

Clinical trials of niacin

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1 post myocardial infarction

Trial	Treatments	Patients	Trials design and methods
clofibrate+niacin vs placebo			
Carlson (Stockholm) , 1977 n=279/276 follow-up: 5 years	clofibrate, 1 g twice daily, and nicotinic acid 1 g three times daily versus control	survivors of a myocardial infarction below 70 years of age	Parallel groups open Sweden

More details and results :

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

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Carlson (Stockholm), 1977:

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2 cardiovascular prevention

Trial	Treatments	Patients	Trials design and methods
niacin vs control			
VA drugs , 1968 n=77/143 follow-up: 3.2 years	-	-	Parallel groups double blind
niacin+colestipol vs control			
UCSF SCOR , 1990 n=72 follow-up: 26 months	Niacin 07.5 g colestipol 1520 g versus Conventional therapy	patients with heterozygous familial hypercholesterolemia	

continued...

Trial	Treatments	Patients	Trials design and methods
clofibrate+niacin vs placebo			
Carlson (Stockholm) , 1977 n=279/276 follow-up: 5 years	clofibrate, 1 g twice daily, and nicotinic acid 1 g three times daily versus control	survivors of a myocardial infarction below 70 years of age	Parallel groups open Sweden
colestipol-niacin vs placebo			
CLAS , 1987 n=94/94 follow-up: 2 ans	Colestipol + Niacin 30 g / j 3-12 g / j (titr sur chaque patient sur la base de la baisse de cholestrol sanguin) versus placebo: methyl cellulose	Patients coronariens avec antcedent de revascularisation chirurgicale coronarienne.	Parallel groups Non dterminable
CLAS , 1987 n=NA follow-up: 65279;2 years	colestipol + niacin versus placebo	nonsmoking men aged 40 to 59 years with previous coronary bypass surgery	Parallel groups double blind
niacin vs placebo			
CDP niacin , 1975 n=1119/2789 follow-up: 6.2 years	niacin 3 mg/d versus placebo	Hommes, de 30 64 ans	Parallel groups double blind
niacin+colestipol vs placebo			
FATS , 1990 n=48/54 follow-up: 2.5 years	niacin (1 g four times a day) and colestipol (10 g three times a day) versus placebo (or colestipol if the low-density lipoprotein [LDL] cholesterol level was elevated)	men no more than 62 years of age with apolipoprotein B levels greater than or equal to 125 mg per deciliter, documented coronary artery disease, and a family history of vascular disease	Parallel groups double-blind
niacin vs placebo (on top statin)			
AIM-HIGH , 2011 [NCT00120289] n=1718/1691 follow-up: 32 months	high-dose, extended-release niacin in gradually increasing doses up to 2000 mg daily (+ simvastatin) versus placebo	patients with a history of cardiovascular disease, high triglycerides, and low levels of HDL cholesterol	Parallel groups double blind US, Canada
HPS 2-Thrive [NCT00461630] n=12838/12835 follow-up: 3.9y (median)	2 g of extended-release niacin and 40 mg of laropiprant versus placebo	patients with vascular disease	Parallel groups double blind UK, Scandinavia, China

continued...

Trial	Treatments	Patients	Trials design and methods
Oxford Niaspan Study , 2009 [NCT00232531] n=35/36 follow-up: 1 year	niacin 2g daily (added to statin therapy) versus placebo (statins alone)	patients with low HDL-C (<40 mg/dl) and either a type 2 diabetes with coronary heart disease or a carotid/peripheral atherosclerosis	Parallel groups double blind USA
ARBITER 2 , 2009 n=87/80 follow-up: 1 y	long-acting niacin target dose of 1 g/day (added to statin therapy) versus placebo	patients with known coronary artery disease and well controlled on statin therapy	Parallel groups double blind USA
HATS , 2001 n=73/73 follow-up: 3 y	simvastatin plus niacin versus placebo	patients with coronary disease, low HDL cholesterol levels and normal LDL cholesterol levels	Factorial plan double blind USA, Canada
niacin vs ezetimibe			
ARBITER 6-HALTS (niacin vs ezetimibe) , 2009 [NCT00397657] n=97/111 follow-up: 14 months	extended-release niacin 1 g/d, titrated to max tolerable dose up to 2 g/d (HDL-focused strategy) versus ezetimibe 10 mg/d (LDL-focused strategy)	patients with known coronary or vascular disease or coronary risk equivalents	Parallel groups open US
niacin+ezetimibe vs simvastatin+ezetimibe			
Guyton , 2008 n=NA follow-up: 24 weeks	Niacin 2 g ezetimibe 10 mg simvastatin 20 mg versus Ezetimibe 10 mg simvastatin 20 mg	patients with type IIa or IIb hyperlipidemia	Parallel groups double-blind

More details and results :

- 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 chronic situations at <http://www.trialresultscenter.org/go-Q154>
- niacin for cardiovascular prevention in all type of patients at <http://www.trialresultscenter.org/go-Q326>
- HDL increasing drugs for cardiovascular prevention in all type of patients at <http://www.trialresultscenter.org/go-Q503>

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3 peripheral vascular diseases

Trial	Treatments	Patients	Trials design and methods
colestipol-niacin vs placebo			
CLAS , 1987 n=94/94 follow-up: 2 ans	Colestipol + Niacin 30 g / j 3-12 g / j (titr sur chaque patient sur la base de la baisse de cholestrol sanguin) versus placebo: methyl cellulose	Patients coronariens avec antcdent de revascularisation chirurgicale coronarienne.	Parallel groups Non dterminable

More details and results :

- cholesterol lowering intervention for peripheral vascular diseases in all type of patients at <http://www.trialresultscenter.org/go-Q52>

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Blankenhorn DH, Brooks SH. Angiographic trials of lipid-lowering therapy. *Arteriosclerosis* 1981; 1: 242-249.

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Entry terms: Niacin, Nicotinic Acid, 3-Pyridinecarboxylic Acid, 3 Pyridinecarboxylic Acid, Induracin, Nicamin, Nico-400, Nico 400, Nico400, Nicobid, Nicocap, Nicolar, Nicotinate, Wampocap, Enduracin, Lithium Nicotinate