PubMed 検索結果： valsartan AND (retracted OR withdrawn)で検索した 23 件のうち、日本の論文 12 件の要旨

Search results

1.

RETRACTED ARTICLE

See: Retraction Notice

Circ J. 2012. pii: DN/JST.JSTAGE/circj/CJ-12-0387. Epub 2012 Sep 12.

Effects of valsartan on cardiovascular morbidity and mortality in high-risk hypertensive patients with new-onset diabetes mellitus.

Kimura S[1], Sawada T, Shiraishi J, Yamada H, Matsubara H; KYOTO HEART Study Group.

Author information

1

Department of Cardiology, Kyoto Second Red Cross Hospital Japan.
shinzo@koto.kpu-m.ac.jp

Retraction in

- Retraction. Effects of valsartan on cardiovascular morbidity and mortality in high-risk hypertensive patients with new-onset diabetes mellitus: sub-analysis of the KYOTO HEART study. [Circ J. 2013]

Abstract

BACKGROUND:

The KYOTO HEART Study demonstrated that Valsartan Add-on treatment was effective to reduce new-onset diabetes in high-risk hypertensive patients. The purpose of the present study was to examine the effects of Valsartan Add-on treatment on cardiovascular (CV) events in patients with or without diabetes.

METHODS AND RESULTS:

A total of 3,031 patients were divided at baseline: Baseline Diabetes (n=807) and Baseline Non-Diabetes (n=2,224). Among the Non-Diabetes patients, 144 developed

diabetes (New-Onset Diabetes) and the remaining patients did not throughout the study (Final Non-Diabetes, n=2,080). Baseline Diabetes showed significantly higher CV event rates than Baseline Non-Diabetes (10.3% vs. 7.0%, P=0.00400). Valsartan Add-on treatment significantly reduced CV event rates than Non-angiotensin receptor blocker (ARB) treatment both in Baseline Diabetes (6.7% vs. 13.8%, P=0.00274) and in Baseline Non-Diabetes (5.0% vs. 8.9%, P=0.00036), respectively. New-Onset Diabetes showed a similar CV event rate (12.5%) to Baseline Diabetes (10.3%) but the event rate was significantly higher than that of Final Non-Diabetes (6.6%, P=0.0065). In the New-Onset Diabetes, Valsartanadd-on treatment significantly reduced CV event rate than Non-ARB treatment (5.2% vs. 17.4%, P=0.04601).

CONCLUSIONS:

CV event risk in New-Onset Diabetes was relatively equivalent to Baseline Diabetes. Valsartan Add-on treatment was effective for the reduction of CV events not only in Baseline Diabetes but also in New-Onset Diabetes.

PMID:22987054**Free full text** 

2.

Int J Cardiol. 2012 Jul 12. pii: S0167-5273(12)00894-7. doi: 10.1016/j.ijcard.2012.06.103. [Epub ahead of print]

WITHDRAWN: Cardio-cerebrovascular protective effects of valsartan in high-risk hypertensive patients with overweight/obesity: A post-hoc analysis of the KYOTO HEART Study.

Irie H[1], Shiraishi J, Sawada T, Koide M, Yamada H, Matsubara H; for the KYOTO HEART Study Group.

Author information

1

Department of Cardiology, Kyoto First Red Cross Hospital, Honmachi, Higashiyama-ku, Kyoto 605-0981, Japan.

Abstract

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PMID:22795716 

3.

Int J Cardiol. 2012 Feb 13. pii: S0167-5273(12)00090-3. doi: 10.1016/j.ijcard.2012.01.072. [Epub ahead of print]

WITHDRAWN: Enhanced cardio-renal protective effects of valsartan in high-risk hypertensive patients with chronic kidney disease: A sub-analysis of KYOTO HEART Study.

Amano K[1], Shiraishi J, Sawada T, Koide M, Yamada H, Matsubara H.

Author information

1

Department of Cardiovascular Medicine, Kyoto Prefectural University School of Medicine, Kawaramachi-Hirokoji, Kamigyo-ku, Kyoto 602-8566, Japan.

Abstract

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PMID:22336256 

4.

RETRACTED ARTICLE

See: Retraction Notice

Hypertension. 2012 Mar;59(3):580-6. doi: 10.1161/HYPERTENSIONAHA.111.184226. Epub 2012 Jan 9.

Comparison between valsartan and amlodipine regarding cardiovascular morbidity and mortality in hypertensive patients with glucose intolerance: NAGOYA HEART Study.

