DBP100~109

DBP $\geq$ 110

1~2

$\geq$ 3

5

1999

10

<15%

15%~20%

20%~30%

>30%

4

4.3.1

<55

<65

1

10

<15%

4.3.2

2

1~2

1~2

10

15%~20%

1

10

15%

4.3.3

1

2

3

3

10

20%~30%

4.3.4

3

1

1~3

10

≥30%

CMCS

CMCS

10

35~64

2000 31 12 893-908

**5**

**5.1**

5

3

“ ”

HOT

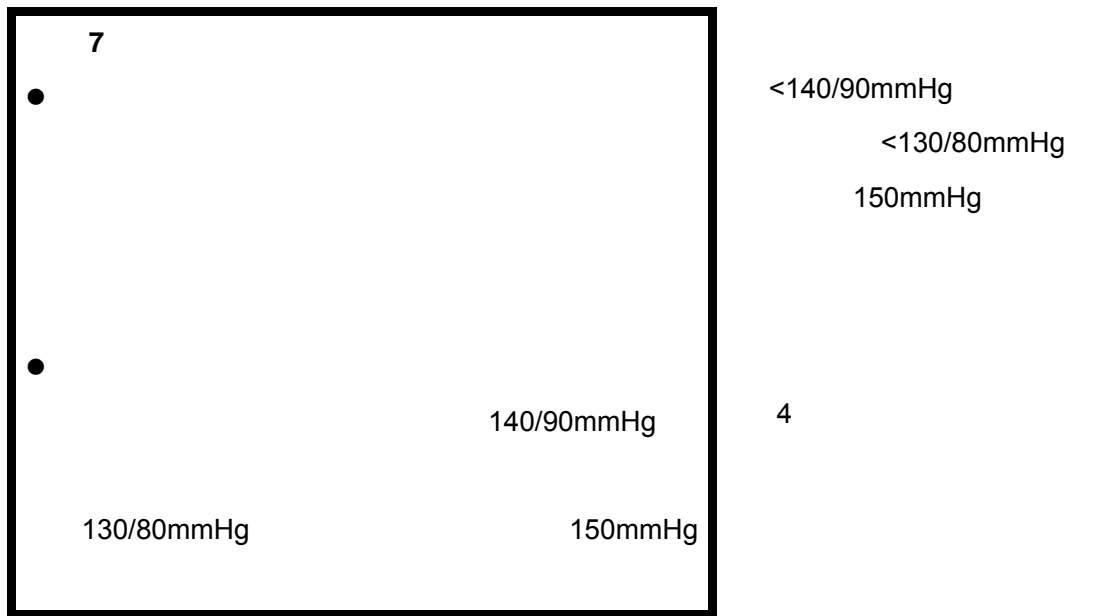
≤90 85

80mmHg

≤80mmHg

FEVER

140/90mmHg



5.2

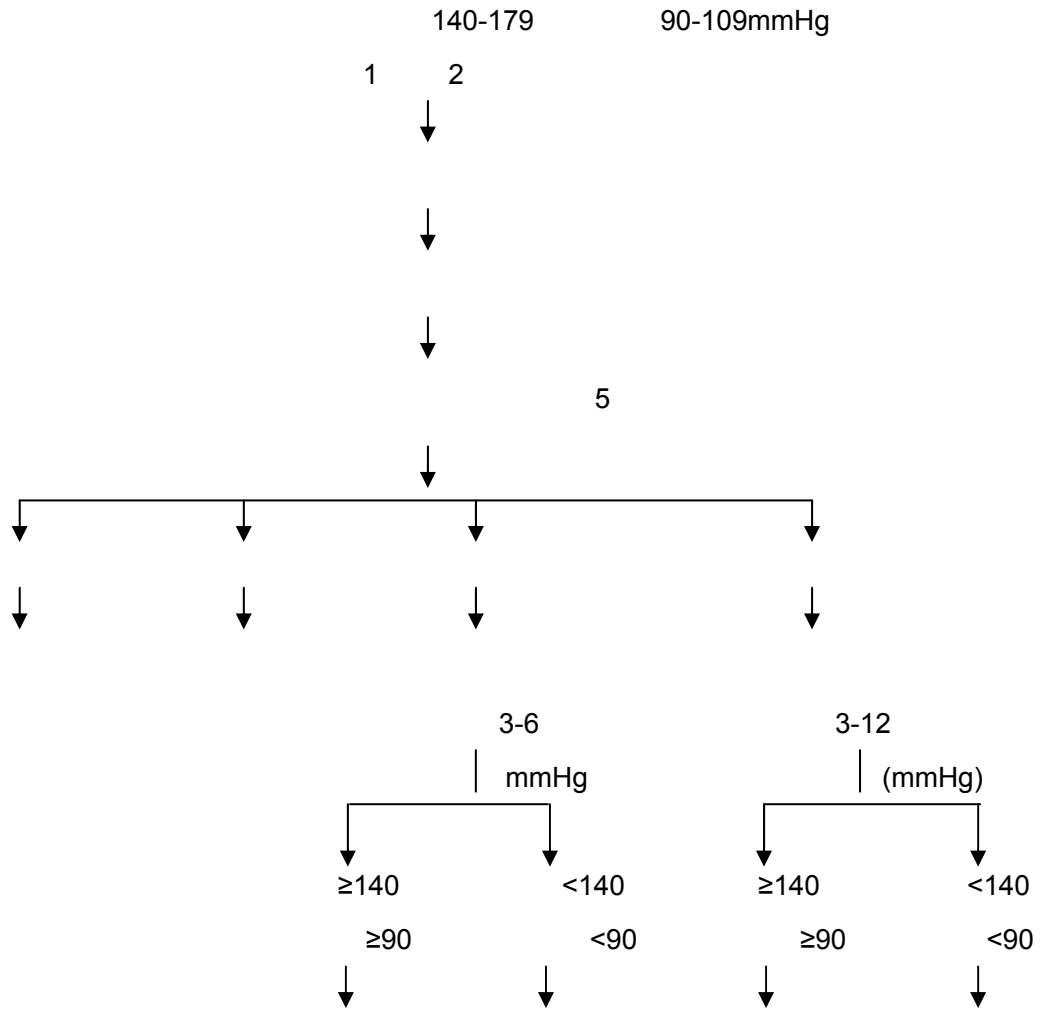
5.2.1

5.2.2

5.2.2.1

				Syst-China
	9.1	3.2mmHg		0.62
38%			1	
Syst-China	1000	4	39	

1



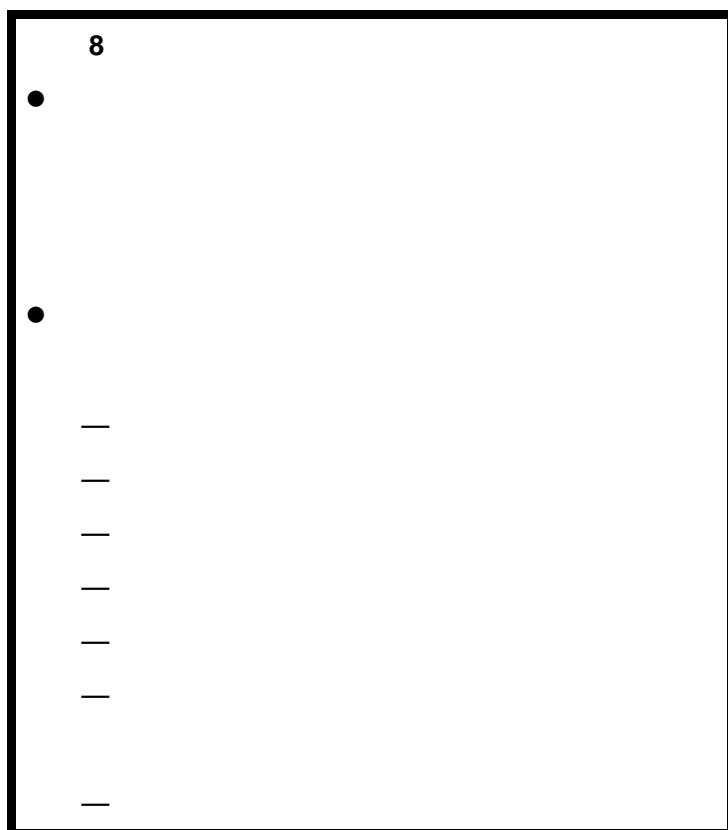
5.2.2.2

- 5~6mmHg 4 36% 2/5 3% 10~14mmHg / 1/3 34% 4mmHg
- 5mmHg 2 3 1 10mmHg 20/10mmHg
- CVD



6	10/5mmHg		20/10mmHg	
	10	CVD	1000	CVD
			10/5mmHg	20/10mmHg
	<15%		<5	<9
	15-20%		5-7	8-11
	20-30%		7-10	11-17
	>30%		>10	>17

### 5.3



5.3.1  
kg/m<sup>2</sup> 24

5~10  
5~20mmHg  
10%

5

“ ”

### 5.3.2.

5.3.2.1. WHO 6g 80%

		1/3		WHO			
5.3.2.2 .		25%	P/S	1	40	SBP	
DBP	12%	5%					28%
	15%		20%				
5.3.2.3.		MRFIT					
INTERSALT		TOHP		Trials of hypertension prevention			
5.3.2.4.					SBP	DBP	
5.3.2.5.							
		25		100-150		2-3	
250-500	-1		25-50	0.5-1			
	WHO						
<b>5.3.3.</b>							
					180	170	
50	120-130 /				60-85%		
			3-5		20-60		
<b>5.3.4.</b>							
<b>5.3.5.</b>							



