

Clinical trials of various

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1 cardiovascular prevention

| Trial | Treatments | Patients | Trials design and methods |
|---|---|---|---------------------------|
| various drugs vs placebo | | | |
| HARP , 1994 [NCT00000461] n=40/39 follow-up: 2.5 years | Various drugs (pravastatin, nicotinic acid, cholestyramine, and gemfibrozil stepwise as needed to reach the specified goal (total cholesterol <or = 4.1 mmol/L, ratio of LDL/high-density-lipoprotein [HDL] cholesterol <or = 2.0) versus placebo | normocholesterolaemic patients with coronary heart disease | Parallel groups open |
| various drugs vs usual care | | | |
| SCRIP , 1994 [NCT00000508] n=145/155 follow-up: 4.0 years | multifactor risk reduction (Various drugs) versus usual care | patients with angiographically defined coronary atherosclerosis | Parallel groups open |

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>

References

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SCRIP, 1994:

Haskell WL, Alderman EL, Fair JM, Maron DJ, Mackey SF, Superko HR, Williams PT, Johnstone IM, Champagne MA, Krauss RM Effects of intensive multiple risk factor reduction on coronary atherosclerosis and clinical cardiac events in men and women with coronary artery disease. The Stanford Coronary Risk Intervention Project (SCRIP). Circulation 1994;89:975-90 [8124838]

2 hypertension

| Trial | Treatments | Patients | Trials design and methods |
|---|--|--|-----------------------------------|
| various beta-blockers vs placebo | | | |
| STOP , 1991 n=812/815 follow-up: 21y | active antihypertensive therapy (Thiazide and amiloride or beta-blocker) , Atenolol, Metoprolol, Pindolol, HCTZ/Ami versus Placebo | hypertensive men and women aged 70-84 years | Double blind Swezen |
| various ACEI vs calcium-channel blocker | | | |
| STOP-2 (ACEI vs felodipine or isradipine) , 1999 n=2205/2196 follow-up: 50 y | Enalapril or lisinopril , enalapril 10 mg or lisinopril 10 mg daily versus felodipine 2.5 mg or isradipine 2-5 mg daily | patients aged 70-84 years with hypertension (blood pressure >or = 180 mm Hg systolic, >or = 105 mm Hg diastolic, or both) | Parallel groups Open Sweden |
| various ACEI vs diuretic or beta-blocker | | | |
| STOP 2 (ACEI vs diurectic or beta-blocker) , 1999 n=2205/2213 follow-up: 5.0 y | enalapril 10 mg or lisinopril 10 mg daily versus conventional antihypertensive drugs (atenolol 50 mg, metoprolol 100 mg, pindolol 5 mg, or hydrochlorothiazide 25 mg plus amiloride 25 mg daily) | patients aged 70-84 years with hypertension (blood pressure >180 mm Hg systolic, >105 mm Hg diastolic, or both). | Parallel groups Open Sweden |
| various beta-blockers vs diuretics | | | |
| Yurenev , 1992 n=150/154 follow-up: 40y | hypotensive drugs including beta-blockers versus same combination of drugs including diuretics | hypertensive patients with different degrees of left ventricular hypertrophy (LVH) | |
| HAPPY , 1988 n=3297/3272 follow-up: 38y | Atenolol, Metoprolol, Propranolol versus Hydrochlorothiazide, Bendroflumethiazide | Men aged 40-64 years with mild to moderate hypertension (diastolic blood pressure 100-130 mmHg) without previous CHD, stroke | open |
| various ACEI vs nifedipine | | | |
| JMIC-B , 2002 n=NA follow-up: 30 y | ACE inhibitor versus nifedipine | HBP+CHD | Parallel groups Open Japan |

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 all type of patient at <http://www.trialresultscenter.org/go-Q13>
- anti hypertensive agents for hypertension in uncomplicated hypertension at <http://www.trialresultscenter.org/go-Q685>
- anti hypertensive agents for hypertension in patients with additional risk factor at <http://www.trialresultscenter.org/go-Q686>
- anti hypertensive agents for hypertension in patients with cardiovascular disease at <http://www.trialresultscenter.org/go-Q687>

