

WOSCOPS 1995

A randomised clinical trial investigating the effect of pravastatin versus placebo in men aged 45-64 yr with no history of myocardial infarction and with raised plasma cholesterol levels (LDL cholesterol of at least 155 mg/dL, total cholesterol of at least 252 mg/dL)

1 Treatments

	Studied treatment	pravastatine 40 mg daily
[2]0pt	Control treatment	placebo
	Concomittant treatments	diet

2 Patients

	Patients	men aged 45-64 yr with no history of myocardial infarction and with raised plasma cholesterol levels (LDL cholesterol of at least 155 mg/dL, total cholesterol of at least 252 mg/dL)
[2]0pt	Inclusion criteria	fasting LDL cholesterol level of at least 155 mg per deciliter during the second and third visits, with at least one value of 174 mg per deciliter or above (4.5 mmol per liter) and one value of 232 mg per deciliter or below (6.0 mmol per liter); no serious ECG abnormalities according to Minnesota code 1 (pathologic Q waves), 4-1, 5-1, or 7-1-1 or arrhythmia such as atrial fibrillation; and no history of myocardial infarction or other serious illness, although men with stable angina who had not been hospitalized within the previous 12 months were eligible
	Exclusion criteria	-

3 Methods

	Blinding	double blind
	Design	Parallel groups
	Centers	multicenter
	Geographical area	Scotland
[2]0pt	Sample size	6595 (3302 / 3293)
	ArretTrt1	-
	ArretTrt0	-
	PeriodelInclusion	Fev 1989 - Sep 1991
	Hypothese	Superiority

4 Results

Endpoint	T1	T0	d	95% CI
évènements coronariens	174/3302	248/3293	0,70	[0,57; 0,85]
Mortalité cardiovasculaire	50/3302	73/3293	0,68	[0,48; 0,98]
Ev cardiovasculaires	145/3302	248/3293	0,58	[0,47; 0,72]
venous thromboembolism	-/3302	-/3293	NA	-
fatal stroke	6/3302	4/3293	1,50	[0,42; 5,31]
Haemorrhagic strokes	-/3302	-/3293	NA	-
décès coronariens	38/3302	52/3293	0,73	[0,48; 1,11]
AVC fatals et non fatals	46/3302	51/3293	0,90	[0,60; 1,34]
Ev. cardiovasculaires et revascularisations	-/3302	-/3293	NA	-
IDM non fatal	143/3302	204/3293	0,70	[0,56; 0,87]
Infarctus non mortel et décès coronariens	174/3302	248/3293	0,70	[0,57; 0,85]
cardiac death	38/3302	52/3293	0,73	[0,48; 1,11]
non cardiovascular death	68/3302	83/3293	0,82	[0,59; 1,13]
décès toute cause	106/3302	136/3293	0,78	[0,60; 1,01]
AST >3 x ULN	-/3302	-/3293	NA	-
ALT >3 x ULN	-/3302	-/3293	NA	-
Pancreatitis	2/3302	5/3293	0,40	[0,08; 2,06]
CPK >10 x ULN	-/3302	-/3293	NA	-
incident diabetes	75/2999	93/2975	0,79	[0,57; 1,09]
Rhabdomyolyses	0/3302	0/3293	1,00	[0,02; 50,28]
décès par cancer	44/3302	49/3293	0,90	[0,60; 1,35]
Cancers mortels et non mortels	-/3302	-/3293	NA	-
Myopathies	-/3302	-/3293	NA	-
Evénements indésirables	-/3302	-/3293	NA	-

5 References

Shepherd J, Cobbe SM, Ford I, Isles CG, Lorimer AR, MacFarlane PW, McKillop JH, Packard CJ, Prevention of coronary heart disease with pravastatin in men with hypercholesterolemia. West of Scotland Coronary Prevention Study Group. *N Engl J Med* 1995; 333:1301-7 [[7566020](#)]

A coronary primary prevention study of Scottish men aged 45-64 years: trial design. The West of Scotland Coronary Prevention Study Group. *J Clin Epidemiol* 1992;45:849-60 [[1624967](#)]

6 Comments