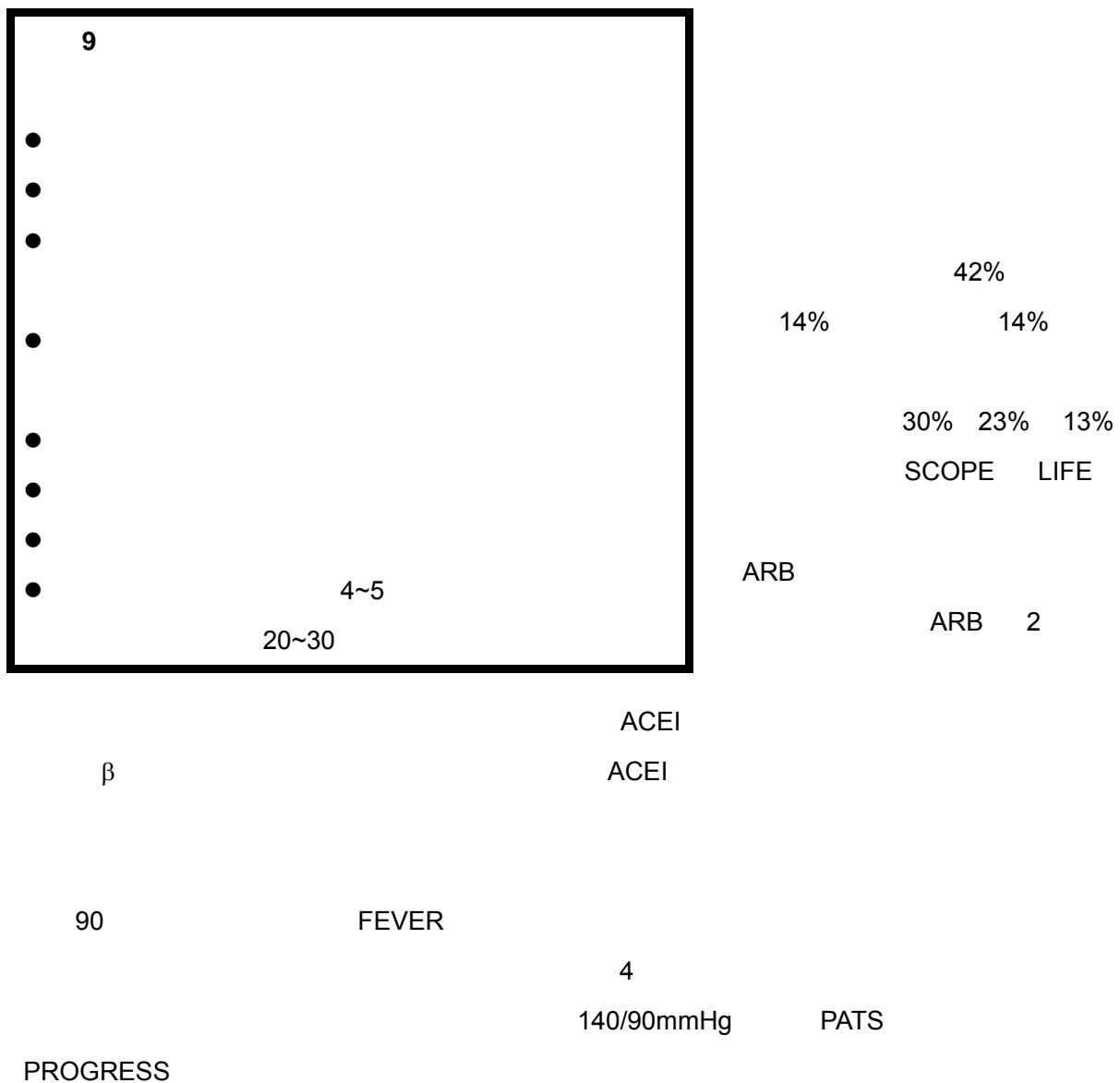
### 5.4

#### 5.4.1

#### 5.4.2

40

##### 5.4.2.1





8

$\beta$

2-3

2-3

1

II

2

ACEI

$\alpha$

**5.4.4**

ACEI

II

5  
ARB

$\beta$

9

mg ,

	6.25-25	1
	12.5-25	1
	0.625-2.5	1
	1.5	1
	20-80	2
	5-10	1-2
	25-100	1-2
	25-50	1-2
$\beta$	30-90	2-3
	50-100	1-2
	12.5-50	1-2
	5-20	1
	2.5-10	1
$\alpha$ - $\beta$	200-400	2
	12.5-50	2
	10-20	1-2
	25-100	2-3
	5-40	2
	5-40	1-2
	5-40	1

---

1.25-20	1
10-40	1
2.5-5	1
4-8	1
10-40	1
0.5-4	1
15-60	2
2.5-10	1

25-100	1
80-160	1
150-300	1
8-32	1
20-80	1
20-40	1

2.5-10	1
2.5-20	1
60-90	2
10-30	2
10-20	2
30-60	1
20-60	2
10-40	1
4-6	1
10-20	1

90-180	3
90-360	3

$\alpha$

1-16	1
------	---

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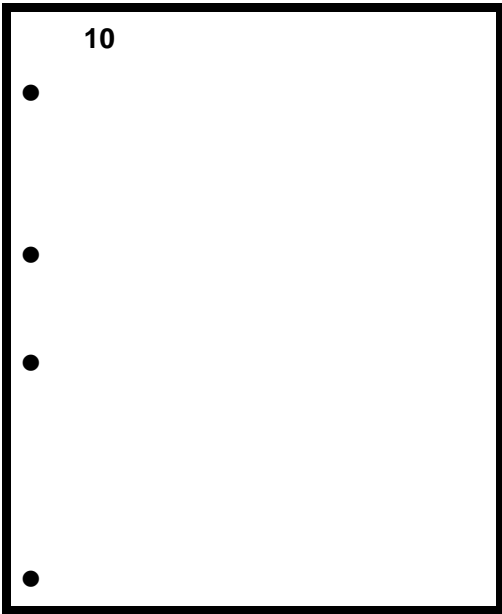


	2-20	2-3
	1-20	1-2
	0.05-0.25	1
	0.1-0.8	2-3
	0.25	1/
	250-1000	2-3
	0.2-0.4	1
	1	1
	5-100	1
	25-100	2
0.25-10 $\mu$ g/kg/min IV		1-2
5-100 $\mu$ g/min IV	2-5	5-10
5-15mg IV	1-2	10-30
5-15mg/hr IV	5-10	1-4
250-500 $\mu$ g/kg/min IV bolus, 50-100 $\mu$ g/kg/min IV	1-2	10-20
10-50mg IV	15	2-8
10mg, 5-15 $\mu$ g/kg/min IV		
0.2-0.4g/ IV	1	1-2
0.5-1.0mg IM IV	1-2	4-6

5.4.5

- 
- 

24



(1)

(2)

5.4.6

- 
- 

.

