

| Visit no.                                    | 1  | 2 | 3 | 4  | 5  | 6  | 7  |
|--|----|---|---|----|----|----|----|
| Week   | -1 | 0 | 4 | 12 | 24 | 36 | 48 |
| Medical history                              | ●  | ● | ● | ●  | ●  | ●  | ●  |
| Physical examination                         | ●  | ● | ● | ●  | ●  | ●  | ●  |
| Inclusion and exclusion criteria             | ●  | ● |   |    |    |    |    |
| Written informed consent                     | ●  |   |   |    |    |    |    |
| Laboratory tests <sup>(*)</sup>              | ●  |   |   |    | ●  |    | ●  |
| Randomization                                |    | ● |   |    |    |    |    |
| Office BP                                    | ●  | ● | ● | ●  | ●  | ●  | ●  |
| Self-measured HBPT <sup>(**)</sup>           |    |   | ● | ●  | ●  | ●  | ●  |
| ABPM   | ●  |   |   |    | ●  |    | ●  |
| Psychological tests (set 1) <sup>(***)</sup> |    | ● |   |    | ●  |    | ●  |
| Psychological tests (set 2) <sup>(***)</sup> |    | ● |   |    |    |    |    |
| Adverse events                               |    |   | ● | ●  | ●  | ●  | ●  |
| Concomitant therapies                        | ●  | ● | ● | ●  | ●  | ●  | ●  |
| Compliance to treatment                      |    |   | ● | ●  | ●  | ●  | ●  |