WHISP 2006

1 Treatments

Studied treatment oral oestradiol-17beta 1 mg plus norethisterone acetate 0.5 mg daily

Control treatment placebo

Concomitant treatments -

Age (years) -
Age (years) 69y

2 Patients

Patients post-menopausal women >55 years were enrolled between 2 and 28 days after an acute coronary syndrome

Inclusion criteria Post-menopausal women (amenorrhoea for >12 months or women with hysterectomy >12 months oestrogen deficiency symptoms or aged >55) >48 h and <28 days after admission with ACS (MI or unstable angina), plus at least one of the following: elevated cardiac enzymes (CK or AST twice upper limit or CKMB or troponin above the threshold, considered diagnostic for myocardial damage in that centre), changes on the electrocardiogram (ECG) supportive of a diagnosis of acute myocardial ischaemia, prior history of CHD documented by history of prior MI or prior revascularization or angiography showing .50% stenosis in at least one major epicardial coronary artery

Exclusion criteria Women for whom the diagnosis of ACS is not confirmed at the time they are considered for randomization; use of HRT currently or within the previous 12 months (except for vaginal oestrogen use); patients for whom there are clear indications for, or contraindications to, long-term HRT Increased risk of thrombo-embolism Prior history of deep venous thrombosis or pulmonary embolus BMI >32 kg/m^2 Prolonged immobility or bed rest; known breast or endometrial cancer; post-menopausal bleeding that has not been adequately investigated prior to the start of the study; presence of non-cardiac condition influencing survival

type of prevention -

diabetes (%) 23%
hypertension (%) -
hyperlipidemia (%) -
BMI (kg/m^2) 26
Hysterectomy (%) -
Oophorectomy (%) -
3 Methods
Blinding  double-blind

Design  Parallel groups

Centers  17

Geographical area  UK

Sizes  49/51

4 Results

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5 References