$\beta$

ACEI

ARB

- 

~

~

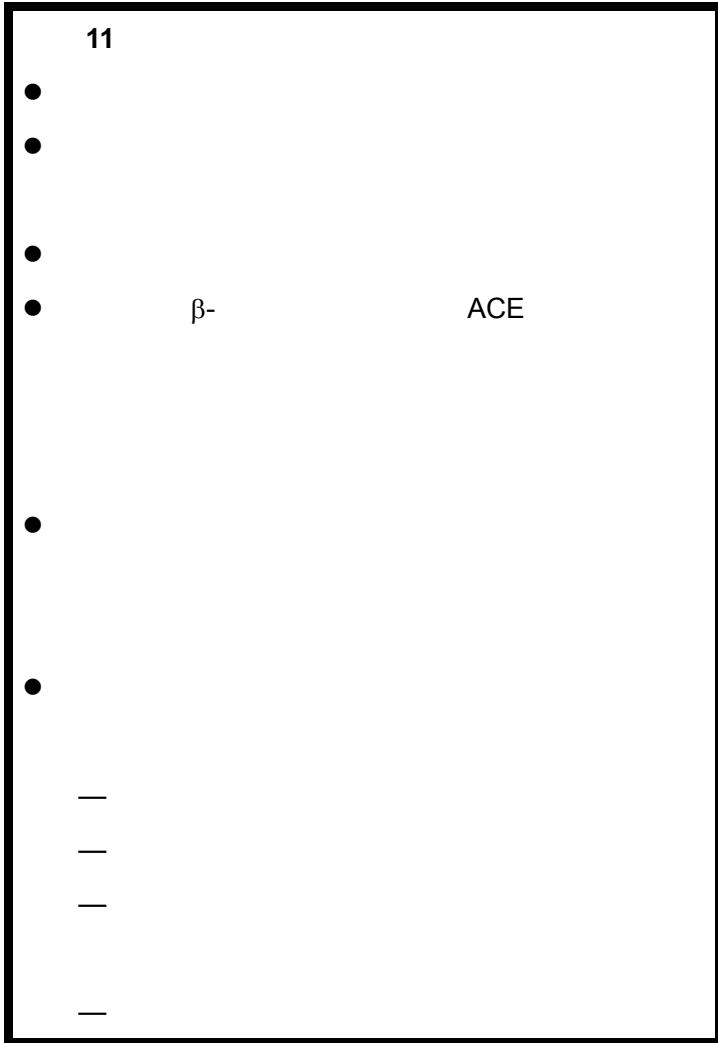
~

~

~

~

~



5.4.7

ARB β

ACEI

ARB

ARB β

β

5.4.8

β

ACEI ARB

β

ACEI ARB

α

β

ARB

$\alpha_2$

ACEI

0

5.5

140mmHg

70mmHg

<150mmHg

$\alpha$

$\beta$ -

ACEI

$\beta$ -

ACEI

ACEI  $\beta$ -

ACEI  $\beta$ -

ARB

ACEI  $\beta$ -

130/80mmHg

ACEI ARB

$\beta$ - ACEI 1

ACEI ARB

5.6

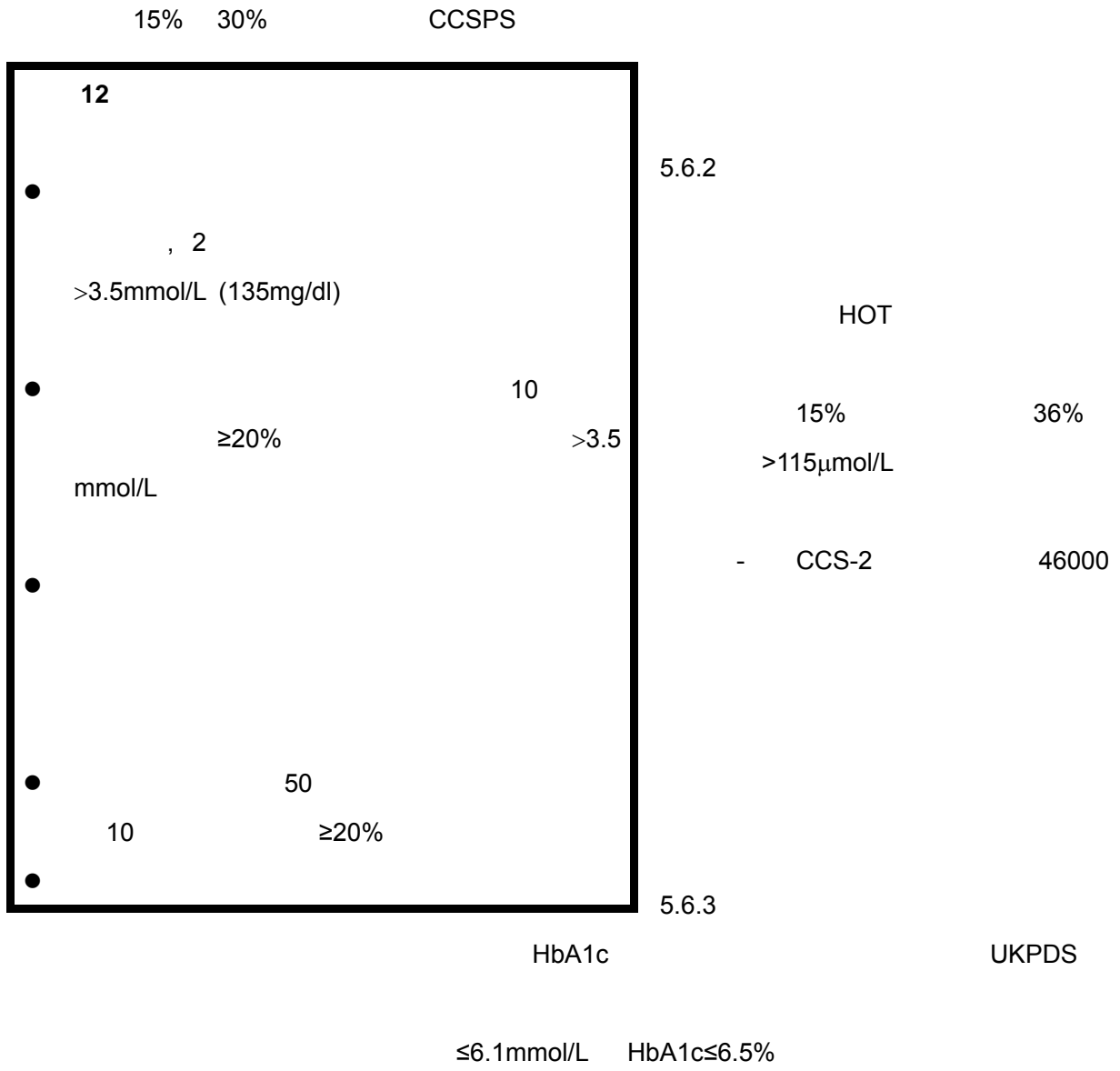
5.6.1

ALLHAT ASCOT

HPS 20 000

41% PROSPER

62%



5.7

5.7.1

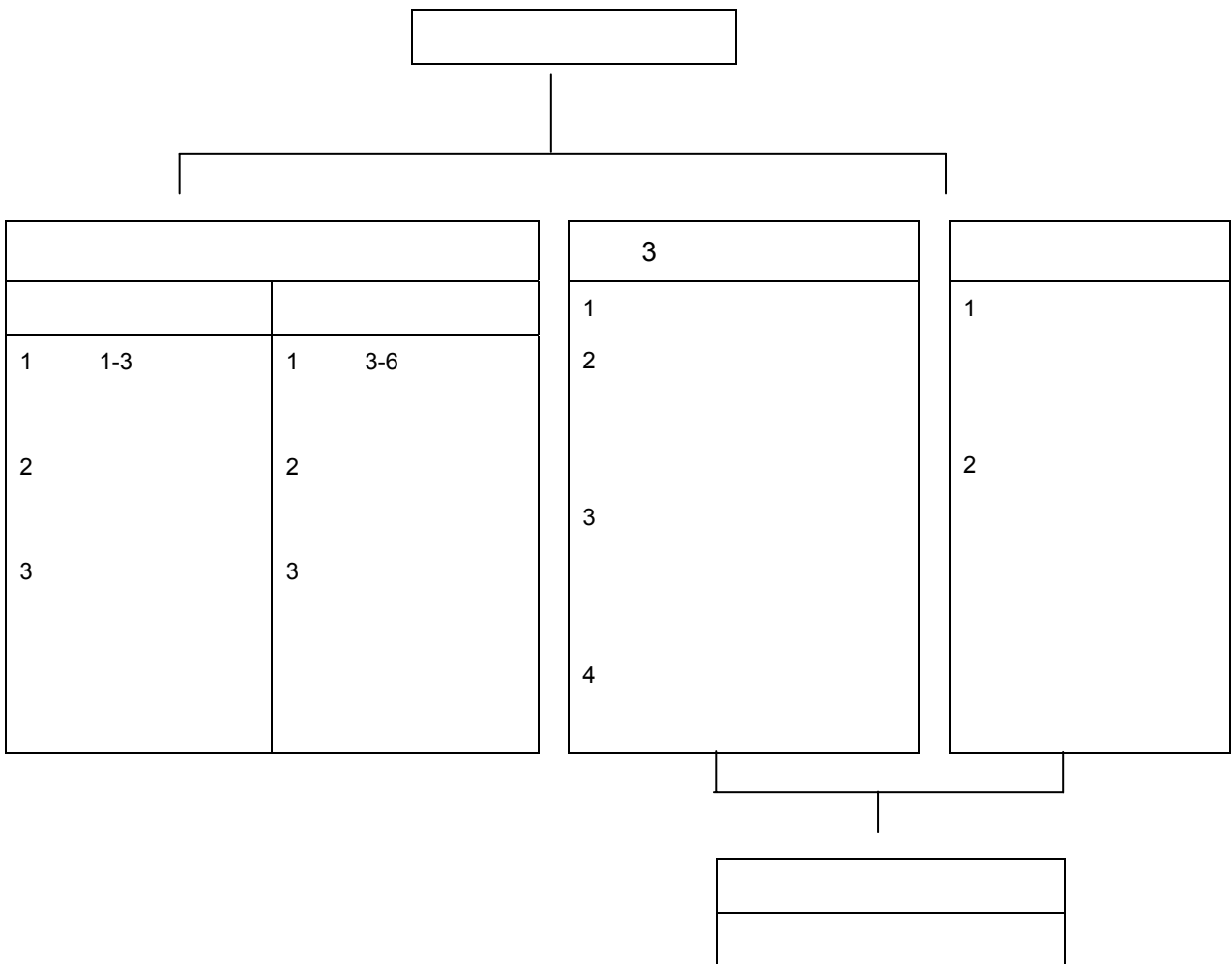
.  
. .

1

1-3

6

2.



”

“

- 

- 

<140/90mmHg

( )

- 

152/96mmHg

