

# Clinical trials of Atenolol

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## 1 acute myocardial infarction

Trial	Treatments	Patients	Trials design and methods
<b>Atenolol vs placebo</b>			
<b>ISIS1 Collaborative Group , 1986</b> n=8037/7990 follow-up: 1 year	Atenolol (initial dose intravenously) versus control	patients within 5 h the onset of suspected acute myocardial infarction	No
<b>Van de Werf , 1993</b> n=100/94 follow-up: 1014 days	-	-	Double
<b>Yusuf , 1980</b> n=244/233 follow-up: 1-4y	-	-	No
<b>Propranolol or atenolol vs placebo</b>			
<b>Wilcox , 1980</b> n=259/129 follow-up: 1 year	Propranolol 40 mg three times daily(initial dose intravenously) n=132 or atenolol 50 mg twice daily n=127 versus placebo	patients with acute MI within the past 24 hours	Parallel groups Double blind UK

More details and results :

- beta-blockers for acute myocardial infarction in immediate beta-blockers at <http://www.trialresultscenter.org/go-Q41>
- beta-blockers for acute myocardial infarction in long term beta-blockers at <http://www.trialresultscenter.org/go-Q42>

## References

### ISIS1 Collaborative Group , 1986:

Randomised trial of intravenous atenolol among 16 027 cases of suspected acute myocardial infarction: ISIS-1. First International Study of Infarct Survival Collaborative Group. Lancet 1986 Jul 12;2:57-66 [[2873379](#)]

### Van de Werf , 1993:

Van de Werf F, Janssens L, Brzostek T, Mortelmans L, Wackers FJ, Willems GM, Heidbuchel H, Lesaffre E, Scheys I, Collen D Short-term effects of early intravenous treatment with a beta-adrenergic blocking agent or a specific bradycardiac agent in patients with acute myocardial infarction receiving thrombolytic therapy. J Am Coll Cardiol 1993 Aug;22:407-16 [8335810]

**Yusuf , 1980:**

Yusuf S, Ramsdale D, Peto R, Furse L, Bennett D, Bray C, Sleight P Early intravenous atenolol treatment in suspected acute myocardial infarction. Preliminary report of a randomised trial. Lancet 1980 Aug 9;2:273-6 [6105436]

**Wilcox , 1980:**

Wilcox RG, Roland JM, Banks DC, Hampton JR, Mitchell JR Randomised trial comparing propranolol with atenolol in immediate treatment of suspected myocardial infarction Br Med J 1980;280:885-8 [6992916]

## 2 hypertension

Trial	Treatments	Patients	Trials design and methods
<b>atenolol vs control</b>			
<b>Coope , 1986</b> n=419/465 follow-up: 44y	atenolol and bendrofluazide , Atenolol versus Open control	patients aged 60 to 79 years	Parallel groups open
<b>Coope (subgroup ) , 1986</b> n=3/4 follow-up: 38y	atenolol and bendrofluazide versus control	patients aged 60 to 79 years	double-blind
<b>captopril or atenolol vs control</b>			
<b>UKPDS 38 , 1998</b> n=758/390 follow-up: 8.4y (median)	tight control of blood pressure aiming at a BP <150/85 (with the use of captopril or atenolol as main treatment, other treatment were added if the control criteria were not met) versus less tight control aiming at a blood pressure of <180/105 (avoiding treatment with ACE inhibitors or beta-blockers)	hypertensive patients with type 2 diabetes	Parallel groups open UK
<b>atenolol vs placebo</b>			
<b>MRC I (vs placebo) , 1985</b> n=4403/8654 follow-up: 5.5y	Propranolol versus Placebo	men and women aged 35-64 yearswith mild hypertension (diastolic pressure 90-109 mm Hg	Parallel groups double blind
<b>MRC old (vs placebo) , 1992</b> n=1102/2213 follow-up: 5.8y	Atenolol versus Placebo	patients aged 65-74	double blind UK

