

Clinical trials of angiotensin-Converting Enzyme Inhibitors for acute myocardial infarction in systematic early treatment (with or without sign of HF)

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1 angiotensin-converting enzyme inhibitors

Trial	Treatments	Patients	Trials design and methods
irbesartan vs control			
GLOBAL <i>ongoing</i> [NCT00125645] n=NA follow-up: 3 months	irbesartan versus usual care	patients with acute myocardial infarction, a wall motion score >1.3 (EF>0.40) and signs of diastolic dysfunction	Parallel groups open
captopril vs placebo			
Bussmann , 1992 n=22/24 follow-up: 48h	slow intravenous bolus injection of 2.5 or 5.0 mg captopril followed by a continuous infusion of 1.5-2.0 mg/h for a period of 48 hours versus placebo	patients with acute myocardial infarction	Parallel groups double blind
CATS , 1996 n=149/149 follow-up: 1 year	captopril 25 mg three times a day versus placebo	patients with a first anterior myocardial infarction treated with intravenous streptokinase within 6h of onset of symptoms	Parallel groups double blind The Netherlands
CCS-1 , 1995 n=13634 follow-up: 1 month	captopril 6.25 mg initial dose, 12.5 mg 2 h later, and then 12.5 mg three times daily for 28 days versus placebo	Acute MI <36h of MI	Parallel groups double blind China
Di Pasquale , 1997 n=31/30 follow-up: 12h	captopril first dose 2-4 h after starting thrombolysis (the dose was then increased up to 25 mg every 8 h) versus placebo	patients hospitalized for suspected anterior AMI within 4 h from the onset of symptoms suitable for thrombolysis	Parallel groups double blind italy
Di Pasquale , 1994 n=188/183 follow-up: 2h	captopril, 6.25 mg, orally 15 min before thrombolysis versus placebo before thrombolysis	patients with acute myocardial infarction , hospitalized within 4 h of the onset of symptoms	Parallel groups double blind Italy
ECCE , 1997 n=104/104 follow-up: 1 month	captopril titrated dose in order to preserve their blood pressure versus placebo	patients with acute myocardial infarction	Parallel groups double blind

continued...

Trial	Treatments	Patients	Trials design and methods
French , 1999 n=243/250 follow-up: 1 year	captopril 6.25 mg, increasing to 50 mg t.d.s. versus placebo	patients aged <or = 75 years with first infarctions, presenting within 4 h of symptom onset	Parallel groups double blind New Zealand
Galcera , 1993 n=21/22 follow-up: 14 days	captopril versus placebo	patients with a first acute myocardial infarction and a pulmonary capillary pressure equal or above 17 mmHg	Parallel groups double blind
Hargreaves , 1992 n=36/36 follow-up: 28 days	12.5 mg of captopril three times daily versus placebo	patients with acute myocardial infarction (systolic blood pressure >90 mm Hg) within 24 hours of the start of pain	Parallel groups double blind UK
ISIS-4 , 1995 n=29028/29022 follow-up: 1 month	captopril 6.25mg twice daily initially titrated up to 50 mg twice daily (for 1 month) versus placebo	Acute MI <24h of MI, no cardiogenic shock or persistent severe hypotension	Factorial plan double blind 31 countries
Nabel , 1991 n=20/18 follow-up: 3 months	intravenous followed by oral captopril versus placebo	patients with myocardial infarction	Parallel groups double blind
Ray , 1993 n=99 follow-up: 1 year	captopril 25 mg three times a day versus placebo	haemodynamically stable patients with acute myocardial infarction, selected on clinical grounds as being at risk of late ventricular dilatation	Parallel groups double blind Glasgow
Sharpe , 1991 n=100 follow-up: 3 months	captopril 50 mg twice daily versus placebo	patients with Q wave myocardial infarction, but without clinical heart failure 24-48h after onset of symptoms	Parallel groups double blind
captopril or enalapril vs placebo			
PRACTICAL (captopril) , 1994 n=150/75 follow-up: 1 year	captopril 25 mg three times daily or enalapril 5 mg three times daily versus placebo	patients with acute myocardial infarction within 24 hours of onset	Parallel groups double blind
enalapril vs placebo			
CONSENSUS 2 , 1992 n=3044/3046 follow-up: 6 months	enalapril (1 mg IV infusion +5-20 mg PO daily) for 6 months versus placebo	patients with acute myocardial infarctions and blood pressure above 100/60 mm Hg, <24h of MI	Parallel groups double blind Scandinavia
Schulman , 1995 n=22/21 follow-up: 1 year	intravenous enalaprilat (1 mg) then oral treatment for 1 month versus placebo	patients with an acute Q-wave AMI within 24 hours of symptom onset	Parallel groups double blind US
fosinopril vs placebo			
FAMIS , 1998 n=142/143 follow-up: 2 years	fosinopril versus placebo	patients with anterior acute myocardial infarction within 9 hours of onset	Parallel groups double blind Italy
lisinopril vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
GISSI 3 , 1994 n=9435/9460 follow-up: 6 months	lisinopril (5 mg initial dose and then 10 mg daily) for 42 days versus open control	Acute MI <24h of MI	Factorial plan open Italy
ramipril vs placebo			
Wagner , 2002 n=51/48 follow-up: 7 days	2.5 mg ramipril orally prior to thrombolysis and 12 h later versus placebo	patients with acute myocardial infarction	Parallel groups double blind
zofenopril vs placebo			
SMILE , 1995 n=772/784 follow-up: 1 year	zofenopril initial dose 7.5 mg, up to a target dose of 30mg twice daily versus placebo	patients within 24 hours after a acute anterior myocardial infarction who were not undergoing thrombolysis	Parallel groups double blind Italy

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2 intravenous ACEI

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3 About TrialResults-center.org

TrialResults-center is an innovative knowledge database that collects the results of RCTs and provides dynamic interactive systematic reviews and meta-analysis in the field of all major heart and vessels diseases.

The TrialResults-center database provides a unique view of the treatment efficacy based on all data provided directly from clinical trial results, offering a valuable alternative to personal bibliographic search, published meta-analysis, etc. Furthermore, it would allow comparing easily the various concurrent therapeutic for the same clinical condition.

Rigorous meta-analysis method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

TrialResults-center is continually updated on a weekly basis. We continually search all new results (whatever their publication channel) and these news results are immediately added to the database with a maximum of 1 week.

TrialResults-center is non-profit and self-funded.