Risk and Prevention Study 2013

NCT00317707.

1 Treatments

Studied treatment n-3 fatty acids (1 g daily)

Control treatment placebo (olive oil)

Concomittant treatments

Age (yr) -

Male (%) -

LDL-cholesterol (mmol/L) -

2 Patients

Patients men and women with multiple cardiovascular risk factors or atherosclerotic vascular disease but not myocardial infarction

Inclusion criteria

Exclusion criteria

global risk of bias -

BMI -

cardiovascular history (%) -

diabetes (%) -

Total cholesterol (mmol/L) -

Blood pressure SBP/DBP (mmHg) -

Statin at baseline (%) -

Level of risk for CVD -

3 Methods

Blinding double-blind
Design

Centers

Geographical area

Sizes 6244/6269

4 Results

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>T1</th>
<th>T0</th>
<th>d</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>cardiovascular death</td>
<td>142/6244</td>
<td>137/6269</td>
<td>1,04</td>
<td>[0,82; 1,32]</td>
</tr>
<tr>
<td>sudden cardiac death</td>
<td>49/6244</td>
<td>40/6269</td>
<td>1,23</td>
<td>[0,81; 1,87]</td>
</tr>
<tr>
<td>MI</td>
<td>-/6244</td>
<td>-/6269</td>
<td>NA</td>
<td>-</td>
</tr>
<tr>
<td>coronary events</td>
<td>310/6244</td>
<td>324/6269</td>
<td>0,96</td>
<td>[0,82; 1,13]</td>
</tr>
<tr>
<td>coronary death</td>
<td>82/6244</td>
<td>76/6269</td>
<td>1,08</td>
<td>[0,79; 1,48]</td>
</tr>
<tr>
<td>stroke (fatal non fatal)</td>
<td>-/6244</td>
<td>-/6269</td>
<td>NA</td>
<td>-</td>
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<tr>
<td>all cause death</td>
<td>348/6244</td>
<td>337/6269</td>
<td>1,04</td>
<td>[0,89; 1,21]</td>
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<tr>
<td>cardiovascular events</td>
<td>290/6244</td>
<td>276/6269</td>
<td>1,05</td>
<td>[0,89; 1,25]</td>
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<td>cancer (new or death)</td>
<td>-/6244</td>
<td>-/6269</td>
<td>NA</td>
<td>-</td>
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</tbody>
</table>

5 References


Efficacy of n-3 polyunsaturated fatty acids and feasibility of optimizing preventive strategies in patients at high cardiovascular risk: rationale, design and baseline characteristics of the Rischio e Prevenzione study, a large randomised trial in general practice. Trials 2010;11:68 [20509875]