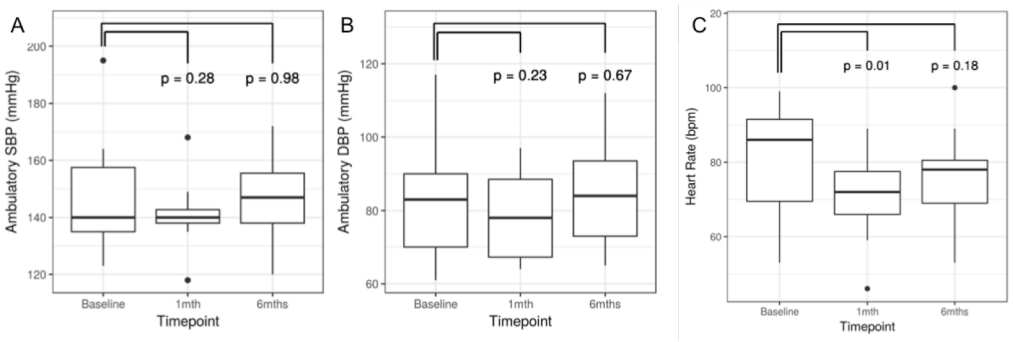
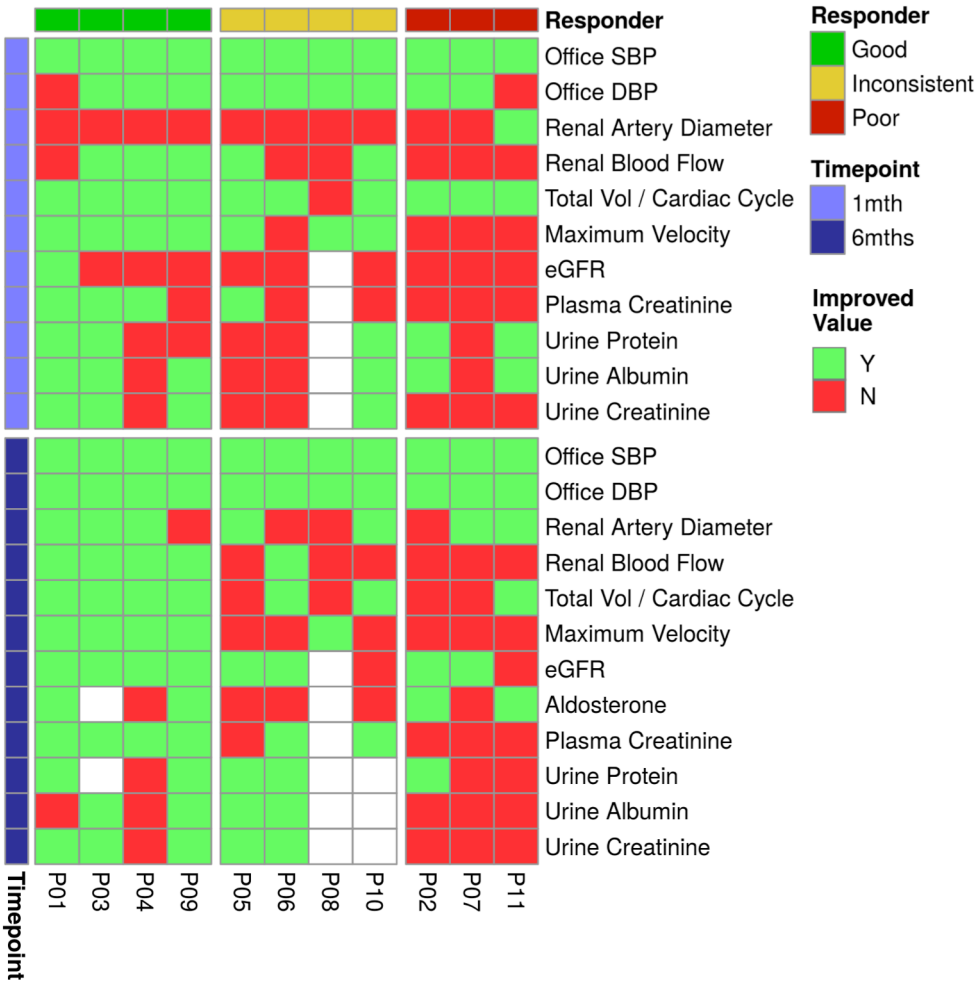
Supplementary Figure 1: Changes in Ambulatory Blood Pressures and Heart Rate