Muramatsu T[1], Matsushita K, Yamashita K, Kondo T, Maeda K, Shintani S, Ichimiya S, Ohno M, Sone T, Ikeda N, Watarai M, Murohara T; NAGOYA HEART Study Investigators.

Collaborators (213)

Author information

1

Department of Cardiology, Nagoya University Graduate School of Medicine, 65 Tsurumai, Showa-ku, Nagoya, 466-8550, Japan.

Erratum in

- Correction. [Hypertension. 2015]

Retraction in

- Comparison Between Valsartan and Amlodipine Regarding Cardiovascular Morbidity and Mortality in Hypertensive Patients With Glucose Intolerance: NAGOYA HEART Study. [Hypertension. 2018]

Abstract

It has not been fully examined whether angiotensin II receptor blocker is superior to calcium channel blocker to reduce cardiovascular events in hypertensive patients with glucose intolerance. A prospective, open-labeled, randomized, controlled trial was conducted for Japanese hypertensive patients with type 2 diabetes mellitus or impaired glucose tolerance. A total of 1150 patients (women: 34%; mean age: 63 years; diabetes mellitus: 82%) were randomly assigned to receive either valsartan- or amlodipine-based antihypertensive treatment. Primary outcome was a composite of acute myocardial infarction, stroke, coronary revascularization, admission attributed to heart failure, or sudden cardiac death. Blood pressure was 145/82 and 144/81 mm Hg, and glycosylated hemoglobin was 7.0% and 6.9% at baseline in the valsartan group and the amlodipine group, respectively. Both of them were equally controlled between the 2 groups during the study. The median follow-up period was 3.2 years, and primary outcome had occurred in 54 patients in the valsartan group and 56 in the amlodipine group (hazard ratio: 0.97 [95% CI: 0.66-1.40]; P=0.85). Patients in the valsartan group had a significantly lower incidence of heart failure than in the amlodipine group (hazard ratio: 0.20 [95% CI: 0.06-0.69]; P=0.01). Other components and all-cause mortality were not significantly different between the 2 groups. Composite cardiovascular outcomes were comparable between the valsartan- and amlodipine-based treatments in Japanese hypertensive patients with glucose intolerance. Admission because of heart failure was significantly less in the valsartan group.

TRIAL REGISTRATION:

ClinicalTrials.gov NCT00129233.

Comment in

- Concerns for the heart failure reduction in the NAGOYA HEART Study based on meta-regression from the evidence. [Hypertension. 2013]

PMID:22232134 

5.

RETRACTED ARTICLE

See: Retraction Notice

J Hum Hypertens. 2012 Nov;26(11):656-63. doi: 10.1038/jhh.2011.91. Epub 2011 Oct 13.

Effects of valsartan and amlodipine on home blood pressure and cardiovascular events in Japanese hypertensive patients: a subanalysis of the VART.

Takano H[1], Hasegawa H, Narumi H, Shindo S, Mizuma H, Kuwabara Y, Kobayashi Y, Komuro I; VART investigators.

Collaborators (15)

Author information

1

Department of Cardiovascular Science and Medicine, Chiba University Graduate School of Medicine, Chiba, Japan. htakano-cib@umin.ac.jp

Erratum in

- J Hum Hypertens. 2013 Sep;27(9):580.

Retraction in

- Retraction: Effects of valsartan and amlodipine on home blood pressure and cardiovascular events in Japanese hypertensive patients: a subanalysis of the VART. [J Hum Hypertens. 2015]

Abstract

The Valsartan Amlodipine Randomized Trial (VART) was performed to compare the beneficial effects of valsartan and amlodipine on cardiovascular events in Japanese hypertensive patients. In this subanalysis of the VART, we assessed the relationship

between home blood pressure (HBP) levels and cardiovascular events in the enrolled patients. We enrolled 1021 patients with mild-to-moderate hypertension in the VART. The participants were allocated randomly to either the valsartan group or the amlodipine group. The primary end point was a composite of all-cause death, sudden death, cerebrovascular events, cardiac events, vascular events and renal events. A total of 621 patients (valsartan group: 305 and amlodipine group: 316) completed the measurements of HBP (morning and evening) throughout the trial. Both the agents evenly and significantly lowered morning HBP and evening HBP throughout the trial. There was no significant difference in the primary end point between the two groups. However, we observed significant decreases in the left ventricular mass index and urinary albumin to creatinine ratio in the valsartan group but not in the amlodipine group. There were no significant differences in HBP levels and the main outcome of the cardiovascular events between the valsartan and amlodipine groups. However, in the valsartan group, significant improvements in left ventricular hypertrophy and microalbuminuria were observed.

