Clinical trials of gemfibrozil

TrialResults-center www.trialresultscenter.org

1 post myocardial infarction

Trial	Treatments	Patients	Trials design and methods
gemfibrozil vs placebo			
VA-HIT , 1999 [NCT00283335] n=1264/1267 follow-up: 5.1 years	gemfibrozil 1.2g daily versus placebo	men with coronary heart disease, an HDL cholesterol level of 40 mg per deciliter (1.0 mmol per liter) or less, and an LDL cholesterol level of 140 mg per deciliter (3.6 mmol per liter) or less	Parallel groups double blind USA

More details and results :

- cholesterol lowering intervention for post myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q45

References

VA-HIT, 1999:

Rubins HB, Robins SJ, Collins D, Fye CL, Anderson JW, Elam MB, Faas FH, Linares E, Schaefer EJ, Schectman G, Wilt TJ, Wittes J, Gemfibrozil for the secondary prevention of coronary heart disease in men with low levels of high-density lipoprotein cholesterol. Veterans Affairs High-Density Lipoprotein Cholesterol Intervention Trial Study Group. N Engl J Med 1999; 341:410-8 [10438259]

Adabag AS, Mithani S, Al Aloul B, Collins D, Bertog S, Bloomfield HE Efficacy of gemfibrozil in the primary prevention of atrial fibrillation in a large randomized controlled trial. Am Heart J 2009 May;157:913-8 [19376321]

2 cardiovascular prevention

Trial	Treatments	Patients	Trials design and methods
gemfibrozil vs placebo			
HHS (diabetic sub group) , 1987 n=135 follow-up:	gemfibrozil 600mg twice daily versus placebo	asymptomatic middle-aged men (40 to 55 years of age) with primary dyslipidemia (non-HDL cholesterol greater than or equal to 200 mg per deciliter	double blind

continued...

Trial	Treatments	Patients	Trials design and methods
VA-HIT (diabetic sub group) , 1999 n=309/318 follow-up: 5.1 y	gemfibrozil 1200 mg per day versus placebo	men with coronary heart disease, an HDL cholesterol level of 40 mg per deciliter (1.0 mmol per liter) or less, and an LDL cholesterol level of 140 mg per deciliter (3.6 mmol per liter) or less.	Parallel groups double blind
Helsinki (HHS) , 1987 n=2046/2035 follow-up: 5 years	gemfibrozil 1,2 g/d versus placebo	asymptomatic middle-aged men (40 to 55 years of age) with primary dyslipidemia (non-HDL cholesterol greater than or equal to 200 mg per deciliter [5.2 mmol per liter]	Parallel groups double blind Finland
HHS (Frick)(secondary prev subgroup) , 1993 n=311/317 follow-up: 5.0 years	gemfibrozil 600 mg twice daily versus placebo	individuals who exhibited symptoms and signs of possible coronary heart disease	Parallel groups double blind Sweden
LOCAT , 1997 n=197/198 follow-up: 32 months	gemfibrozil 1200 mg/d versus placebo	post-coronary bypass men, who had an HDL cholesterol concentration <or = 1.1 mmol/L and LDL cholesterol <or = 4.5 mmol/L	Parallel groups double blind Germany
VA-HIT , 1999 [NCT00283335] n=1264/1267 follow-up: 5.1 years	gemfibrozil 1.2g daily versus placebo	men with coronary heart disease, an HDL cholesterol level of 40 mg per deciliter (1.0 mmol per liter) or less, and an LDL cholesterol level of 140 mg per deciliter (3.6 mmol per liter) or less	Parallel groups double blind USA

More details and results :

- cholesterol lowering intervention for cardiovascular prevention in patients with LDL elevation and without CHD at http://www.trialresultscenter.org/go-Q5
- cholesterol lowering intervention for cardiovascular prevention in diabetic patients at http://www.trialresultscenter.org/go-Q6
- cholesterol lowering intervention for cardiovascular prevention in patients with prior MI or with CHD at http://www.trialresultscenter.org/go-Q12
- cholesterol lowering intervention for cardiovascular prevention in all chronical situations at http://www.trialresultscenter.org/go-Q154
- HDL increasing drugs for cardiovascular prevention in all type of patients at http://www.trialresultscenter.org/go-Q503

References

HHS (diabetic sub group), 1987:

Frick MH, Elo O, Haapa K, Heinonen OP, Heinsalmi P, Helo P, Huttunen JK, Kaitaniemi P, Koskinen P, Manninen V N Engl J Med 1987;317:1237-45 [3313041]

VA-HIT (diabetic sub group), 1999:

Rubins HB, Robins SJ, Collins D, Fye CL, Anderson JW, Elam MB, Faas FH, Linares E, Schaefer EJ, Schectman G, Wilt TJ, Wittes J N Engl J Med 1999;341:410-8 [10438259]

Helsinki (HHS), 1987:

Manninen V, Elo MO, Frick MH, Haapa K, Heinonen OP, Heinsalmi P, Helo P, Huttunen JK, Kaitaniemi P, Koskinen P, et al, Lipid alterations and decline in the incidence of coronary heart disease in the Helsinki Heart Study. JAMA 1988; 260:641-51 [3164788]

Frick MH, Elo O, Haapa K, Heinonen OP, Heinsalmi P, Helo P, Huttunen JK, Kaitaniemi P, Koskinen P, Manninen V Helsinki Heart Study: primary-prevention trial with gemfibrozil in middle-aged men with dyslipidemia. Safety of treatment, changes in risk factors, and incidence of coronary heart disease. N Engl J Med 1987;317:1237-45 [3313041]

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Frick MH, Heinonen OP, Huttunen JK, Koskinen P, Mnttri M, Manninen V Efficacy of gemfibrozil in dyslipidaemic subjects with suspected heart disease. An ancillary study in the Helsinki Heart Study frame population. Ann Med 1993;25:41-5 [8435186]

LOCAT, 1997:

Frick MH, Syvnne M, Nieminen MS, Kauma H, Majahalme S, Virtanen V, Kesniemi YA, Pasternack A, Taskinen MR Prevention of the angiographic progression of coronary and vein-graft atherosclerosis by gemfibrozil after coronary bypass surgery in men with low levels of HDL cholesterol. Lopid Coronary Angiography Trial (LOCAT) Study Group. Circulation 1997;96:2137-43 [9337181]

VA-HIT, 1999:

Rubins HB, Robins SJ, Collins D, Fye CL, Anderson JW, Elam MB, Faas FH, Linares E, Schaefer EJ, Schectman G, Wilt TJ, Wittes J, Gemfibrozil for the secondary prevention of coronary heart disease in men with low levels of high-density lipoprotein cholesterol. Veterans Affairs High-Density Lipoprotein Cholesterol Intervention Trial Study Group. N Engl J Med 1999; 341:410-8 [10438259]

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3 atrial fibrillation

Trial	Treatments	Patients	Trials design and methods
gemfibrozil vs placebo			
VA HIT (AF ancillary study) , 1999 n=1070/1060 follow-up: 4.4 y	gemfibrozil versus placebo	men with coronary heart disease, an HDL cholesterol level of 40 mg per deciliter (1.0 mmol per liter) or less, and an LDL cholesterol level of 140 mg per deciliter (3.6 mmol per liter) or less	Parallel groups double blind US

More details and results :

- prevention for atrial fibrillation in patients without history of AF (primary prevention) at http://www.trialresultscenter.org/go-Q331

References

VA HIT (AF ancillary study), 1999:

Adabag AS, Mithani S, Al Aloul B, Collins D, Bertog S, Bloomfield HE Efficacy of gemfibrozil in the primary prevention of atrial fibrillation in a large randomized controlled trial. Am Heart J 2009;157:913-8 [19376321]

Rubins HB, Robins SJ, Collins D, Fye CL, Anderson JW, Elam MB, Faas FH, Linares E, Schaefer EJ, Schectman G, Wilt TJ, Wittes J Gemfibrozil for the secondary prevention of coronary heart disease in men with low levels of high-density lipoprotein cholesterol. Veterans Affairs High-Density Lipoprotein Cholesterol Intervention Trial Study Group. N Engl J Med 1999;341:410-8 [10438259]

4 diabetes type 2

Trial	Treatments	Patients	Trials design and methods
gemfibrozil vs placebo			
HHS (diabetic sub group) , 1987 n=135 follow-up:	gemfibrozil 600mg twice daily versus placebo	asymptomatic middle-aged men (40 to 55 years of age) with primary dyslipidemia (non-HDL cholesterol greater than or equal to 200 mg per deciliter	double blind
VA-HIT (diabetic sub group) , 1999 n=309/318 follow-up: 5.1 y	gemfibrozil 1200 mg per day versus placebo	men with coronary heart disease, an HDL cholesterol level of 40 mg per deciliter (1.0 mmol per liter) or less, and an LDL cholesterol level of 140 mg per deciliter (3.6 mmol per liter) or less.	Parallel groups double blind

More details and results :

- cholesterol lowering intervention for diabetes type 2 in diabetic patients with or withour hypercholesterolemia at http://www.trialresultscenter.org/go-Q85
- cholesterol lowering intervention for diabetes type 2 in primary prevention at http://www.trialresultscenter.org/go-Q720
- cholesterol lowering intervention for diabetes type 2 in secondary prevention at http://www.trialresultscenter.org/go-Q721

References

HHS (diabetic sub group), 1987:

Frick MH, Elo O, Haapa K, Heinonen OP, Heinsalmi P, Helo P, Huttunen JK, Kaitaniemi P, Koskinen P, Manninen V N Engl J Med 1987;317:1237-45 [3313041]

VA-HIT (diabetic sub group), 1999:

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