- 

- 

- 

:

### 5.7.2

## 6

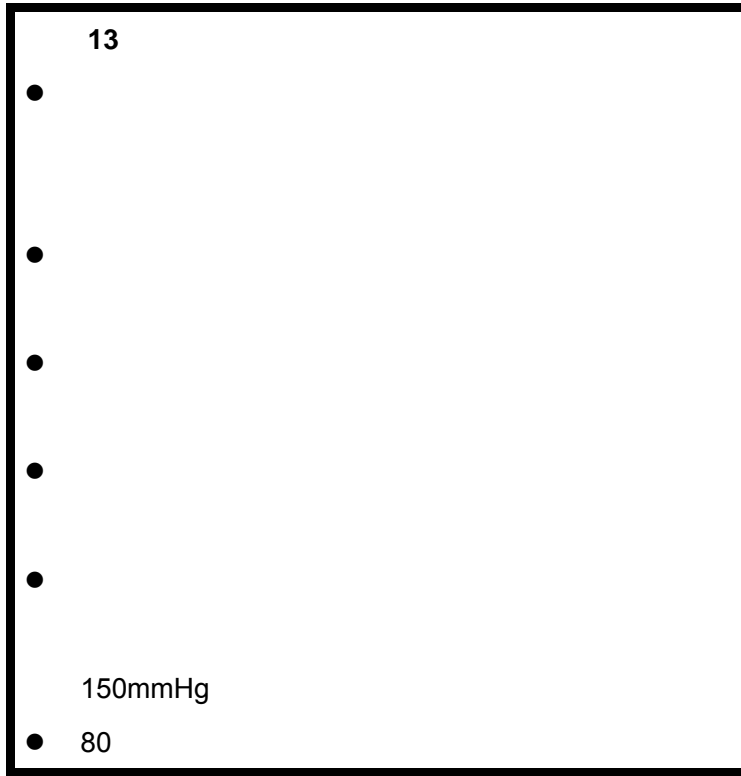
### 6.1

#### 6.1.1

65

1982

>60



1.5mg/d

6.1.2

<80

β-

ACEI-I

STONE

Syst-China

6.1.3

>80

STOP-I

STOP-

70

84

80

HYVET

>80

## 6.2

6.2.1 Pregnancy Induced Hypertension, PIH

6.2.1.1

20

≥140/90mmHg

≥25/15mmHg

6

≥30mg

6

24

≥0.3

>0.5kg/

+

++

+++

≥160/110mmHg

≥3 /24

/



6.2.1.2

B

			<600ml/24	<16 /
	1	1/3	6	10mg
6				
			37	
		>37	<35	

6.2.2

>170/110mmHg

6.2.2.1

Nifedipine	10mg	60			
Labetolol	25-50mg	5%	20-24ml	15	
Hydralazine	5mg	5%	20ml	5	20
	>160/110mmHg		5-10mg	90mmHg	

