

# Clinical trials of niacin for cardiovascular prevention in all type of patients

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## 1 niacin

Trial	Treatments	Patients	Trials design and methods
<b>niacin vs control</b>			
VA drugs , 1968 n=77/143 follow-up: 3.2 years	-	-	Parallel groups double blind
<b>niacin vs placebo</b>			
CDP niacin , 1975 n=1119/2789 follow-up: 6.2 years	niacin 3 mg/d versus placebo	Hommes, de 30 64 ans	Parallel groups double blind
<b>niacin vs ezetimibe</b>			
ARBITER 6-HALTS (niacin vs ezetimibe) , 2009 [NCT00397657] n=97/111 follow-up: 14 months	extended-release niacin 1 g/d, titrated to max tolerable dose up to 2 g/d (HDL-focused strategy) versus ezetimibe 10 mg/d (LDL-focused strategy)	patients with known coronary or vascular disease or coronary risk equivalents	Parallel groups open US

## References

### VA drugs, 1968:

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### CDP niacin, 1975:

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### ARBITER 6-HALTS (niacin vs ezetimibe), 2009:

Taylor AJ, Villines TC, Stanek EJ, Devine PJ, Griffen L, Miller M, Weissman NJ, Turco M Extended-release niacin or ezetimibe and carotid intima-media thickness. N Engl J Med 2009 Nov 26;361:2113-22 [19915217]

Villines TC, Stanek EJ, Devine PJ, Turco M, Miller M, Weissman NJ, Griffen L, Taylor AJ The ARBITER 6-HALTS Trial (Arterial Biology for the Investigation of the Treatment Effects of Reducing Cholesterol 6-HDL and LDL Treatment Strategies in Atherosclerosis) Final Results and the Impact of Medication Adherence, Dose, and Treatment Duration. J Am Coll Cardiol 2010 Apr 8;; [20399059] 10.1016/j.jacc.2010.03.017

## 2 niacin (on top statin)

Trial	Treatments	Patients	Trials design and methods
<b>niacin vs placebo (on top statin)</b>			

continued...

Trial	Treatments	Patients	Trials design and methods
<b>AIM-HIGH , 2011</b> [NCT00120289] n=1718/1691 follow-up: 32 months	high-dose, extended-release niacin in gradually increasing doses up to 2000 mg daily (+ simvastatin) versus placebo	patients with a history of cardiovascular disease, high triglycerides, and low levels of HDL cholesterol	Parallel groups double blind US, Canada
<b>HPS 2-Thrive</b> [NCT00461630] n=12838/12835 follow-up: 3.9y (median)	2 g of extended-release niacin and 40 mg of laropiprant versus placebo	patients with vascular disease	Parallel groups double blind UK, Scandinavia, China
<b>Oxford Niaspan Study , 2009</b> [NCT00232531] n=35/36 follow-up: 1 year	niacin 2g daily (added to statin therapy) versus placebo (statins alone)	patients with low HDL-C (<40 mg/dl) and either a type 2 diabetes with coronary heart disease or a carotid/peripheral atherosclerosis	Parallel groups double blind USA
<b>ARBITER 2 , 2009</b> n=87/80 follow-up: 1 y	long-acting niacin target dose of 1 g/day (added to statin therapy) versus placebo	patients with known coronary artery disease and well controlled on statin therapy	Parallel groups double blind USA
<b>HATS , 2001</b> n=73/73 follow-up: 3 y	simvastatin plus niacin versus placebo	patients with coronary disease, low HDL cholesterol levels and normal LDL cholesterol levels	Factorial plan double blind USA, Canada

## References

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Boden WE, Probstfield JL, Anderson T, Chaitman BR, Desvignes-Nickens P, Koprowicz K, McBride R, Teo K, Weintraub W Niacin in patients with low HDL cholesterol levels receiving intensive statin therapy. *N Engl J Med* 2011;365:2255-67 [22085343] [10.1056/NEJMoa1107579](https://doi.org/10.1056/NEJMoa1107579)

### HPS 2-Thrive, :

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### HATS, 2001:

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## 3 niacin in association

Trial	Treatments	Patients	Trials design and methods
<b>niacin+colestipol vs control</b>			
UCSF SCOR , 1990 n=72 follow-up: 26 months	Niacin 07.5 g colestipol 1520 g versus Conventional therapy	patients with heterozygous familial hypercholesterolemia	
<b>niacin+colestipol vs placebo</b>			
FATS , 1990 n=48/54 follow-up: 2.5 years	niacin (1 g four times a day) and colestipol (10 g three times a day) versus placebo (or colestipol if the low-density lipoprotein [LDL] cholesterol level was elevated)	men no more than 62 years of age with apolipoprotein B levels greater than or equal to 125 mg per deciliter, documented coronary artery disease, and a family history of vascular disease	Parallel groups double-blind
<b>strategy to increase HDL cholesterol vs placebo</b>			
AFREGS , 2005 n=143 follow-up: 30 months	Niacin 0.253 g gemfibrozil 1.2 g cholestyramine 2 g versus placebo	military retirees younger than 76 years of age with low HDL cholesterol levels and angiographically evident coronary disease	Parallel groups double-blind
<b>niacin+ezetimibe vs simvastatin+ezetimibe</b>			
Guyton , 2008 n=NA follow-up: 24 weeks	Niacin 2 g ezetimibe 10 mg simvastatin 20 mg versus Ezetimibe 10 mg simvastatin 20 mg	patients with type IIa or IIb hyperlipidemia	Parallel groups double-blind

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### Guyton, 2008:

Guyton JR, Brown BG, Fazio S, Polis A, Tomassini JE, Tershakovec AM Lipid-altering efficacy and safety of ezetimibe/simvastatin coadministered with extended-release niacin in patients with type IIa or type IIb hyperlipidemia. J Am Coll Cardiol 2008;51:1564-72 [18420099] 10.1016/j.jacc.2008.03.003

## 4 other cholesterol lowering drugs

Trial	Treatments	Patients	Trials design and methods
<b>clofibtate+niacin vs placebo</b>			

continued...

Trial	Treatments	Patients	Trials design and methods
<b>Carlson (Stockholm) , 1977</b> n=279/276 follow-up: 5 years	clofibrate, 1 g twice daily, and nicotinic acid 1 g three times daily versus control	survivors of a myocardial infarction below 70 years of age	Parallel groups open Sweden
<b>colestipol-niacin vs placebo</b>			
<b>CLAS , 1987</b> n=NA follow-up: 65279;2 years	colestipol + niacin versus placebo	nonsmoking men aged 40 to 59 years with previous coronary bypass surgery	Parallel groups double blind

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Blankenhorn DH, Johnson RL, Nessim SA, Azen SP, Sanmarco ME, Selzer RH The Cholesterol Lowering Atherosclerosis Study (CLAS): design, methods, and baseline results. *Control Clin Trials* 1987;8:356-87 [3327654]

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## 5 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.