**CHARM Programme**

3 component trials comparing candesartan to placebo in patients with symptomatic heart failure

- **CHARM Alternative**
  - n=2028
  - LVEF ≤40%
  - ACE inhibitor intolerant

- **CHARM Added**
  - n=2548
  - LVEF ≤40%
  - ACE inhibitor treated

- **CHARM Preserved**
  - n=3025
  - LVEF >40%
  - ACE inhibitor treated/not treated

Primary outcome for each trial: CV death or CHF hospitalisation

Primary outcome for Overall Programme: All-cause death

*Lancet. 362:79-85, 2003*

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**CHARM-Alternative: Primary outcome**

**CV death or CHF hospitalisation**

- Placebo: 406 (40.0%)
- Candesartan: 334 (33.0%)

Adjusted HR 0.70, p<0.0001

Number at risk:
- Candesartan: 1013, 929, 831, 434, 122
- Placebo: 1015, 887, 798, 427, 126

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**CHARM-Added: Primary outcome**

**CV death or CHF hospitalisation**

- Placebo: 538 (42.3%)
- Candesartan: 483 (37.9%)

HR 0.85 (95% CI 0.75-0.96), p=0.011

Adjusted HR 0.85, p=0.010

Number at risk:
- Candesartan: 1276, 1176, 1063, 948, 457
- Placebo: 1272, 1136, 1013, 906, 422

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**What does the data mean?**

- Addition of an ARB prevents
  - 1 death per 63 treated patients
  - 1 CHF hospitalization per 23 treated patients

ARBs should be prescribed, in addition to ACEIs, β blockers and/or spironolactone in patients with EF < 40%

*Harvey White, Lancet 362: 754, 2003*