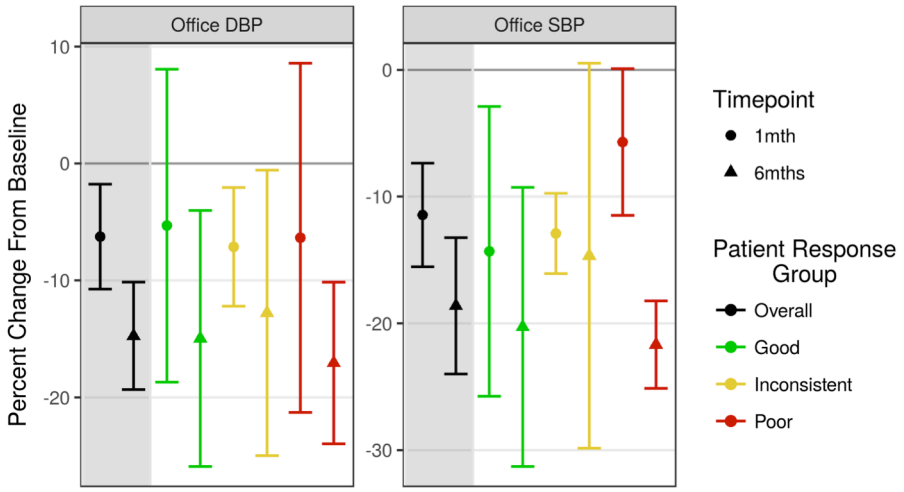
Supplementary Table 1: Ranking each patient based on the number of measurements showing a numerical improvement. Rank at each time point is based on the percentage of measured values showing a numerical improvement. Notably the patients classed as good responders showed numerical improvement in more than 2/3 of measurements, whilst those classed as poor responders consistently showed improvement in less than half of all measurements

Patient ID	Class	Rank (1mth)	% Improved (1mth)	Rank (6mths)	% Improved (6mths)
P03	Good	1	81.8%	1	100.0%
P01	Good	2	72.7%	2	91.7%
P09	Good	4	63.6%	3	91.7%
P04	Good	5	54.5%	5	66.7%
P10	Inconsistent	3	72.7%	7	55.6%
P05	Inconsistent	6	54.5%	6	58.3%
P06	Inconsistent	10	27.3%	4	75.0%
P08	Inconsistent	7	50.0%	8	50.0%
P02	Poor	8	45.5%	9	41.7%
P11	Poor	9	45.5%	10	41.7%
P07	Poor	11	27.3%	11	33.3%

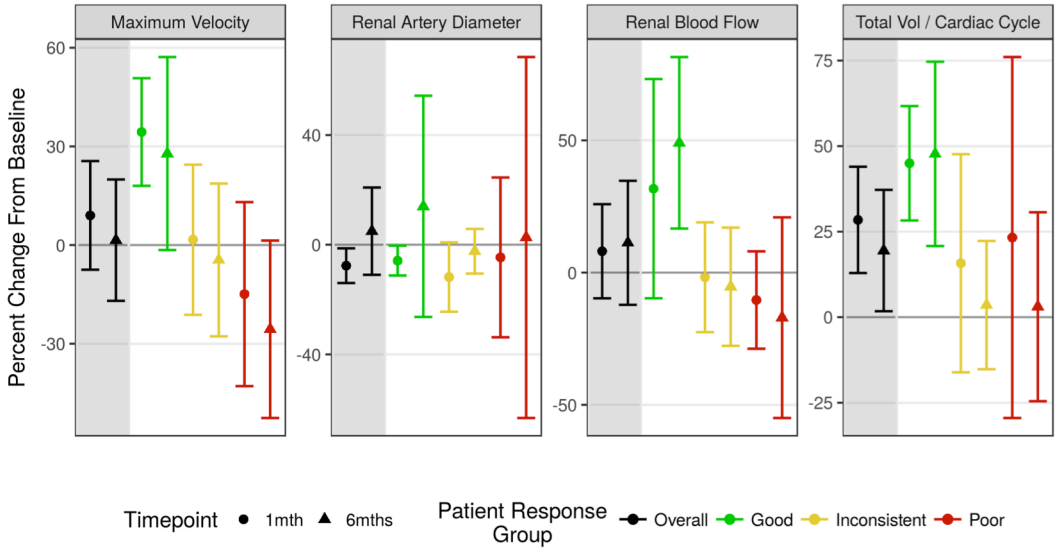
Supplementary Figure 2: Heat map changes demonstrating summary of improvement or non-improvement in all measured variables at both time-points. Time points are denoted in blue on the LHS, whilst patients are grouped by the overall responses as Good, Inconsistent or Poor responders.



