



PROGRESS trial and study design

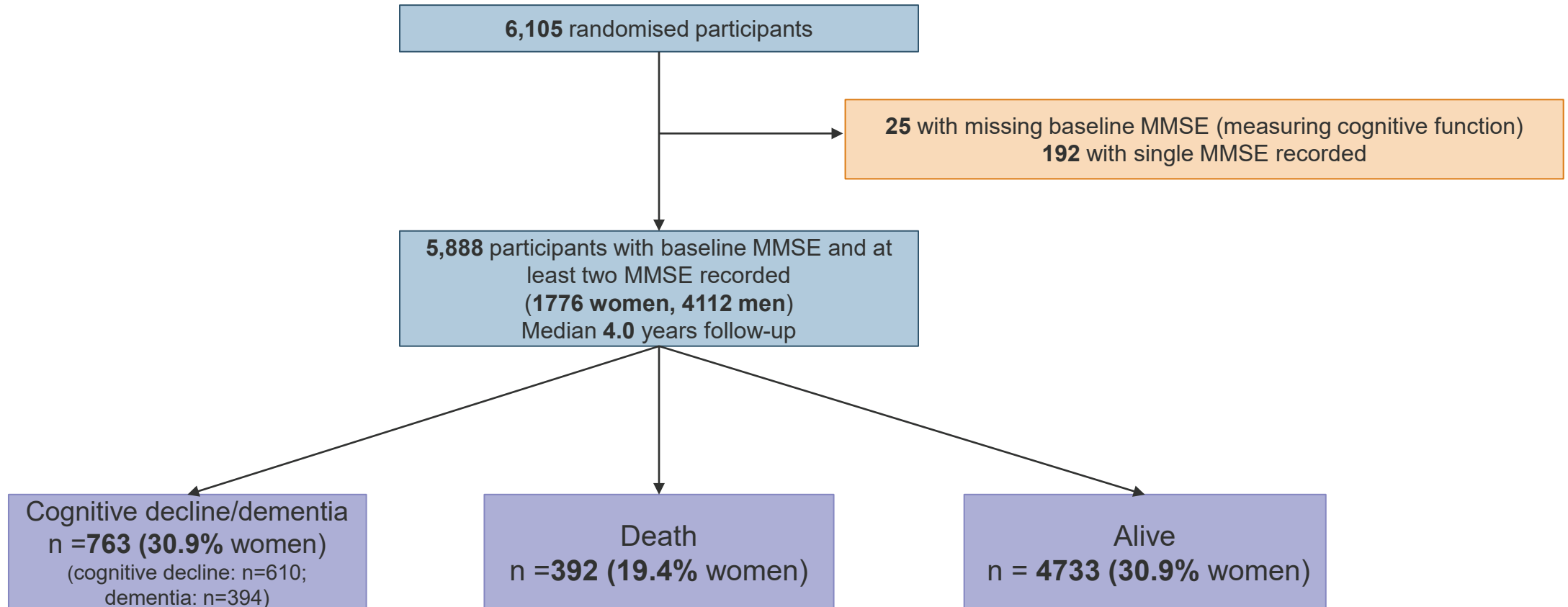
- **6,105 individuals** with a history of **stroke/transient ischemic attack (TIA)** in the past 5 years
- From **10 countries** in Asia, Europe, Australia and New Zealand, between **1995 and 1997**
- Randomised active treatment was a flexible regimen of **perindopril** (4 mg daily), with/without the addition of **indapamide** (2.5 mg daily/ 2 mg in Japan), versus placebo
- The aim of the present study was to examine the randomised treatment effects, and major and common cardiometabolic, genetic, and stroke-specific predictors for **cognitive decline and dementia**, while incorporating the **competing risk of death**, and examining the **sex differences** in these predictors.



Predictors for cognitive decline and dementia in people with prior stroke/transient ischemic attack
Private & Confidential



Outcome summary



MMSE=Mini Mental State Examination



Results summary

Active treatment was associated with lower odds of cognitive decline/dementia as a composite outcome, with no evidence of sex difference.

In terms of the predictors, **Higher education** and **baseline cognitive function** measured using Mini-Mental State Examination (or MMSE) were associated with lower odds of CD/dementia.

Higher diastolic blood pressure and **peripheral arterial disease** were associated with higher odds of CD/dementia. And **low estimated glomerular filtration rate** or eGFR, which measures **kidney function**, was also associated with a greater risk of dementia alone.

In terms of sex differences, **women** had a lower odd of CD/dementia than men. Low eGFR was more strongly associated with CD/dementia in women than men. Diabetes was more strongly associated in men than women.