References

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STOP-2 (ACEI vs felodipine or isradipine), 1999:

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STOP 2 (ACEI vs diuretic or beta-blocker), 1999:

Hansson L, Lindholm LH, Ekblom T, Dahlf B, Lanke J, Scherstn B, Wester PO, Hedner T, de Faire U Randomised trial of old and new antihypertensive drugs in elderly patients: cardiovascular mortality and morbidity the Swedish Trial in Old Patients with Hypertension-2 study. Lancet 1999 Nov 20;354:1751-6 [[10577635](#)]

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HAPPHY, 1988:

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JMIC-B, 2002:

Yui Y, Sumiyoshi T, Kodama K.itm Long-term effects of nifedipine retard vs ACE inhibitors in hypertension with coronary heart disease: final report of JMIC-B Circ J 2002; 66 (suppl): 357

3 heart failure

| Trial | Treatments | Patients | Trials design and methods |
|---|---|--|--|
| various diuretics vs placebo | | | |
| De jong , 1994 n=29/34 follow-up: 8 weeks | diuretics versus placebo (diuretics withdrawal) | patients aged 65 years or older and taking diuretic drugs | Parallel groups double blind the Netherlands |

continued...

| Trial | Treatments | Patients | Trials design and methods |
|--|--|--|---------------------------------|
| Myers , 1982 n=77 follow-up: 52 weeks | various diuretics versus placebo (withdrawals) | elderly not receiving concurrent digoxin therapy | Parallel groups double blind |
| Walma , 1997 n=100/102 follow-up: 14 weeks | various diuretics versus placebo (withdrawals) | elderly patients taking long-term diuretics without manifest heart failure or hypertension | Parallel groups double blind |

More details and results :

- diuretics for heart failure in all type of patients at <http://www.trialresultscenter.org/go-Q75>

References

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de Jonge JW, Knottnerus JA, van Zutphen WM, de Bruijne GA, Struijker Boudier HA Short term effect of withdrawal of diuretic drugs prescribed for ankle oedema. BMJ 1994;308:511-3 [8136670]

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Myers MG, Weingert ME, Fisher RH, Gryfe CI, Shulman HS Unnecessary diuretic therapy in the elderly. Age Ageing 1982;11:213-21 [7180724]

Walma, 1997:

Walma EP, Hoes AW, van Dooren C, Prins A, van der Does E Withdrawal of long-term diuretic medication in elderly patients: a double blind randomised trial. BMJ 1997;315:464-8 [9284668]

4 CABG surgery

| Trial | Treatments | Patients | Trials design and methods |
|---|--|--|---------------------------------|
| various vs placebo | | | |
| Guiteras , 1989 n=141/69 follow-up: 7m | aspirin 150 + dipyridamol 225, dipyridamol 225 + trifusal 900 versus placebo | patients undergoing coronary bypass grafting | double blind |
| VA Co-op CABG , 1988 n=619/153 follow-up: 12m | aspirin 325 daily, aspirin 325 three times daily, sulfinpyrazone, aspirin plus dipyridamole (325 mg and 75 mg, respectively, three times daily) versus placebo | patients undergoing CABG | Parallel groups double blind |

More details and results :

- antiplatelets drug for CABG surgery in all type of patients at <http://www.trialresultscenter.org/go-Q225>

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Goldman S, Copeland J, Moritz T, Henderson W, Zadina K, Ovitt T, Doherty J, Read R, Chesler E, Sako Y Improvement in early saphenous vein graft patency after coronary artery bypass surgery with antiplatelet therapy: results of a Veterans Administration Cooperative Study. Circulation 1988;77:1324-32 [3286040]

5 percutaneous coronary intervention

| Trial | Treatments | Patients | Trials design and methods |
|---|--|----------|---------------------------|
| various statins vs placebo | | | |
| Briguori , 2004 n=226/225 follow-up: <24h | physician preference 331 d before PCI versus placebo | - | |

More details and results :

- statins for percutaneous coronary intervention in all type of patients at <http://www.trialresultscenter.org/go-Q148>

References

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Entry terms: various ACEI, various beta blockers