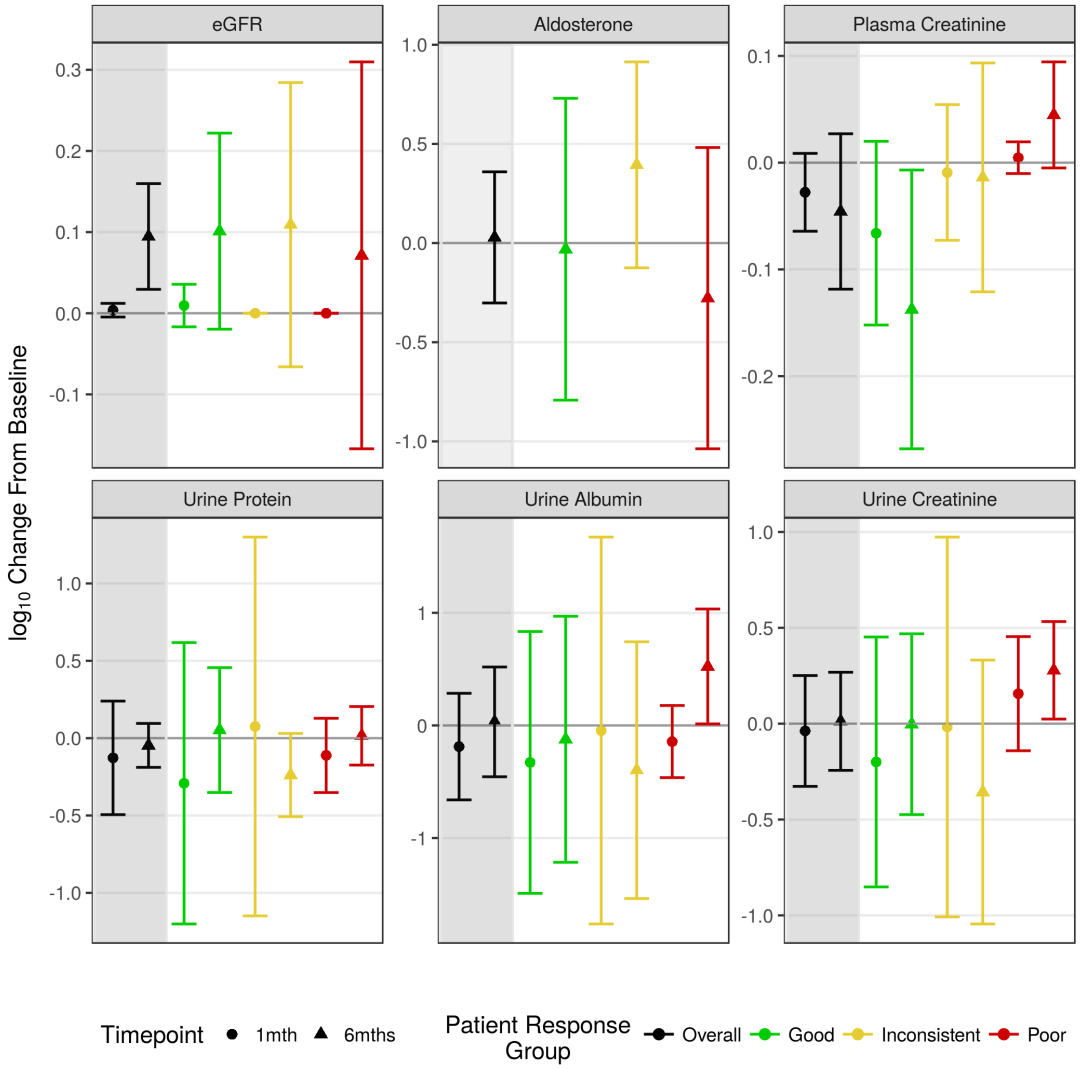
Supplementary Figure 3: 95% Confidence Intervals for percentage change office systolic and diastolic blood pressure. Intervals for the complete set of patients are shown in black with grey background, whilst coloured bars represent patients separately grouped as 'Good', 'Inconsistent' or 'Poor' responders. Whilst an overall reduction in both sets of office measurements was observed at both time points, this was not restricted to one specific group of responders, but was more indicative of a general reduction in these measurements. A general trend of decreasing blood pressure was noted from 1 to 6 months.



