Clinical trials of antiarrythmic drugs for acute myocardial infarction in all type of patients

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1 antiarryhtmic

Trial	Treatments	Patients	Trials design and methods
dofetilide vs placebo			
DIAMOND MI , 1997 n=NA follow-up: >12 months	dofetilide versus placebo	patients with acute myocardial infarction within 7 days and left ventricular systolic dysfunction (EF <= 35%)	Parallel groups double blind Danish
moricizine vs placebo			
CAST II (early treatment) , 1992 n=665/660 follow-up: 14 days	moricizine for 14 days versus placebo	acute myocardial infarction	Parallel groups double blind

References

DIAMOND MI, 1997:

Dofetilide in patients with left ventricular dysfunction and either heart failure or acute myocardial infarction: rationale, design, and patient characteristics of the DIAMOND studies. Danish Investigations of Arrhythmia and Mortality ON Dofetilide. Clin Cardiol 1997;20:704-10 [9259163]

CAST II (early treatment), 1992:

Effect of the antiarrhythmic agent moricizine on survival after myocardial infarction. The Cardiac Arrhythmia Suppression Trial II Investigators. N Engl J Med 1992 Jul 23;327:227-33 [1377359]

2 magnesium

Trial	Treatments	Patients	Trials design and methods
magnesium vs control			
ISIS-4 , 1995 n=29011/29030 follow-up:	24 h of intravenous magnesium sulphate (8 mmol initial bonus injection over about 15 minutes followed by 72 mmol in about 50 mLinfused over 24 h)4 versus no magnesium infusion	patients entering 1086 hospitals up to 24 h (median 8 h) after the onset of suspected acute myocardial infarction with no clear contraindications4	Parallel groups open

Trial	Treatments	Patients	Trials design and methods
Wu , 1992 n=125/102 follow-up:	2.5 g MgSO4 once or twice a day for 7-14 dayssce versus usual care	suspected AMI	Parallel groups double blind
Zhu , 2002 n=1691/1488 follow-up:	100 mL (4 g) potassium-magnesium aspartate IV. for the first day, 50 ml for rest 4 datio versus routine AMI treatmentkB	AMI	Parallel groups open

magnesium vs placebo

Trial	Treatments	Patients	Trials design and methods
Abraham , 1987 n=48/46 follow-up:	2.4g of magnesium sulfate in 50 ml of 5% glucose solution intravenously over a 20 minutes period for 3 days versus 50 ml of 5% glucose solution alone, imag	patients with AMI	Parallel groups double blind
MAGIC , 2000 [NCT00000610] n=3113/3100 follow-up:	2 g intravenous bolus of MgSO4 over 15 minutes, followed by a 17 g infusion of MgSO4 over 24 h versus matched intravenous bolus and 24 h infusion of sterile waternd	AMi patients within 6 h of onset of symptomsm	Parallel groups double blind
Bhargava , 1995 n=40/38 follow-up:	8 mmol magnesium sulphate over 5 min followed by 65 mmol over 24-h infusion versus isotonic saline infusion	proven AMI patients with chest pain of 1-6h	Parallel groups double blind
Ceremuzynski , 1989 n=25/23 follow-up:	8 g MgSO4 in 500 mL 15% glucose for 24 h intravenouslypj versus conventional treatmenton	patients with AMI within 12 h from onset of symptomslypj	Parallel groups NA
Chen , 1991 n=32/30 follow-up:	MgSO4 2g/day for 3 daysn versus 5% glucose	patients with AMI	Parallel groups open blind assessor
Feldstedt , 1991 n=150/148 follow-up:	continuous infusion of 80 mmol magnesium chloride in 1000 mL dextroseK versus matching placebo	patients, aged 75 y or less, with suspected AMI less than 8 h+	Parallel groups double blind
Gyamlani , 2000 n=50/50 follow-up:	magnesium 12g (50 mmol) in the first 24h, 3g (12 mmol) in the second 24h used within 2h after admission and within 30 minutes of thrombolytic therapy versus equal volume of isotonic glucose	patients with proven AMI	Parallel groups double blind
Ising , 1990 n=22/20 follow-up:	81 mval/daymagnesium sulphate infusion 13+/-9h after the onset of severe pain for 3 days versus 80 mval/day NaCl infusion for 3 daysimag	patients with AMI	Parallel groups open