PMID:21993491

6.

RETRACTED ARTICLE

See: Retraction Notice

Circ J. 2011;75(4):806-14. Epub 2011 Mar 19.

Enhanced cardiovascular protective effects of valsartan in high-risk hypertensive patients with left ventricular hypertrophy--sub-analysis of the KYOTO HEART study.

Shiraishi J[1], Sawada T, Kimura S, Yamada H, Matsubara H; KYOTO HEART Study Group.

Author information

1

Department of Cardiology, Kyoto First Red Cross Hospital, Kyoto 605-0981, Japan.
risa11221998@yahoo.co.jp

Retraction in

- Retraction. Enhanced cardiovascular protective effects of valsartan in high-risk hypertensive patients with left ventricular hypertrophy: sub-analysis of the KYOTO HEART study. [Circ J. 2013]

Abstract

BACKGROUND:

The objective of the present study was to examine whether baseline electrocardiographically diagnosed left ventricular hypertrophy (ECG-LVH) influenced the angiotensin II receptor blocker (ARB) valsartan add-on effects on the cardio-cerebrovascular morbidity and mortality in the high-risk hypertensive patients who participated in the KYOTO HEART Study.

METHODS AND RESULTS:

The primary endpoint was the same as in the main study: a composite of defined cardiovascular and cerebrovascular events. The median follow-up period was 3.27 years. The study group was divided into 2 groups according to the presence of ECG-LVH: with LVH, n=803; without LVH, n=2,228. The primary endpoint events occurred more frequently in patients with LVH than in patients without LVH (9.3% vs. 7.3%; hazard ratio [HR], 1.33; 95% confidence interval [CI]: 1.01-1.75). Valsartan add-on significantly decreased the occurrence of primary endpoint events in both LVH-positive patients (5.8% vs. 12.9%; HR, 0.45; 95%CI: 0.28-0.72) and LVH-negative patients (5.5% vs. 9.2%; HR, 0.59; 95%CI: 0.44-0.81) compared with non-ARB treatment. The reduction in combined cardiovascular events (composite of acute myocardial infarction, angina pectoris, and heart failure) due to valsartan treatment in patients with LVH was significantly larger than that in patients without LVH (P<0.0001). Changes in blood pressure during the follow-up period did not differ significantly among the study subgroups.

CONCLUSIONS:

High-risk hypertensive patients with ECG-LVH might gain more cardiovascular benefits from valsartan add-on treatment, compared with patients without ECG-LVH.

PMID:21436597**Free full text** 

7.

RETRACTED ARTICLE

See: Retraction Notice

Hypertens Res. 2011 Jan;34(1):62-9. doi: 10.1038/hr.2010.186. Epub 2010 Oct 7.

Effects of valsartan and amlodipine on cardiorenal protection in Japanese hypertensive patients: the Valsartan Amlodipine Randomized Trial.

Narumi H[1], Takano H, Shindo S, Fujita M, Mizuma H, Kuwabara Y, Komuro I; Valsartan Amlodipine Randomized Trial Investigators.

Collaborators (125)

Author information

1

Department of Cardiovascular Science and Medicine, Chiba University Graduate School of Medicine, Chiba, Japan.

Erratum in

- Hypertens Res. 2013 Jul;36(7):655.
- Hypertens Res. 2011 Jan;34(1):152.

Retraction in

- Retraction: Effects of valsartan and amlodipine on cardiorenal protection in Japanese hypertensive patients: the Valsartan Amlodipine Randomized Trial. [Hypertens Res. 2017]