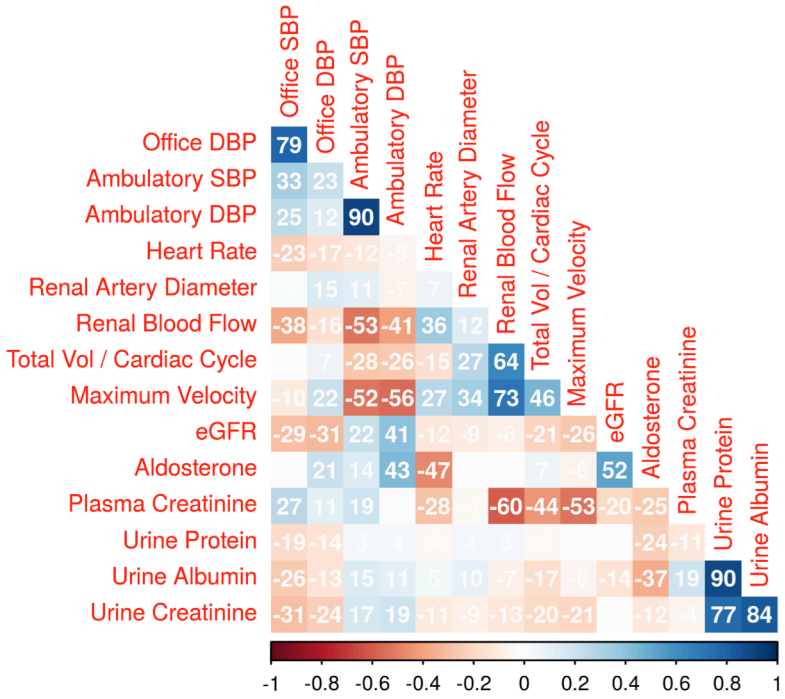
Supplementary Figure 4: 95% Confidence Intervals for the percentage change each of the four Renal Blood Flow measurements. Intervals for the complete set of patients are shown in black with grey background, whilst coloured bars represent patients separately grouped as 'Good', 'Inconsistent' or 'Poor' responders. Much of the observed improvement in renal blood flow was restricted to the patients considered to be good responders.



Supplementary Figure 5: 95% Confidence Intervals for $\log_{10}$ in eGFR, Aldosterone, Plasma Creatinine and each Urine measurement. Log scales were used due to the variability of these measurements. Intervals for the complete set of patients are shown in black with grey background, whilst coloured bars represent patients separately grouped as 'Good', 'Inconsistent' or 'Poor' responders. Plasma Creatinine showed some reduction restricted to the good responders, whilst eGFR improvement after 6 months was not restricted to any specific set of responders. No Aldosterone measurements were taken at the 1 month time point.



Supplementary Figure 6: Pearson correlations between changes in all values, using $\log_{10}$ *change from baseline as the common measurement.*



Correlations noted are as follows

- Renal artery diameter showed minimal correlation with any other variable ($-0.09 \leq \rho \leq 0.34$)
- A set of positive correlations were found between total vol/cardiac cycle, maximum velocity and renal blood flow ($0.46 \leq \rho \leq 0.73$)
- Changes in Urine Albumin, Urine Protein and Urine Creatinine were positively correlated ($0.77 \leq \rho \leq 0.90$)
- Changes in Aldosterone showed a moderate positive correlation with changes in eGFR ($\rho = 0.52$)
- Changes in plasma creatinine were negatively correlated with chnagesin all three renal blood flow parameters ($-0.60 \leq \rho \leq -0.44$)
- Heart rate showed a weak negative correlation with Aldosterone
- Moderate negative correlations were observed between changes in Ambulatory BP measurements and both Renal Blood flow and Maximum Velocity, implying that a reduction in BP was associated with an increase in these measurements.
- Both Office BP measurements were strongly correlated
- Both Ambulatory BP measurements were highly correlated with each other