Trial	Treatments	Patients	Trials design and methods
Morton , 1984 n=NA follow-up:	36 h intravenous infusion of magnesium sulphate (0.75 mEq/kg/body weight/12 h). versus saline solution infusion	patients with AMI within 8 h of onsetmag	Parallel groups double blind
Nakashima , 2004 n=89/91 follow-up:	bolus injection of 8 mmol of magnesium followed by an infusion of 24 mmol over 24 h versus equivalent amount of normal saline, imag	patients with successful PCI weree, imag	Parallel groups double blind
Parikka , 1990 n=31/26 follow-up:	8mmol MgSO4 in 10 min, 62 mmol in 24hmag versus NaClB	patients with <12 h from onset of chest pain AMImage/pj	Parallel groups double blind
Raghu , 1999 n=181/169 follow-up:	18 g (75.6 mmol) of Mg sulphate over 24 h started immediately after completion of thrombolytic therapy versus equivalent amount of salinexbitm	confirmed AMI <6 h from the onset of symptomsce	Parallel groups double blind
Rasmussen , 1986 n=56/74 follow-up:	50 mmol MgCl2 during the first 24 h, 12 mmol during the second 24 h versus isotonic glucose	patients with suspected AMIxbitm	Parallel groups double blind
Santoro , 2000 n=75/75 follow-up:	MgSO4 7 g (28 mmol) with 5 hon versus matching saline solution	-	Parallel groups double blind
Shechter , 1990 n=50/53 follow-up:	magnesium 22 g (91.6 mmol) within 48 h (67 mmol within first 24 h). versus isotonic glucose.	patients with admission diagnosis of AMI	Parallel groups double blind
Shechter , 1991 n=21/25 follow-up:	22 g (91.6 mmol) within 48 h (67 mmol within first 24 h). versus isotonic glucose.	patients with documented AMIbitm	Parallel groups double blind
Shechter , 1995 n=96/98 follow-up:	magnesium 22 g (91.6mmol) within 48 h (67mmol within first 24 h)pj versus isotonic glucose	suspected with AMI and considered unsuitable candidates for thrombolysis	Parallel groups double blind
Singh , 1990 n=NA follow-up:	5 g (8.12 mmol) of MgSO4 daily for 4 daysptomsce versus 2% dextrose solution for 3 daysm	patients suspected with AMI within 8-12h of the onset of MI	Parallel groups double blind
Smith , 1986 n=92/93 follow-up:	65 mmol MgSO4 given over 24 h versus Saline	patients with suspected AMI h.tm	Parallel groups double blind
Thogersen , 1995 n=130/122 follow-up:	magensium 50 mmol within 24 h versus isotonic NaCl.	patients with suspected AMI	Parallel groups double blind

Trial	Treatments	Patients	Trials design and methods
Urek , 1996 n=31/30 follow-up:	17 g MgSO4 with first 24 h.xbitm versus saline.	patients with documented AMIbitm	Parallel groups double blind
Woods , 1992 n=1159/1157 follow-up:	magnesium 8 mmol over 5 min, 65 mmol over 24h imag versus physiological saline hon	patients with suspected AMI in the preceding 24h	Parallel groups double blind

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3 prophylactic lidocaine

Trial	Treatments	Patients	Trials design and methods
IM lidocaine (without infusion) vs control			

Trial	Treatments	Patients	Trials design and methods
Koster and Dunning , 1985 n=2987/3037 follow-up: 1h for VT	lidocaine loading dose IM 400 mg versus no lidocaine	suspected acute myocardial infarction	Parallel groups Single-blind
IV lidocaine infusion vs control			
Bennett , 1970 n=249/125 follow-up: 48h for VT	lidocaine loading dose IV 60mg, infusion 0.5-1.0 mg/min versus no lidocaine	suspected acute myocardial infarction	Parallel groups Open
Pitt , 1971 n=108/114 follow-up: 48h for VT	lidocaine loading dose IV 75-100mg, infusion 2.5 mg/min versus no lidocaine	suspected acute myocardial infarction	Parallel groups Open
Darby , 1972 n=103/100 follow-up: 48h for VT	lidocaine loading dose IM 200 mg, infusion 2.0 mg/min versus no lidocaine	suspected acute myocardial infarction	Parallel groups Open
IM lidocaine (without infusion) vs placebo			
Sandlar *unpublished* n=91/90 follow-up: 4h for VT	lidocaine loading dose IM 200mg or IM 300mg versus placebo	suspected acute myocardial infarction	Parallel groups Double-blind
Singh and Kocot , 1976 n=27/27 follow-up: 3h for VT	lidocaine loading dose IM 4.5 mg/kg versus placebo	suspected acute myocardial infarction	Parallel groups Double-blind
Lie (IM) , 1978 n=147/153 follow-up: 1h for VT	lidocaine loading dose IM 300 mg versus placebo	suspected acute myocardial infarction	Parallel groups Double-blind
Dunn , 1985 n=207/195 follow-up: 1h for VT	lidocaine loading dose IM 300 mg + IV 100mg versus placebo	suspected acute myocardial infarction within 6 hours of the onset of sympto	Parallel groups Double-blind
IV lidocaine infusion vs placebo			
Kostuk and Beanlands *unpublished* n=34/31 follow-up: 65279;48h for VT	lidocaine infusion 1.0 mg/min versus placebo	suspected acute myocardial infarction	Parallel groups 65279;Double-blind
Baker , 1971 n=21/23 follow-up: 48h for VT	lidocaine infusion 1.5 mg/min versus placebo	suspected acute myocardial infarction	Parallel groups Double-blind
Chopra , 1971 n=39/43 follow-up: 48h for VT	lidocaine loading dose IV 60mg, infusion 1.0-2.0 mg/min versus placebo	suspected acute myocardial infarction	Parallel groups Double-blind

Trial	Treatments	Patients	Trials design and methods
O *unpublished* n=328/331 follow-up: 48h for VT	lidocaine loading dose IV 75 mg, infusion 2.5 mg/min versus placebo	suspected acute myocardial infarction	Parallel groups Double-blind
Lie (IV) , 1974 n=107/105 follow-up: 48h for VT	lidocaine loading dose IV 100 mg, infusion 3,0 mg/min versus placebo	suspected acute myocardial infarction	Parallel groups Double-blind
Wyse , 1988 n=168/165 follow-up: 24h for VT	lidocaine loading dose IV 100mg + IV l00 mg, infusion 3.0 mg/min versus placebo	suspected acute myocardial infarction	Parallel groups Double-blind

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4   About TrialResults-center.org

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