Simplified Cardiovascular Management (SimCard) Study in Tibet, China and Haryana, India

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Strengths of the Study (8)

- **Design:** A well powered large pragmatic cluster randomized trial evaluating a simplified CV treatment delivered by community health workers in high CV risk community subjects conducted in 47 villages in Rural China and India, and with the use of mobile phone support as a tool.

- **The results:** show that the intervention arm experienced a significant increase in diuretic and aspirin uptake and a parallel reduction in pre and post-systolic blood pressure of 2.1 mm Hg compared to usual care.
Questions by the Reviewer (4)

• What proportion of participants were/were not hypertensive since diuretics a 1ary end point?

• Was the intervention providing a prescription of diuretic/aspirin or actually providing medication?

• How did you assess adherence to diuretic or aspirin?. The Dr. prescribed or patients took it?

• The study cannot separate salt reduction data from BP data; how was the interaction?
• In spite of a dedicated intervention, diuretic uptake occurred in only 32% of the intervened population and aspirin uptake in only 19%.

• While this pilot study confirms the feasibility of the study operations, with the power to detect a meaningful difference in systolic BP, there appears to be a missed opportunity to make this study more than a feasibility exercise.
Congratulations

Congratulate the team on overcoming the many hurdles in conducting such an ambitious study within a resource-strapped environment.