6.2.2.2

Oxprenolol	:20-40mg,	3	
Atenolol	25-50mg	2-3 /	
β-			
Methyldopa	0.25-0.5g	3 /	
Hydralazine	25-50mg	3 /	
Isradipine	2.5mg	2 /	

6.2.2.3

ACE-I

AT<sub>1</sub>

6.2.2.4

/

HELLP

6.3

TIA

50-60%

4%

PATS

5665

TIA

3

5/2mmHg

29%

P<0.001

PROGRESS

TIA

6105

4

28% P<0.0001

26%

1520

6

6.4

β-

ACE-I

ISIS-4

CCS-1

GISSI-3

ACEI

EUROPA

PEACE

β-

1/4 CCS-2

ACE-I  $\beta$ - 1/5 HOPE  
80% ACEI

INVEST  $\beta$ - ALLHAT INSIGHT

CAMELOT ACTION CAMELOT  
ACEI ACTION

6.5

/

ACE-I  
 $\beta$ -

ACE-I  $\beta$ -

$\beta$ -  
ACE-I ARB  
ARB ACE-I

6.6

---

				40%-55%	1994
22	55%	3	38%	40%-60%	
“	”				
	4%-36%		18%	1	
	2				” ”
					2
≥120/70mmHg					UKPDS
	10mmHg				
10%					
	74%				
6..6.1					
				3	
			≥130/80mmHg		
≥7.0mmol/L(126mg/dl);				≥11.1mmol/L(200mg/dl)	
6..6.2					
<130/80mmHg			1g/24		125/75mmHg



ADVANCE

2

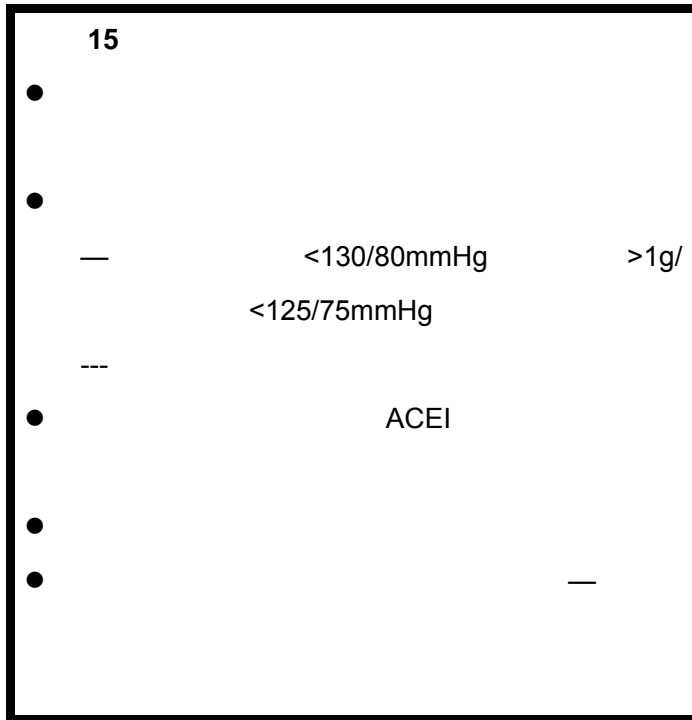
2007

6.7

GFR<60ml/min/1.73m<sup>2</sup> /

/

80-90%



(<130/80mmHg)  
>1g/d <125/75mmHg

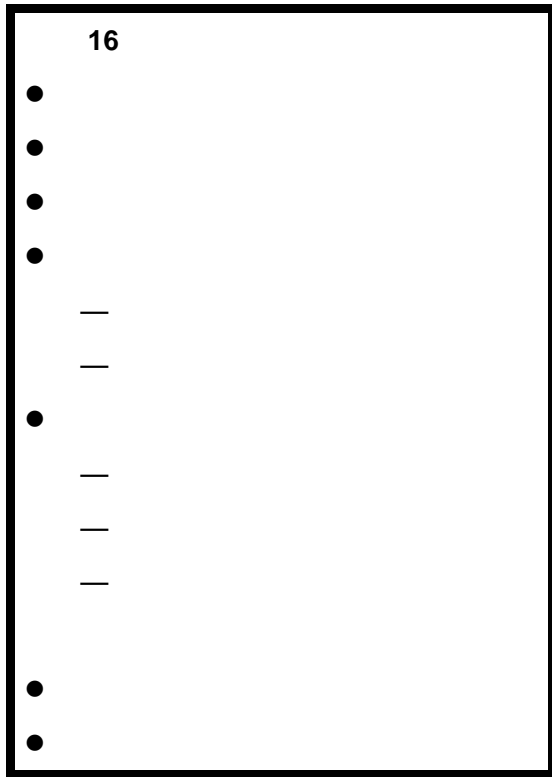
β-  
>2mg/dl

ACE-I / ARB

6.8

6.8.1

3



6.8.2

6.8.3

6.9 “ ”  
“ ”

HDL-C

2004

”

”

4

3

≥25.0kg/m<sup>2</sup>

≥110mg/dl 6.1mmol/L / 2h ≥140mg/dl 7.8mmol/L

/

/ ≥140/90mmHg /

≥150mg/dl 1.70mmol/L /

HDL-C <35mg/dl

0.9mmol/L <39mg/dl 1.0mmol/L

2004 12 3

” ”

17.3% ” ”

“ ”

” ”

6.10

(Hypertensive emergencies)

BP>180/120mmHg

Hypertensive urgencies

1 25% 2~6h  
160/100-110mmHg  
24~48h  
100mmHg  
SBP

**7.**

20 50

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)



## 8.

8.1

8.2

8.3

8.3.1



8.3.2.

(1)



-

-

-

-

-

-

- 
- 
- 

(.2).

10

●	●	●
●	●	●
		●
		●
		●

8.4

- 
- 
- 
- 

8.5

8.6

1 . 2 .

3 . 4 . 5 .