Abstract

The Valsartan Amlodipine Randomized Trial, a multicenter, prospective, randomized, open-labeled, blinded-end point trial, was designed to compare the beneficial effects of the angiotensin II receptor blocker valsartan and the calcium channel blocker amlodipine on cardiovascular events in Japanese essential hypertensive patients. The primary end point was a composite of all-cause death, sudden death, cerebrovascular death, cardiac events, vascular events and renal events. The secondary endpoints were effects on left ventricular hypertrophy, cardiac sympathetic nerve activity and renal function. A total of 1021 patients were enrolled in the present trial. The mean follow-up period was 3.4 years. There were no

significant differences in blood pressure (BP) levels between the valsartan group and the amlodipine group throughout the trial. There was no significant difference in the primary endpoint between the two groups (hazard ratio: 1.0, P = 0.843). No difference in any event category of the primary endpoint was noted for either group. However, we observed a significant reduction of left ventricular mass index, as determined by echocardiography, in the valsartan group compared with the amlodipine group. We also observed a significant decrease in cardiac sympathetic nerve activity in the valsartan group but not in the amlodipine group. Moreover, there was a significant reduction in the urinary albumin to creatinine ratio in the valsartan group but not in the amlodipine group. Therefore, although BP levels were well controlled and remained equal in the two groups, valsartan had more protective effects on the heart and kidney than amlodipine in Japanese hypertensive patients.

Comment in

- How to evaluate real-world medicine in a Japanese population: important lessons from the JIKEI, CASE-J, KYOTO and VART studies. [Hypertens Res. 2011]

PMID:20927112

8.

RETRACTED ARTICLE

See: Retraction Notice

J Hypertens. 2010 Jun;28(6):1150-7. doi: 10.1097/HJH.0b013e328338a8b6.

Sex differences in effects of valsartanadministration on cardiovascular outcomes in hypertensive patients: findings from the Jikei Heart Study.

Yoshida H[1], Shimizu M, Ikewaki K, Taniguchi I, Tada N, Yoshimura M, Rosano G, Dahlöf B, Mochizuki S; Jikei Heart Study group.

Author information

1

Department of Laboratory Medicine, Jikei University Kashiwa Hospital, Kashiwa, Chiba, Japan. hyoshida@jikei.ac.jp

Retraction in

- Sex differences in effects of valsartan administration on cardiovascular outcomes in hypertensive patients: findings from the Jikei Heart Study: Retraction. [J Hypertens. 2013]

Abstract

OBJECTIVES:

The randomized Jikei Heart Study has demonstrated that the addition of valsartan to conventional treatments prevents more cardiovascular events in Japanese patients with hypertension. This substudy analyses the sex difference in cardiovascular disease risk reduction in the Jikei Heart Study.

METHODS:

Treatment effects were evaluated by sex (1038 women and 2043 men) as hazard ratios with 95% confidence intervals (CIs) using Cox regression models adjusted for age, BMI, smoking, dyslipidemia, diabetes, antihypertensives, and statin use at baseline.

RESULTS:

Women were older, had higher SBP, total and low-density lipoprotein cholesterol but were less frequently smokers or diabetics, and had a lower DBP and incidence of coronary artery disease. A greater incidence of primary endpoint, a composite of cardiovascular events, occurred in men versus women [hazard ratio 1.37 (95% CI 1.02-1.85)]. Men in the valsartan group had a significant reduction in the primary endpoint [hazard ratio 0.6 (95% CI 0.44-0.82), P = 0.001], whereas a nonsignificant effect was found in women [hazard ratio 0.64 (95% CI 0.39-1.06), P = 0.075]. However, statistical heterogeneity of this valsartan effect was not found between sexes, and women of at least 55 years of age, mostly after menopause, in the valsartan group showed a significant risk reduction for the primary endpoint [hazard ratio 0.60 (95% CI 0.36-0.99)].

CONCLUSION:

The valsartan effect was significant in men and in elderly women but consistent in both sexes. A potential cardiovascular protection by valsartan therapy might be attributed to the cardiovascular risk level but not to the sex difference.

PMID:20467269

9.

RETRACTED ARTICLE

See: Retraction Notice

Eur Heart J. 2009 Oct;30(20):2461-9. doi: 10.1093/eurheartj/ehp363. Epub 2009 Aug 31.

Effects of valsartan on morbidity and mortality in uncontrolled hypertensive patients with high cardiovascular risks: KYOTO HEART Study.

Sawada T[1], Yamada H, Dahlöf B, Matsubara H; KYOTO HEART Study Group.

Author information

1

Department of Cardiovascular Medicine, Kyoto Prefectural University School of Medicine, Kyoto 602-8566, Japan. tsawada@koto.kpu-m.ac.jp

Retraction in

- Retraction of: Effects of valsartan on morbidity and mortality in uncontrolled hypertensive patients with high cardiovascular risks: KYOTO HEART Study [Eur Heart J (2009) 30:2461-2469, doi: 10.1093/eurheartj/ehp363]. [Eur Heart J. 2013]

Abstract

AIMS:

The objective was to assess the add-on effect of valsartan on top of the conventional treatment for high-risk hypertension in terms of the morbidity and mortality.

