

# Clinical trials of antiplatelets drug for cardiovascular prevention in secondary prevention in patients with intermittent claudication

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## 1 clopidogrel

Trial	Treatments	Patients	Trials design and methods
<b>clopidogrel vs aspirin</b>			
<b>CAPRIE , 1996</b> n=9599/9586 follow-up: mean 1.91 years	clopidogrel 75 mg once daily versus aspirin 325 mg once daily	patients with atherosclerotic vascular disease manifested as either recent ischaemic stroke, recent myocardial infarction, or symptomatic peripheral arterial disease	Parallel groups Double blind 16 countries
<b>CAPRIE (PAD subgroup) , 1996</b> n=3223/3229 follow-up: 1.91 y	Clopidogrel 75 mg versus Aspirine 325 mg	patients with atherosclerotic vascular disease manifested as either recent ischaemic stroke, recent myocardial infarction, or symptomatic peripheral arterial disease	Parallel groups double blind

## References

### CAPRIE, 1996:

A randomised, blinded, trial of clopidogrel versus aspirin in patients at risk of ischaemic events (CAPRIE). CAPRIE Steering Committee. Lancet 1996 Nov 16;348:1329-39 [[8918275](#)]

### CAPRIE (PAD subgroup), 1996:

A randomised, blinded, trial of clopidogrel versus aspirin in patients at risk of ischaemic events (CAPRIE). CAPRIE Steering Committee. Lancet 1996 Nov 16;348:1329-39 [[8918275](#)]

## 2 platelet aggregation inhibitors

Trial	Treatments	Patients	Trials design and methods
<b>vs</b>			
<b>Brittenden J</b> <i>ongoing</i> n=NA follow-up:	-	-	
<b>Brittenden J (2)</b> <i>ongoing</i> n=NA follow-up:	-	100 patients (age 18-80 ans) avec claudication intermittente et ayant une lesion accessible l'angioplastie au niveau iliaque ou fmoral superficiel (chographie-doppler).	
<b>Fowkes FGR</b> <i>ongoing</i> n=NA follow-up:	aspirine absorption entrique 100 mg / j pendant 5 ans versus placebo	3300 patients suivis 5 ans avec atherosclrose asymptotique, diagnostique par un ABI diminu.	

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
McCollum CN <i>ongoing</i> n=NA follow-up:	-	48 patients avec AOMI	
<b>ticagrelor vs clopidogrel</b>			
EUCLID , 2016 [NCT01732822] n=NA follow-up: 30 months (median)	ticagrelor (90 mg twice daily) versus clopidogrel (75 mg once daily)	patients with symptomatic peripheral artery disease	
<b>aspirin vs placebo</b>			
CLIPS , 2007 n=185/181 follow-up: 20.7 months mean	oral aspirin 100 mg daily versus placebo	outpatients with stage I-II PAD documented by angiography or ultrasound, with ankle/brachial index <0.85 or toe index <0.6	Factorial plan double blind Europe
Munich B , 1975 n=42/40 follow-up:	Aspirine 1500 mg / jour pendant 24 mois versus Placebo	NA	Parallel groups double blind
Munich A , 1975 n=92/84 follow-up:	Aspirine: 1500 mg / jour versus Placebo	Donnes non disponibles	Parallel groups double blind
Schoop , 1983 n=100/100 follow-up: <5 y	groupe 1 : Aspirine 990 mg / j (pour mmoire : groupe 2 : Aspirine 990 mg / j + dipyridamole 225 mg/j) versus Placebo	AOMI stade non prcis	Parallel groups double blind
Hess , 1985 n=80/80 follow-up:	groupe 1 : Aspirine 330 mg / j (pour mmoire : groupe 2 : Aspirine 330 mg / j + dipyridamole 75 mg / j) versus Placebo	AOMI stade non prcis	Parallel groups single blind
<b>aspirin + dipyridamol vs placebo</b>			
Hess (2) , 1985 n=80/80 follow-up:	Aspirine Dipyridamole 330 mg / j 225 mg / j versus Placebo	patients with occlusive arterial disease in the lower extremities	Parallel groups double blind
Schoop (2) , 1983 n=100/100 follow-up:	Aspirine Dipyridamole 990 mg / j 225 mg / j versus Placebo	AOMI stade non prcis	Parallel groups double blind
VA study , 1986 n=110/121 follow-up: 46 months	Aspirine + Dipyridamole 975 mg / j 225 mg / j versus Placebo	non-insulin-dependent diabetic men with either a recent amputation for gangrene or active gangrene	Parallel groups double blind
<b>cloricromene vs placebo</b>			

