

# Clinical trials of angiotensin-Converting Enzyme Inhibitors for acute myocardial infarction in patients with or without HF

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## 1 angiotensin-converting enzyme inhibitors

Trial	Treatments	Patients	Trials design and methods
<b>irbesartan vs control</b>			
<b>GLOBAL</b> <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
<b>captopril vs placebo</b>			
<b>Bussmann</b> , 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
<b>SAVE</b> , 1992 n=1115/1116 follow-up: 3.5y	Captopril 125 mg initial dose, up to 2550 mg three times daily versus placebo	patient within 316 days of a MI, LVEF <40%	Parallel groups double blind
<b>CATS</b> , 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
<b>CCS-1</b> , 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
<b>Di Pasquale</b> , 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
<b>Di Pasquale</b> , 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
<b>Pfeffer</b> , 1988 n=38 follow-up: 1 year	Captopril versus placebo	patient within 11-31 days after MI, LVEF<=45% , not in overt congestive heart failure	Parallel groups double blind

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
Sogaard , 1994 n=58 follow-up: 6 months	Captopril 50mg daily versus placebo	patients with left ventricular (LV) dysfunction on day 7 after MI	Parallel groups double blind
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
Sharpe , 1988 n=60 follow-up: 1 year	Captopril 25 mg thrice a day versus placebo	patients with symptomless left ventricular dysfunction (LVEF<45% ) 1 week after a myocardial infarction without clinical evidence of heart failure	Parallel groups double blind
Mortarino , 1990 n=10/11 follow-up: 2 months	Captopril 25 mg bid versus placebo	patient with mild congestive heart failure after recent MI	Parallel groups double blind
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
<b>captopril or enalapril vs placebo</b>			
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
<b>enalapril vs placebo</b>			

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>CONSENSUS 2 , 1992</b> 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
<b>Schulman , 1995</b> 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
<b>fosinopril vs placebo</b>			
<b>FAMIS , 1998</b> 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
<b>lisinopril vs placebo</b>			
<b>GISSI 3 , 1994</b> 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
<b>ramipril vs placebo</b>			
<b>AIRE , 1993</b> n=1004/992 follow-up: 1.25 y	Ramipril 25 mg twice daily initial dose, up to 5 mg twice daily for at least 6 months versus placebo	patient within 310 days of a MI,with clinical evidence of heart failure	Parallel groups Double blind 14 countries
<b>Wagner , 2002</b> 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
<b>trandolapril vs placebo</b>			
<b>TRACE , 1995</b> n=876/873 follow-up: 3 y	Trandolapril 1 mg daily initial dose, up to 4 mg daily versus placebo	patient within 37 days of a MI,Wall motion index <12 (LVEF <35% )	Parallel groups Double blind Denmark
<b>zofenopril vs placebo</b>			
<b>SMILE , 1995</b> n=772/784 follow-up: 1 year	zofenopril initial dose 7.5 mg, up to a tagert dos eof 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

Trial	Treatments	Patients	Trials design and methods
<b>captopril vs placebo</b>			
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<b>SAVE , 1992</b> n=1115/1116 follow-up: 3.5y	Captopril 125 mg initial dose, up to 2550 mg three times daily versus placebo	patient within 316 days of a MI, LVEF <40%	Parallel groups double blind
<b>CATS , 1996</b> 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
<b>CCS-1 , 1995</b> 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
<b>Di Pasquale , 1997</b> 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
<b>Di Pasquale , 1994</b> 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
<b>Pfeffer , 1988</b> n=38 follow-up: 1 year	Captopril versus placebo	patient within 11-31 days after MI, LVEF<=45% , not in overt congestive heart failure	Parallel groups double blind
<b>Sogaard , 1994</b> n=58 follow-up: 6 months	Captopril 50mg daily versus placebo	patients with left ventricular (LV) dysfunction on day 7 after MI	Parallel groups double blind

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>ECCE , 1997</b> 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
<b>Sharpe , 1988</b> n=60 follow-up: 1 year	Captopril 25 mg thrice a day versus placebo	patients with symptomless left ventricular dysfunction (LVEF<45% ) 1 week after a myocardial infarction without clinical evidence of heart failure	Parallel groups double blind
<b>Mortarino , 1990</b> n=10/11 follow-up: 2 months	Captopril 25 mg bid versus placebo	patient with mild congestive heart failure after recent MI	Parallel groups double blind
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<b>Galcera , 1993</b> 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
<b>Hargreaves , 1992</b> 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
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<b>Nabel , 1991</b> n=20/18 follow-up: 3 months	intravenous followed by oral captopril versus placebo	patients with myocardial infarction	Parallel groups double blind
<b>Ray , 1993</b> 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
<b>Sharpe , 1991</b> 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
<b>enalapril vs placebo</b>			
<b>CONSENSUS 2 , 1992</b> 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
<b>Schulman , 1995</b> 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

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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.