METHODS AND RESULTS:

The KYOTO HEART Study was of a multicentre, Prospective Randomised Open Blinded Endpoint (PROBE) design, and the primary endpoint was a composite of fatal and non-fatal cardiovascular events (clintrials.gov NCT00149227). A total of 3031 Japanese patients (43% female, mean 66 years) with uncontrolled hypertension were randomized to either valsartan add-on or non-ARB treatment. Median follow-up period was 3.27 years. In both groups, blood pressure at baseline was 157/88 and 133/76 mmHg at the end of study. Compared with non-ARB arm, valsartan add-on arm had fewer primary endpoints (83 vs. 155; HR 0.55, 95% CI 0.42-0.72, P = 0.00001).

CONCLUSION:

Valsartan add-on treatment to improve blood pressure control prevented more cardiovascular events than conventional non-ARB treatment in high-risk hypertensive patients in Japan. These benefits cannot be entirely explained by a difference in blood pressure control.

Comment in

- Effects of valsartan on morbidity and mortality in uncontrolled hypertensive patients with high cardiovascular risks: KYOTO HEART Study. [Eur Heart J. 2010]
- Angiotensin receptor blockers: baseline therapy in hypertension? [Eur Heart J. 2009]

PMID:19723695

10.

RETRACTED ARTICLE

See: Retraction Notice

Hypertens Res. 2008 Jun;31(6):1171-6. doi: 10.1291/hypres.31.1171.

Impact of renin-angiotensin system inhibition on microalbuminuria in type 2 diabetes: a post hoc analysis of the Shiga Microalbuminuria Reduction Trial (SMART).

Shiga Microalbuminuria Reduction Trial (SMART) Group, Uzu T, Sawaguchi M, Maegawa H, Kashiwagi A.

Collaborators (32)

Retraction in

- Impact of renin-angiotensin system inhibition on microalbuminuria in type 2 diabetes: a post hoc analysis of the Shiga Microalbuminuria Reduction Trial (SMART). [Hypertens Res. 2014]

Abstract

The Shiga Microalbuminuria Reduction Trial (SMART) showed the advantage of ARB over CCB beyond the blood pressure (BP)-lowering effect in reducing microalbuminuria. To further assess the impact of BP control or renin-angiotensin system inhibition on microalbuminuria, the SMART patients were re-analyzed. Hypertensive patients with type 2

diabetes and microalbuminuria were randomly assigned to valsartan or amlodipine treatment groups for 24 weeks. Target blood pressure was set at <130/80 mmHg. Changes in the urinary albumin creatinine ratio (ACR) from baseline were assessed in the valsartan monotherapy (VM) group (n=33), the amlodipine monotherapy (AM) group (n=36), the concomitant valsartan and angiotensin-converting enzyme inhibitor group (VA) (n=33), and the concomitant amlodipine and angiotensin-converting enzyme inhibitor (AA) group (n=38). At the end of the study, mean BP was not different among the four treatment groups. The changes in ACR from baseline to the end of the treatment period in VM, AM, VA, and AA were -36%, +30%, -26%, and +8%, respectively. The dissociation between the anti-albuminuric and antihypertensive effects of valsartan or amlodipine was observed in the respective monotherapy groups. In the AA group, however, a significant positive relationship was found between the changes in ACR and those in systolic BP. In conclusion, RAS inhibitors may be necessary in order for calcium channel blockers to have an effect on microalbuminuria. Therefore, RAS inhibitors are first-line drugs for hypertensive patients with type 2 diabetes and microalbuminuria.

TRIAL REGISTRATION:

ClinicalTrials.gov NCT00202618.

PMID:18716365

11.

RETRACTED ARTICLE

See: Retraction Notice

Lancet. 2007 Apr 28;369(9571):1431-1439. doi: 10.1016/S0140-6736(07)60669-2.

Valsartan in a Japanese population with hypertension and other cardiovascular disease (Jikei Heart Study): a randomised, open-label, blinded endpoint morbidity-mortality study.

