

# Clinical trials of amiodarone

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## 1 post myocardial infarction

| Trial  | Treatments   | Patients   | Trials design and methods        |
|--|--|--|----------------------------------|
| <b>early amiodarone vs control</b>                           |  |  |                                  |
| <b>BASIS , 1990</b><br>n=98/14<br>follow-up: 65279;12 mo     | amiodarone 1 g for 5 d; then 200 mg/d started within 4 weeks of AMI<br>versus<br>no amiodarone (usual care)            | patients with persisting asymptomatic complex arrhythmias after myocardial infarction (Lown class 3 or 4b in >2 of 24 h)   | Parallel groups<br>open          |
| <b>Navarro-Lopez , 1993</b><br>n=115/123<br>follow-up: 24 mo | amiodarone 600 mg/d for 1 week, 400 mg/d for 1 week then 200 mg/d started 10-30 d after AMI<br>versus<br>no amiodarone | patients who have had MI with a left ventricular ejection fraction of 20 to 45% and >or = 3 ventricular premature complexes per hour (pairs or runs) - 3 VPOs/h, pairs or runs of VT | Parallel groups<br>open<br>Spain |
| <b>early amiodarone vs placebo</b>                           |  |  |                                  |
| <b>CAMIAT , 1991</b><br>n=NA<br>follow-up: 24 mo             | amiodarone 10 mg/kg per d for 3 weeks then 300-400 mg/d started 6-45 d after AMI<br>versus<br>placebo                  | patients with acute myocardial infarction within the previous 6-30 days and >10 VPDs/h for 18 h or a run of VT   | Parallel groups<br>double blind  |
| <b>Ceremuzynski , 1992</b><br>n=305/308<br>follow-up: 12 mo  | amiodarone 800 mg/d for 1 week then 200-400 mg/d started 5-7 d after AMI<br>versus<br>placebo                          | No need for antiarrhythmic therapy   | Parallel groups<br>double blind  |
| <b>Hockings , 1987</b><br>n=59/70<br>follow-up: 642 mo       | amiodarone 200 mg 3 times daily for 1 wk; then 200 mg/d started <8-10 d after AMI<br>versus<br>placebo                 | patients with AMI - Absence of VF or VT >3 beats   | Parallel groups<br>double blind  |

More details and results :

- antiarrhythmic drugs for post myocardial infarction in all type of patients at <http://www.trialresultscenter.org/go-Q251>

## References

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## 2 heart failure

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| Trial   | Treatments                                      | Patients   | Trials design and methods |
|---|---|--|---------------------------|
| <b>amiodarone vs no treatment</b>                         |   |  |                           |
| <b>GESICA , 1994</b><br>n=260/256<br>follow-up: 110 years | amiodarone 300 mg/day<br>versus<br>no treatment | patients with severe heart failure Any two of CTR >0.55, LVEF<=35% , echo LVED >32 cm/m2   | open                      |
| <b>EPAMSA , 1985</b><br>n=66/61<br>follow-up: 081 years   | amiodarone 400 mg/day<br>versus<br>no treatment | patients with reduced left ventricular ejection fraction ( <35% ) and asymptomatic ventricular arrhythmias (Lown classes 2 and 4) LVEF <=35% and Lown class 25   | open                      |
| <b>amiodarone vs placebo</b>                              |   |  |                           |
| <b>Nicklas , 1991</b><br>n=101<br>follow-up: NA           | amiodarone 200 mg/day<br>versus<br>placebo      | patients with ejection fractions less than 30% , New York Heart Association class III or IV symptoms, and frequent but asymptomatic spontaneous ventricular ectopy (Lown class II to V) LVEF <=30% and Lown class 25 | double blind              |
| <b>Hamer , 1989</b><br>n=34<br>follow-up: 163 years       | amiodarone 200 mg/day<br>versus<br>placebo      | patients with severe congestive heart failure but no sustained ventricular arrhythmia  | double blind              |

continued...

| Trial  | Treatments  | Patients   | Trials design and methods |
|--|---|--|---------------------------|
| <b>STATCHF , 1995</b><br>n=674<br>follow-up: 215 years | amiodarone 200 mg/day<br>versus<br>placebo                        | patients with symptoms of congestive heart failure, cardiac enlargement, 10 or more premature ventricular contractions per hour, and a left ventricular ejection fraction of 40 percent or less LVEF <=40% and >=10 VPD/h and LVED >=55 mm or CTR >055 | double blind              |
| <b>amiodarone vs ICD</b>                               |   |  |                           |
| <b>AMIOVIRT , 2003</b><br>n=52/51<br>follow-up: 2 y    | amiodarones<br>versus<br>implantable cardioverter-defibrillatorag | patients with nonischemic dilated cardiomyopathy, asymptomatic nonsustained ventricular tachycardia, and left ventricular ejection fraction <=0.35   | Parallel groups<br>US     |

More details and results :

- antiarrhythmic drugs for heart failure in all type of heart failure at <http://www.trialresultscenter.org/go-Q46>