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>CRAMPS , 2000</b> n=81/78 follow-up: 6 months	Cloricromne : 100 mg, 2 fois / jour / voie orale + aspirine : 160 mg / jour pendant 6 mois . versus placebo + aspirine: 160 mg/ jour pendant 6 mois.	Stade de la maladie : II, pendant 3.1 annees d'anciennet en moyenne dans les 2 groupes	Parallel groups double blind
<b>ketanserine vs placebo</b>			
<b>Thulesius , 1987</b> n=79/86 follow-up: 6 months	Ketanserin 60 mg / j pdt 2 semaines 120 mg / j ensuite versus Placebo	patients with intermittent claudication (stade II)	Parallel groups double blind
<b>Walden , 1991</b> n=17/18 follow-up: 15 months	Ketanserin 60 mg / j pdt 1 mois 120 mg / j ensuite versus Placebo	patients with intermittent claudication (stade II)	Parallel groups double blind
<b>PACK , 1996</b> n=1930/1969 follow-up: 1 y	Ketanserin 40 mg / j pdt 1 mois 80 mg / j ensuite versus Placebo	patients over 40 years old who had had documented intermittent claudication for at least two months and in whom the ratio of systolic blood pressure in the ankle to that in the arm was less than or equal to 0.85 in both arteries of at least one foot	Parallel groups double blind
<b>picotamide vs placebo</b>			
<b>Coto , 1989</b> n=20/20 follow-up: 6 months	Picotamide 900 mg / j versus Placebo	patients with peripheral occlusive arterial disease of the lower limbs at functional stage II of the Fontaine classification	Parallel groups double blind
<b>ADEP , 1993</b> n=1150/1154 follow-up: 18 months	Picotamide 600 mg / j versus Placebo	patients with peripheral obstructive arterial disease (stade II+)	Parallel groups double blind
<b>Neirotti , 1994</b> n=10/10 follow-up: 18 months	Picotamide 900 mg / j versus Placebo	patients with peripheral arterial disease (PAD) at functional stage 2 of the Fontaine classification and with intermittent claudication for at least six months	Parallel groups double blind
<b>suloctidil vs placebo</b>			
<b>Adriaensen , 1976</b> n=15/15 follow-up: 2 months	Suloctidil 200 mg / j versus Placebo	patients suffering from intermittent claudication ( stade II)	Parallel groups double blind
<b>Verhaeghe , 1981</b> n=NA follow-up: 6 months	Suloctidil 200 mg / j versus Placebo	patients with intermittent claudication (stade II)	Parallel groups double blind
<b>Jones , 1982</b> n=18/22 follow-up: 6 months	Suloctidil 300 mg / j versus Placebo	patients suffering from intermittent claudication (stade II)	Parallel groups double blind
<b>Holm , 1984</b> n=20/20 follow-up: 2.75 y	Suloctidil 300 mg / j versus Placebo	AOMI stade II	Parallel groups double blind

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>ticlopidine vs placebo</b>			
Ellis , 1986 n=100/103 follow-up: 6 months	Ticlopidine 500 mg/j versus Placebo	AOMI stade II	Parallel groups double blind
Hurlow , 1980 n=30/30 follow-up:	Ticlopidine : 100 -500 mg / jour pendant 2 mois. versus Placebo	Donnes non disponibles	Parallel groups double blind
Krause , 1980 n=19/19 follow-up:	Ticlopidine : 500 mg pendant 4 mois versus Placebo	Donnes non disponibles	Parallel groups double blind
Katsumara , 1982 n=93/100 follow-up: 6 semaines	Ticlopidine 500 mg/j versus Placebo	patients with ischemic ulcers due to chronic arterial occlusion	Parallel groups double blind
Aukland , 1982 n=33/32 follow-up: 1 y	Ticlopidine 500 mg/j versus Placebo	men with atherosclerotic intermittent claudication and haemorheological abnormalities	Parallel groups double blind
Stiegler , 1984 n=57/57 follow-up:	Ticlopidine 500 mg/j versus Placebo	AOMI stade II	Parallel groups double blind
Cloarec , 1986 n=66/66 follow-up: 1 y	Ticlopidine 500 mg/j versus Placebo	AOMI stade non prcis	Parallel groups double blind
Arcan , 1988 n=83/86 follow-up: 6 months	Ticlopidine 500 mg/j versus Placebo	patients with chronic intermittent claudication due to obstructive peripheral vascular disease (stade II)	Parallel groups double blind
Balsano , 1989 n=76/75 follow-up: 21 months	Ticlopidine 500 mg/j versus Placebo	patients with intermittent claudication (stade II)	Parallel groups double blind
STIMS , 1990 n=346/341 follow-up: 5.6 y	Ticlopidine 500 mg/j versus Placebo	patients with intermittent claudication (stade II)	Parallel groups double blind
EMATAP , 1993 n=304/311 follow-up:	Ticlopidine 500 mg/j versus Placebo	AOMI stade non prcis	Parallel groups double blind
<b>clopidogrel vs aspirin</b>			
CAPRIE , 1996 n=9599/9586 follow-up: mean 1.91 years	clopidogrel 75 mg once daily versus aspirin 325 mg once daily	patients with atherosclerotic vascular disease manifested as either recent ischaemic stroke, recent myocardial infarction, or symptomatic peripheral arterial disease	Parallel groups Double blind 16 countries
CAPRIE (PAD subgroup) , 1996 n=3223/3229 follow-up: 1.91 y	Clopidogrel 75 mg versus Aspirine 325 mg	patients with atherosclerotic vascular disease manifested as either recent ischaemic stroke, recent myocardial infarction, or symptomatic peripheral arterial disease	Parallel groups double blind

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### **Fowkes FGR, 0:**

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### 3 selective PAR-1 thrombin receptor antagonist

Trial	Treatments	Patients	Trials design and methods
<b>vorapaxar vs placebo (on top aspirin)</b>			
<b>TRA-2P TIMI 50, 2012</b> [NCT00526474] n=13225/13244 follow-up: 2.5 y (median)	vorapaxar (SCH 530348) 2.5-mg daily versus placebo (added to the existing standard of care for preventing heart attack and stroke (eg, aspirin, clopidogrel)	patients with a known history of atherosclerosis (MI, ischemic stroke, or peripheral vascular disease)	Parallel groups double-blind

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## 4 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.