

Clinical trials of candesartan+ACE inhibitor

TrialResults-center www.trialresultscenter.org

1 heart failure

Trial	Treatments	Patients	Trials design and methods
candesartan+ACE inhibitor vs ACE inhibitor only			
RESOLVD association , 1999 n=332/109 follow-up: 43 wk	Candesartan, 4 mg, 8mg daily, plus enalapril, 10 mg twice daily versus Enalapril, 10 mg twice daily	Patients with New York Heart Association functional class NYHA II, III, or IV CHF, 6-minute walk distance (6MWD) >500 m, and ejection fraction (EF) <0.40	Parallel groups multicenter
CHARM-Added , 2003 n=1276/1272 follow-up: Median, 41 mo	Candesartantarget dose 32 mg once daily versus Placebo	patients with New York Heart Association functional class IIIIV CHF and left-ventricular ejection fraction40% or lower, and who were being treated with ACE inhibitors.	Parallel groups double blind 26 countries

More details and results :

- angiotensin-receptor blockers for heart failure in all type of patients at <http://www.trialresultscenter.org/go-Q65>
- angiotensin-receptor blockers for heart failure in patients already receiving ACE inhibitor at <http://www.trialresultscenter.org/go-Q68>

References

RESOLVD association, 1999:

McKelvie RS, Yusuf S, Pericak D, Avezum A, Burns RJ, Probstfield J, Tsuyuki RT, White M, Rouleau J, Latini R, Maggioni A, Young J, Pogue J Comparison of candesartan, enalapril, and their combination in congestive heart failure: randomized evaluation of strategies for left ventricular dysfunction (RESOLVD) pilot study. The RESOLVD Pilot Study Investigators. *Circulation* 1999 Sep 7;100:1056-64 [10477530]

CHARM-Added, 2003:

McMurray JJ, Ostergren J, Swedberg K, Granger CB, Held P, Michelson EL, Olofsson B, Yusuf S, Pfeffer MA Effects of candesartan in patients with chronic heart failure and reduced left-ventricular systolic function taking angiotensin-converting-enzyme inhibitors: the CHARM-Added trial. *Lancet* 2003 Sep 6;362:767-71 [13678869]

Weir RA, McMurray JJ, Puu M, Solomon SD, Olofsson B, Granger CB, Yusuf S, Michelson EL, Swedberg K, Pfeffer MA, , Efficacy and tolerability of adding an angiotensin receptor blocker in patients with heart failure already receiving an angiotensin-converting inhibitor plus aldosterone antagonist, with or without a beta blocker. Findings from the Candesartan in Heart failure: Assessment of Reduction in Mortality and morbidity (CHARM)-Added trial. *Eur J Heart Fail* 2008;10:157-63. [18242128] [10.1016/j.ejheart.2007.12.006](http://dx.doi.org/10.1016/j.ejheart.2007.12.006)

Entry terms: candesartan, candesartan cilexetil, 1-(cyclohexylcarbonyloxy)ethyl-2-ethoxy-1-(2'-(1H-tetrazol-5-yl)biphenyl-4-yl)-1H-benzimidazole-7-carboxylate, TCV 116, TCV-116, Atacand, Astra brand of candesartan cilexetil, Takeda brand of candesartan cilexetil, Blopress, Kenzen, Promed brand of candesartan cilexetil, Amias, AstraZeneca brand of candesartan cilexetil, Parapres, Almirall brand of candesartan cilexetil, , candesartan, 2-ethoxy-7-carboxy-1-(2'-(1H-tetrazol-5-yl)biphenyl-4-yl)methylbenzimidazole, CV 11974, CV11974, CV-11974,