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
Dutch TIA , 1993 n=732/741 follow-up: 26y	Atenolol 50mg/d versus Placebo	aspirin-treated patients with transient ischemic attack or nondisabling ischemic stroke	double blind
TEST , 1995 n=372/348 follow-up: 26y	Atenolol versus Placebo	post stroke	
<b>atenolol vs bendroflumethiazide</b>			
MRC I (vs diuretics) , 1985 n=4403/4297 follow-up: 55y	Propranolol versus Bendroflumethiazide.	men and women aged 35-64 years with mild hypertension (diastolic pressure 90-109 mm Hg	Parallel groups double blind
<b>atenolol vs hydrochlorothiazide+amiloride</b>			
MRC old (vs diuretics) , 1992 n=1102/1081 follow-up: 58y	Atenolol versus Hydrochlorothiazide/amiloride	hypertensive patients aged 65-74	double blind UK

More details and results :

- anti hypertensive agents for hypertension in elderly (60 years and more) at <http://www.trialresultscenter.org/go-Q9>
- anti hypertensive agents for hypertension in diabetic patients at <http://www.trialresultscenter.org/go-Q10>
- anti hypertensive agents for hypertension in all type of patient at <http://www.trialresultscenter.org/go-Q13>
- anti hypertensive agents for hypertension in very ederly (80 and more) at <http://www.trialresultscenter.org/go-Q14>
- anti hypertensive agents for hypertension in post stroke at <http://www.trialresultscenter.org/go-Q20>
- anti hypertensive agents for hypertension in uncomplicated hypertension at <http://www.trialresultscenter.org/go-Q685>

## References

### Coope, 1986:

Coope J, Warrender TS Randomised trial of treatment of hypertension in elderly patients in primary care. Br Med J (Clin Res Ed) 1986 Nov 1;293:1145-51 [3094811]

### Coope (subgroup ), 1986:

Coope J, Warrender TS Randomised trial of treatment of hypertension in elderly patients in primary care. Br Med J (Clin Res Ed) 1986;293:1145-51 [3094811]

### UKPDS 38, 1998:

Efficacy of atenolol and captopril in reducing risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 39. UK Prospective Diabetes Study Group. BMJ 1998;317:713-20 [9732338]

Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 38. UK Prospective Diabetes Study Group. BMJ 1998;317:703-13 [9732337]

**MRC I (vs placebo), 1985:**

MRC trial of treatment of mild hypertension: principal results. Medical Research Council Working Party. Br Med J (Clin Res Ed) 1985 Jul 13;291:97-104 [2861880]

**MRC old (vs placebo), 1992:**

Medical Research Council trial of treatment of hypertension in older adults: principal results. MRC Working Party. BMJ 1992 Feb 15;304:405-12 [1445513]

**Dutch TIA, 1993:**

Trial of secondary prevention with atenolol after transient ischemic attack or nondisabling ischemic stroke. The Dutch TIA Trial Study Group. Stroke 1993 Apr;24:543-8 [8465360]

**TEST, 1995:**

Eriksson S, Olofsson BO, Wester PO. imag Atenolol in the secondary prevention after stroke Cerebrovasc Dis 1995; 5: 2125

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MRC trial of treatment of mild hypertension: principal results. Medical Research Council Working Party. Br Med J (Clin Res Ed) 1985 Jul 13;291:97-104 [2861880]

**MRC old (vs diuretics), 1992:**

Medical Research Council trial of treatment of hypertension in older adults: principal results. MRC Working Party. BMJ 1992;304:405-12 [1445513]

### 3 diabetes type 2

4

Trial	Treatments	Patients	Trials design and methods
<b>captopril or atenolol vs control</b>			
UKPDS 38 , 1998 n=758/390 follow-up: 8.4y (median)	tight control of blood pressure aiming at a BP <150/85 (with the use of captopril or atenolol as main treatment, other treatment were added if the control criteria were not met) versus less tight control aiming at a blood pressure of <180/105 (avoiding treatment with ACE inhibitors or beta-blockers)	hypertensive patients with type 2 diabetes	Parallel groups open UK

More details and results :

- anti hypertensive agents for diabetes type 2 in patients with hypertension at <http://www.trialresultscenter.org/go-Q83>
- anti hypertensive agents for diabetes type 2 in patients with or without hypertension at <http://www.trialresultscenter.org/go-Q414>
- angiotensin renin system blockade for diabetes type 2 in all type of patients at <http://www.trialresultscenter.org/go-Q438>

## References

### UKPDS 38, 1998:

Efficacy of atenolol and captopril in reducing risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 39. UK Prospective Diabetes Study Group. *BMJ* 1998;317:713-20 [[9732338](#)]

Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 38. UK Prospective Diabetes Study Group. *BMJ* 1998;317:703-13 [[9732337](#)]

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