

REMASTER Trial



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Over 6 million Australians are estimated to have hypertension and up to 30 per cent of them may have low-renin hypertension (with either normal or elevated aldosterone to renin ratio).

We now ask the question ... **how should we treat patients with high blood pressure and low renin (who do not meet the criteria for primary aldosteronism)?** Low renin can be caused by excess salt intake or inappropriate activation of the mineralocorticoid receptor. **Would spironolactone be better for their blood pressure and cardiovascular health than standard antihypertensives?**

We are recruiting participants for the REMASTER trial, a randomised controlled trial, to answer this question.

If you have patients who have

- elevated blood pressure (>140/90mmhg) and are on no antihypertensive medication or any blood pressure on 1-2 antihypertensive medications, **and**
- have a renin concentration < 10 mU/L (irrespective of their aldosterone or aldosterone-renin ratio), **please refer them to our Endocrine Hypertension Clinic.**

The participants will receive free medications (either spironolactone or perindopril +/- amlodipine) for 48 weeks if they choose to enter the trial.

Please see page 3 for further information.

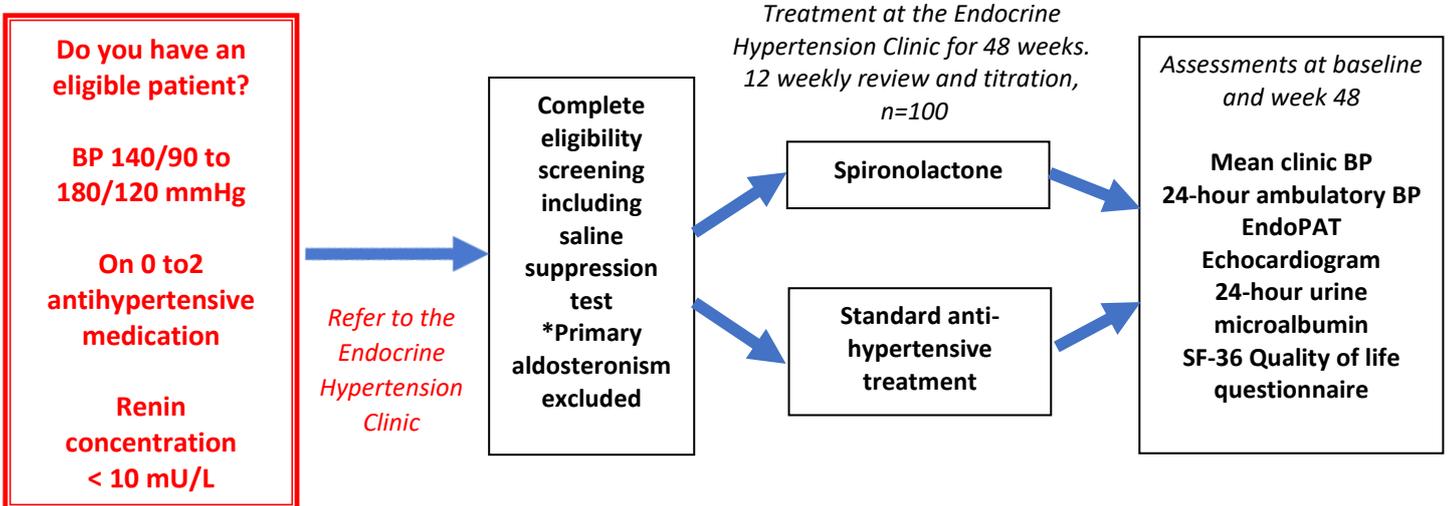
REMASTER trial for patients with hypertension

A Randomised trial assessing the Efficacy and safety of Mineralocorticoid receptor Antagonist therapy compared to Standard antihypertensive Therapy in hypertension with low Renin.

Hypertension is associated with significant morbidity and mortality. Over 6 million Australians are estimated to have hypertension, and up to 30% of them may have low-renin hypertension, which may reflect a state of excess mineralocorticoid receptor activation.

The purpose of the REMASTER is to determine whether personalising treatment by measuring renin with a simple blood test can select people who will benefit from early targeted treatment with a mineralocorticoid receptor-blocking medication called spironolactone.

Who and what is involved?



Potential benefits for participants

1. Free medications and investigations for participants for the duration of the trial.
2. The results of this trial will help doctors learn how best to treat their condition (low-renin hypertension).

Significance

We anticipate that the results of this trial will provide high-quality evidence for a personalised approach to the treatment of hypertension to reduce polypharmacy, achieve better blood pressure control and reduce cardiovascular and renal complications.

Referrals

If you have a patient that may be eligible and is interested in the trial, please fax a referral to the Endocrine Hypertension Clinic to (03) 9594 3558 or email to elise.forbes@hudson.org.au.

The Endocrine Hypertension Clinic is located in the Department of Endocrinology, on Level 3, Block E, Monash Medical Centre, Clayton.

Contacts of principal investigators

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