

# Clinical trials of antiplatelets drug for peripheral vascular diseases in all type of patient

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## 1 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 diminue.	
<b>McCollum CN</b> <i>ongoing</i> n=NA follow-up:	-	48 patients avec AOMI	
<b>ticagrelor vs clopidogrel</b>			
<b>EUCLID , 2016</b> [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>			
<b>CLIPS , 2007</b> 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
<b>Munich B , 1975</b> n=42/40 follow-up:	Aspirine 1500 mg / jour pendant 24 mois versus Placebo	NA	Parallel groups double blind
<b>Munich A , 1975</b> n=92/84 follow-up:	Aspirine: 1500 mg / jour versus Placebo	Donnes non disponibles	Parallel groups double blind

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Schoop , 1983</b> 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
<b>Hess , 1985</b> 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>			
<b>Hess (2) , 1985</b> 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
<b>Schoop (2) , 1983</b> n=100/100 follow-up:	Aspirine Dipyridamole 990 mg / j 225 mg / j versus Placebo	AOMI stade non prcis	Parallel groups double blind
<b>VA study , 1986</b> 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>			
<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 annes 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>			

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</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
<b>ticlopidine vs placebo</b>			
<b>Ellis , 1986</b> n=100/103 follow-up: 6 months	Ticlopidine 500 mg/j versus Placebo	AOMI stade II	Parallel groups double blind
<b>Hurlow , 1980</b> n=30/30 follow-up:	Ticlopidine : 100 -500 mg / jour pendant 2 mois. versus Placebo	Donnes non disponibles	Parallel groups double blind
<b>Krause , 1980</b> n=19/19 follow-up:	Ticlopidine : 500 mg pendant 4 mois versus Placebo	Donnes non disponibles	Parallel groups double blind
<b>Katsumara , 1982</b> 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
<b>Aukland , 1982</b> 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
<b>Stiegler , 1984</b> n=57/57 follow-up:	Ticlopidine 500 mg/j versus Placebo	AOMI stade II	Parallel groups double blind

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Cloarec , 1986</b> n=66/66 follow-up: 1 y	Ticlopidine 500 mg/j versus Placebo	AOMI stade non prcis	Parallel groups double blind
<b>Arcan , 1988</b> 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
<b>Balsano , 1989</b> n=76/75 follow-up: 21 months	Ticlopidine 500 mg/j versus Placebo	patients with intermittent claudication (stade II)	Parallel groups double blind
<b>STIMS , 1990</b> n=346/341 follow-up: 5.6 y	Ticlopidine 500 mg/j versus Placebo	patients with intermittent claudication (stade II)	Parallel groups double blind
<b>EMATAP , 1993</b> n=304/311 follow-up:	Ticlopidine 500 mg/j versus Placebo	AOMI stade non prcis	Parallel groups double blind
<b>clopidogrel vs aspirin</b>			
<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

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## **2 About TrialResults-center.org**

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