8.7.

1

2 .

3

## 9

9.1

9.1.1.

9.1.2.

●

●

●

●

●

●

9.1.3

9.1.4

9.1.5

9.2

1999

2

### 9.3

#### 9.3.1

- 

- 

- 

- 

#### 9.3.2

- 

- 

- 

#### 9.3.3

- 

-

●

9.4

9.5

9.6

10.

2005«

»

2005 10

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1. Stamler J, Wentworth D, Neaton JD. Is relationship between serum cholesterol and risk of premature death from coronary heart disease continuous and graded? Findings in 356,222 primary screeners of the Multiple Risk Factor Intervention Trial (MRFIT). JAMA, 1986,26:2823-2828.
2. Collins R, Peto R, MacMahon S, et al. Blood pressure, stroke, and coronary heart disease. Part2, Short-term reductions in blood pressure: overview of randomised drug trials in their epidemiological context. Lancet,1990,335:827-839.
3. SHEP Collaborative Research Group. Prevention of stroke by antihypertensive drug treatment in older persons with isolated systolic hypertension: final results of the Systolic Hypertension in the Elderly Program (SHEP).JAMA,1991,265:3255-3264.
4. Scandinavian Simvastatin Survival Study Group. Randomised trial of cholesterol lowering in 4444 patients with coronary heart disease: the Scandinavian Simvastatin Survival Study(4S).

- Lancet,1994,344:1383-1389.
5. PATS Collaborating Group. Post-stroke antihypertensive treatment study. A preliminary result. *Chin Med J (Engl)*, 1995,108:710-717.
  6. Gong LS, Zhang WH, Zhu YJ, et al. Shanghai trial of nifedipine in the elderly (STONE). *J Hypertens*, 1996,14:1237-1245.
  7. Staessen JA, Fagard R, Thijs L, et al. for the Syst-EUR Collaborative Group. Systolic Hypertension in comparison of placebo and active treatment for older patients with isolated systolic hypertension. *Lancet*,1997,350:757-764.
  8. Agabiti Rosei E, Dal Palu C, Leonetti G, et al for the VHAS investigators. Clinical results of the Verapamil in Hypertension and Atherosclerosis Study. *J Hypertens*,1997,15:1337-1344.
  9. .  
——14962 . ,1997,5 4 245-251.
  10. UK Prospective Diabetes Study Group. Efficacy of atenolol and captopril in reducing risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 39. *BMJ*, 1998,317:713-720.
  11. Liu LS, Wang JG,Gong LS,et al. Comparison of active treatment and placebo in older Chinese patients with isolated systolic hypertension. *J Hypertens*,1998,16(12 Pt 1):1823-1829.
  12. The Long-term Intervention with Pravastatin in Ischaemic Disease (LIPID)Study Group. Prevention of cardiovascular events and death with pravastatin in patients with coronary heart disease and a broad range of initial cholesterol levels. *N Engl J Med*,1998,339:1349-1357.
  13. Liu LS, Wang JL, Gong L, et al for the Syst-China Collaborative Group. Comparison of active treatment and placebo in older Chinese patients with isolated systolic hypertension. *J Hypertens*,1998,16:1823-1829.
  14. Franklin S, Khan SA, Wong DA, et al. Is pulse pressure useful in predicting risk for coronary heart disease? The Framingham Heart Study. *Circulation*,1999, 100:354-360.
  15. Hansson L, Lindholm LH, Ekblom T, et al. Randomised trial of old and new antihypertensive drugs in elderly patients: cardiovascular mortality and morbidity in the Swedish Trial In Old Patients with Hypertension-2 study. *Lancet*,1999,354:1751-1756.
  16. Xiang-Hua Fang, Richard A, Shi-Chuo Li, et al. Prevention of Stroke in Urban China A Community-Based Intervention Trial. *Stroke*. 1999;30:495-501.
  17. Hansson L, Lindholm LH, Niskanen L, et al. Effect of angiotensin-converting-enzyme inhibition compared with conventional therapy on cardiovascular morbidity and mortality in

hypertension:the Captopril Prevention Project(CAPPP) randomised trial. Lancet, 1999,353:611-616.

18. The Heart Outcomes Prevention Evaluation Study Investigators. Effects of an angiotensin-converting-enzyme inhibitor, ramipril, on cardio

29. Xiang-Hua Fang, Longstreth WT, Shi-Chuo Li, et al. Longitudinal Study of Blood Pressure and Stroke in over 37,000 People in China. *Cerebrovasc Dis* 2001;11:225-229.
30. Chinese Cardiac Study Group (Liu Lisheng , Wang Wen). Long-term mortality in patients with myocardial infarction: impact of early treatment with captopril for 4 weeks. *Chinese Medical Journal*,2001, 114(2): 115-118.
31. Prospective Studies Collaboration. Age-specific relevance of usual blood pressure to vascular mortality: a meta-analysis of individual data for one million adults in 61 prospective studies. *Lancet*,2002,360:1903-1913.
32. , , , . —PROGRESS PATS , 2002,4(5) 382.
33. Kjeldsen SE, Dahlöf B, Devereux RB, et al. Effects of losartan on cardiovascular morbidity and mortality in patients with isolated systolic hypertension and left ventricular hypertrophy: a Losartan intervention for Endpoint reduction (LIFE)substudy. *JAMA*,2002,288:1491-1498.
34. Dahlöf B, Devereux RB, Kjeldsen SE, et al. Cardiovascular morbidity and mortality in the Losartan Intervention For Endpoint reduction in hypertension study (LIFE): a randomised trial against atenolol. *Lancet*,2002,359:995-1003.
35. Lindholm LH, Ibsen H, Dahlöf B, et al. Cardiovascular morbidity and mortality in patients with diabetes in the Losartan Intervention For Endpoint reduction in hypertension study (LIFE): a randomised trial against atenolol. *Lancet*,2002,359:1004-1010.
36. Wright JT, Bakris G, Greene T, et al. for the African American Study of Kidney Disease and Hypertension Study Group. Effect of blood pressure lowering and antihypertensive drug class on progression of hypertensive kidney disease: results from the AASK Trial. *JAMA*, 2002,288:2421-2431.
37. The ALLHAT Officers and Coordinators for the ALLHAT Collaborative Research Group. Major outcomes in moderately hypercholesterolemic, hypertensive patients randomized to pravastatin vs usual care. The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT-LLT). *JAMA*,2002,288:2998-3007.
38. : ,2002,23:5-10.
39. The ALLHAT Officers and coordinators for the ALLHAT Collaborative Research Group. Major outcomes in high-risk hypertensive patients randomized to angiotensin-converting enzyme inhibitor or calcium channel blocker vs diuretic: The Antihypertensive and Lipid-Lowering treatment to prevent Heart Attack Trial (ALLHAT). *JAMA*,2002, 288 (23):2981-2997.
40. Guidelines Committee. 2003 European Society of Hypertension –European Society of Cardiology. Guidelines for the management of arterial hypertension. *Journal of Hypertension*,