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### 3 atrial fibrillation

| Trial   | Treatments   | Patients   | Trials design and methods             |
|---|--|--|---------------------------------------|
| <b>amiodarone vs placebo</b>  |  |  |                                       |
| Channer , 2004<br>n=61/38<br>follow-up: 12 months   | Amiodarone 200 mg/d<br>versus<br>placebo                   | patients with Persistent AF  | Parallel groups<br>double blind       |
| GEFACA , 2001<br>n=35/15<br>follow-up: 16 months  | Amiodarone 200 mg/d<br>versus<br>placebo                   | Persistent AF lasting >2 months  | Parallel groups<br>double blind       |
| Kochiadakis (amiodarone vs placebo) , 2000<br>n=65/60<br>follow-up: 24 months                       | Amiodarone 200 mg/d<br>versus<br>placebo                   | Any documented symptomatic previous or persistent AF                           | Parallel groups<br>single             |
| SAFE-T (amiodarone vs placebo) , 2005<br>n=267/137<br>follow-up: 12 months                          | Amiodarone 300 mg/d<br>versus<br>placebo                   | Persistent AF lasting 3 days to 1 year   | Parallel groups<br>double blind       |
| <b>amiodarone vs class I drugs</b>  |  |  |                                       |
| AFFIRM Substudy (amiodarone vs class I drugs) , 2003<br>n=106/116<br>follow-up: 12 months, and 3.8y | Amiodarone 200 mg/d ,<br>versus<br>class I drugs           | patients with AF likely to be recurrent and to cause illness or deathpj        | Parallel groups<br>open<br>US, Canada |
| AFFIRM Substudy (sotalol vs class I drugs) , 2003<br>n=NA<br>follow-up: 12 months, and 3.8y         | Amiodarone 200 mg/d , , sotalol<br>versus<br>class I drugs | patients with AF likely to be recurrent and to cause illness or deathpj        | Parallel groups<br>open               |
| <b>amiodarone vs disopyramide</b>   |  |  |                                       |
| Villani , 1992<br>n=35/41<br>follow-up: 14 months   | Amiodarone 200 mg/d<br>versus<br>disopyramide 500 mg/d     | Symptomatic recent-onset AF lasting >1 hour, being at least the second episode | Parallel groups<br>open               |
| <b>amiodarone vs propafenone</b>  |  |  |                                       |

continued...

| Trial   | Treatments   | Patients   | Trials design and methods       |
|---|--|--|---------------------------------|
| Kochiadakis a , 2004<br>n=72/74<br>follow-up: 24 months                                   | Amiodarone 200 mg/d<br>versus<br>propafenone 450 mg/d  | Any documented symptomatic previous<br>or persistent AF                    | Parallel groups<br>single       |
| <b>amiodarone vs quinidine</b>  |  |  |                                 |
| Vitolo , 1981<br>n=28/26<br>follow-up: 6 months   | Amiodarone 400 mg/d<br>versus<br>Quinidine 1,2 g/d     | Any persistent AF  | Parallel groups<br>open         |
| <b>amiodarone vs sotalol</b>  |  |  |                                 |
| AFFIRM Substudy<br>(amiodarone vs sotalol) ,<br>2003<br>n=131/125<br>follow-up: mean 3.8y | Amiodarone 200 mg/d<br>versus<br>Sotalol 240 mg/d      | patients with AF likely to be recurrent<br>and to cause illness or deathpj | Parallel groups<br>open         |
| Kochiadakis (amiodarone<br>vs sotalol) , 2000<br>n=65/61<br>follow-up: 24 months          | Amiodarone 200 mg/d , Amiodarone 200<br>mg/d<br>versus | Any documented symptomatic previous<br>or persistent AF                    | Parallel groups<br>single       |
| SAFE-T (amiodarone vs<br>sotalol) , 2005<br>n=267/261<br>follow-up: 12 months             | Amiodarone 300 mg/d , Amiodarone 300<br>mg/d<br>versus | Persistent AF lasting 3 days to 1 year                                     | Parallel groups<br>double blind |

More details and results :

- antiarrhythmic drugs for atrial fibrillation in maintaining sinus rhythm after cardioversion at <http://www.trialresultscenter.org/go-Q113>

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## 4 cardiac arrest

| Trial  | Treatments   | Patients  | Trials design and methods |
|--|--|---|---------------------------|
| <b>amiodarone vs placebo</b>                         |  |   |                           |
| <b>ARREST , 1999</b><br>n=246/258<br>follow-up:      | intravenous amiodarone 300mg<br>versus<br>placebo  | Patients with cardiac arrest by ventricular fibrillation (or pulseless ventricular tachycardia) and not resuscitated after receiving three or more precordial shocks                              | double blind              |
| <b>amiodarone vs lidocaine</b>                       |  |   |                           |
| <b>ALIVE , 2002</b><br>n=180/167<br>follow-up: 1 day | intravenous amiodarone plus lidocaine<br>placebo<br>versus<br>intravenous lidocaine plus amiodarone<br>placebo | out-of-hospital ventricular fibrillation resistant to three shocks, intravenous epinephrine, and a further shock; or recurrent ventricular fibrillation after initially successful defibrillation | double blind              |

More details and results :

- antiarrhythmic drugs for cardiac arrest in out hospital patients at <http://www.trialresultscenter.org/go-Q182>

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Entry terms: Amiobeta, Cordarone, Cordarex, Amiodarex, Kordaron, Trangorex, Amiodarona, Amiohexal, Braxan, Corbionax, Ortacrone, Rytmarone, Tachydaron, Aratac