Mochizuki S[1], Dahlöf B[2], Shimizu M[3], Ikewaki K[3], Yoshikawa M[3], Taniguchi I[3], Ohta M[3], Yamada T[3], Ogawa K[3], Kanae K[3], Kawai M[3], Seki S[3], Okazaki F[3], Taniguchi M[3], Yoshida S[3], Tajima N[4]; Jikei Heart Study group.

Author information

1

Division of Cardiology, Department of Internal Medicine, Jikei University School of Medicine, Tokyo, Japan. Electronic address: m_seibu@jikei.ac.jp.

2

Institute of Medicine, Department of Emergency and Cardiovascular Medicine, Sahlgrenska University Hospital/Östra, Göteborg, Sweden.

3

Division of Cardiology, Department of Internal Medicine, Jikei University School of Medicine, Tokyo, Japan.

4

Division of Diabetes, Metabolism, and Endocrinology, Department of Internal Medicine, Jikei University School of Medicine, Tokyo, Japan.

Retraction in

- Retraction--Valsartan in a Japanese population with hypertension and other cardiovascular disease (Jikei Heart Study): a randomised, open-label, blinded endpoint morbidity-mortality study. [Lancet. 2013]

Abstract

BACKGROUND:

Drugs that inhibit the renin-angiotensin-aldosterone system benefit patients at risk for or with existing cardiovascular disease. However, evidence for this effect in Asian populations is scarce. We aimed to investigate whether addition of an angiotensin receptor blocker, valsartan, to conventional cardiovascular treatment was effective in Japanese patients with cardiovascular disease.

METHODS:

We initiated a multicentre, prospective, randomised controlled trial of 3081 Japanese patients, aged 20-79 years, (mean 65 [SD 10] years) who were undergoing conventional treatment for hypertension, coronary heart disease, heart failure, or a combination of these disorders. In addition to conventional treatment, patients were assigned either to valsartan (40-160 mg per day) or to other treatment without angiotensin receptor blockers. Our primary endpoint was a composite of cardiovascular morbidity and mortality. Analysis was by intention to treat. The study was registered at clintrials.gov with the identifier NCT00133328.

FINDINGS:

After a median follow-up of 3.1 years (range 1-3.9) the primary endpoint was recorded in fewer individuals given valsartan than in controls (92 vs 149; absolute risk 21.3 vs 34.5 per 1000 patient years; hazard ratio 0.61, 95% CI 0.47-0.79, p=0.0002). This difference was mainly attributable to fewer incidences of stroke and transient ischaemic attack (29 vs 48; 0.60, 0.38-0.95, p=0.028), angina pectoris (19 vs 53; 0.35, 0.20-0.58, p<0.0001), and heart failure (19 vs 36; 0.53, 0.31-0.94, p=0.029) in those given valsartan than in the control group. Mortality or tolerability did not differ between groups.

INTERPRETATION:

The addition of valsartan to conventional treatment prevented more cardiovascular events than supplementary conventional treatment. These benefits cannot be entirely explained by a difference in blood pressure control.

Comment in

- Sum and substance in the Jikei Heart Study. [Lancet. 2007]
- Defining the role of angiotensin receptor blocker therapy in Japanese persons with underlying vascular disease: the Jikei Heart Study. [J Clin Hypertens (Greenwich). 2007]
- The JIKEI trial. [Lancet. 2007]
- Concerns about the Jikei Heart Study. [Lancet. 2012]

PMID:17467513 THE LANCET FULL-TEXT ARTICLE

12.

RETRACTED ARTICLE

See: Retraction Notice

Diabetes Care. 2007 Jun;30(6):1581-3. Epub 2007 Mar 15.

Reduction of microalbuminuria in patients with type 2 diabetes: the Shiga Microalbuminuria Reduction Trial (SMART).

Shiga Microalbuminuria Reduction Trial (SMART) Group[1], Uzu T, Sawaguchi M, Maegawa H, Kashiwagi A.

Author information

1

Shiga University of Medical Science, Seta, Otsu, Japan.

Erratum in

- Diabetes Care. 2013 Dec;36(12):4172.

Retraction in

- The Shiga Microalbuminuria Reduction Trial (SMART) Group. Reduction of microalbuminuria in patients with type 2 diabetes: the Shiga Microalbuminuria Reduction Trial (SMART). Diabetes Care 2007;30:1581-1583. DOI: 10.2337/dc06-2493. Erratum appears in Diabetes Care 2013;36:4172. DOI: 10.2337/dc13-er12. [Diabetes Care. 2014]

PMID:17363751