- 2003,21:1011-1053.
41. World Health Organization, International Society of Hypertension Writing Group. 2003 World Health Organization (WHO), International Society of Hypertension (ISH) statement on management of hypertension(Guidelines and recommendations). *Journal of Hypertension*, 2003,21: 1983-1992
  42. Lithell H, Hansson L, Skogg I, et al for the SCOPE Study Group. The Study on Cognition and Prognosis in the Elderly (SCOPE). Principal results of a randomised double-blind intervention trial. *J Hypertens*,2003,21;875-886.
  43. , . -1520 4 . ,2003,11:106-108.
  44. , , , . ” ” . 2003,31:909-912.
  45. Black HR, Elliot WJ, Grandist G, et al for the CONVINCCE Research Group. Principal results of the Controlled Onset Verapamil Investigation of cardiovascular Endpoints (CONVINCE) trial. *JAMA*,2003,289:2073-2082.
  46. International Society of Hypertension. Statement on the management of blood pressure in acute stroke. *J Hypertens*,2003,21:665-672.
  47. The European on reduction of cardiac events with perindopril in stable coronary artery disease investigators. Efficacy of perindopril in reduction cardiovascular events among with stable coronary artery disease: randomized, double-blind, placebo-controlled, multicentre trial (the EUROPA study)[J] . *Lancet*, 2003, 362: 782-788.
  48. Sever PS, Dahlöf B, Poulter NR, et al for the ASCOT investigators. The prevention of coronary events and stroke with atorvastatin in hypertensive subjects with average or below average cholesterol levels. The Anglo-Scandinavian Cardiac Outcomes Trial: Lipid Lowering Arm (ASCOT: LLA). *Lancet*,2003,361:1149-1158.
  49. . ,2003,31:1-2.
  50. , , , . , 2003,31:3-6.
  51. , , , . . ,2003,31:24-28.
  52. . ,2003,31: 74-78.
  53. . 30 . ,2003,31:881-884.
  54. , . ,2003,31:884-888.
  55. . ,2003,31:891-892.
  56. “ ” “ ” .

- . , 2003,31:893-901.
57. . , 2003,31(4):245-249.
58. , , , .  
 , 2003,31(7):509-513.
59. . , 2003,31(5):395-397.
60. , , .  
 ,2003,31(6):456-459.
61. , . , 2003,31(2):83-86.
62. , , , .  
 ,2003,31(4):254-256.
63. , , , .  
 ,2003,31(4):257-259.
64. , , , . 35~64  
 ,2003,31:902-908.
65. , , , .  
 ,2004,32(4):291-294.
66. . , 2004,32(6):574-576.
67. , , , .  
 , 2004,32(2):167-172.
68. , , .  
 ,2004,32(3):264-269.
69. , , , , " " .  
 ,2004,32(9):819-820.
70. , , , .  
 ,2004,32(11):1021-1025.
71. , , , . 1331 10  
 ,2004,32(11):1017-1020.
72. , , , . 35-64 10  
 2004 43 10 730-734
73. , . , 2004,12(1):4-8.
74. Poole-Wilson PA, Lubsen J, Kirwan BA, et al. Effect of long-acting nifedipine on mortality and cardiovascular morbidity in patients with stable angina requiring treatment (ACTION):randomized controlled trial[J].Lancet, 2004,364(9437):849-857.
75. , , . 2004 6 4  
 259-261.

76. Lisheng Liu. The study of hypertension in China. Blood Pressure,2004,13:72-74.
77. WHO consultation. Appropriate body mass index for Asian population and its implications for policy and intervention strategies. Lancet, 2004,363:157-116.
78. Nissen SE, Tuzcy EM, Libby P, et al. Effect of antihypertensive agents on cardiovascular events in patients with coronary disease and normal blood pressure. The CAMELOT study: a randomized controlled trial [J]. JAMA, 2004, 292(18):2217-2226.
79. Julius S, Kjeldsen ES, Weber M, et al. the VALUE trial group Outcomes in hypertensive patients at high cardiovascular risk treated with regimens based on valsartan or amlodipine: the VALUE randomised trial. Lancet,2004,363(9426): 2022-2031.
80. Braunwald E, Domanski MJ, Fowler SE, et al for the PEACE trial investigators. Angiotensin-converting-enzyme inhibitors in stable coronary artery disease. [J]. N Engl J Med, 2005,351(20): 2058-2068.
81. , , , . ” ” . ,2005,33(1): 81-85.
82. , , , . ACE . 2005,13:202-208.
83. , , , . 2740 10 (1992-2002) . , 2005,13(2):115-119.
84. , , , . ” ” 463 . ,2005,33(2):132-136.
85. . ,2005,33 7 :613-617.
86. . 2005 33 7 :585-587.
87. Jiang He, Dongfeng Gu, Xigui Wu, et al. Major Causes of Death among Men and Women in China. N Engl J Med 2005; 353:1124--1134.
88. Lisheng Liu Yuqing Zhang, Guozhang Liu,et al, for FEVER Study Group. The Felodipine Event Reduction (FEVER) study : A randomized long-term placebo controlled trial in Chinese hypertensive patients. J Hypertens 2005, 23 : 2157-2172

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