

# Clinical trials of prevention for atrial fibrillation in patient with history of atrial fibrillation

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## 1 angiotensin receptor blocker

Trial	Treatments	Patients	Trials design and methods
<b>irbesartan vs control</b>			
<b>Madrid , 2002</b> n=79/75 follow-up: 254 d (range 60-710)	irbesartan versus control	atrial fibrillation	Parallel groups open
<b>candesartan vs placebo</b>			
<b>CAPRAF (Tveit) , 2007</b> [NCT00130975] n=86/85 follow-up: 6 months	candesartan 8 mg once daily for 3-6 weeks before and candesartan 16 mg once daily for 6 months after electrical cardioversion versus placebo	patients undergoing electrical cardioversion for persistent AF	Parallel groups double blind
<b>irbesartan vs placebo</b>			
<b>ACTIVE I , 2009</b> [NCT00249795] n=4518/4498 follow-up: 4.1 years	irbesartan 300mg once daily versus placebo	patients with atrial fibrillation and with a systolic blood pressure of at least 110 mmHg associated with at least one major risk of vascular events	Factorial plan double blind
<b>olmesartan vs placebo</b>			
<b>ANTIPAF ongoing</b> [NCT00098137] n=214/211 follow-up: 12 months	olmesartan 40mg daily versus placebo	patients with paroxysmal atrial fibrillation	Parallel groups double blind germany
<b>valsartan vs placebo</b>			
<b>GISSI-AF (Disertori) , 2009</b> [NCT00376272] n=722/720 follow-up: 1 year	valsartan versus placebo	patients in sinus rhythm but with either two or more documented episodes of atrial fibrillation in the previous 6 months or successful cardioversion for atrial fibrillation in the previous 2 weeks and with underlying cardiovascular disease, diabetes, or left atrial enlargement	Parallel groups double blind

## References

### Madrid, 2002:

Madrid AH, Bueno MG, Rebollo JM, Marn I, Pea G, Bernal E, Rodriguez A, Cano L, Cano JM, Cabeza P, Moro C Use of irbesartan to maintain sinus rhythm in patients with long-lasting persistent atrial fibrillation: a prospective and randomized study. *Circulation* 2002;106:331-6 [[12119249](#)]

### CAPRAF (Tveit), 2007:

Tveit A, Grundvold I, Olufsen M, Seljeflot I, Abdelnoor M, Arnesen H, Smith P Candesartan in the prevention of relapsing atrial fibrillation. *Int J Cardiol* 2007;120:85-91 [17113170]

**ACTIVE I, 2009:**

Yusuf S, Healey JS, Pogue J, Chrolavicius S, Flather M, Hart RG, Hohnloser SH, Joyner CD, Pfeffer MA, Connolly SJ Irbesartan in patients with atrial fibrillation. *N Engl J Med* 2011;364:928-38 [21388310] 10.1056/NEJMoa1008816

Yusuf S, Healey JS, Pogue J, Chrolavicius S, Flather M, Hart RG, Hohnloser SH, Joyner CD, Pfeffer MA, Connolly SJ Irbesartan in patients with atrial fibrillation. *N Engl J Med* 2011 Mar 10;364:928-38 [21388310]

**ANTIPAF, :**

**GISSI-AF (Disertori), 2009:**

Disertori M, Latini R, Barlera S, Franzosi MG, Staszewsky L, Maggioni AP, Lucci D, Di Pasquale G, Tognoni G Valsartan for prevention of recurrent atrial fibrillation. *N Engl J Med* 2009 Apr 16;360:1606-17 [19369667]

## 2 CEI

Trial	Treatments	Patients	Trials design and methods
<b>enalapril vs control</b>			
Ueng , 2003 n=70/75 follow-up: 270 days (range 61-575d)	enalapril versus control	atrial fibrillation	Parallel groups open
<b>lisinopril vs placebo</b>			
Van den Burg , 1995 n=7/11 follow-up: 84 days	lisinopril versus placebo	atrial fibrillation, congestive heart failure	Parallel groups double blind
<b>ramipril vs placebo</b>			
Brown ongoing [NCT00141778] n=777 follow-up:	ramipril or spironolactone versus placebo	AF following CPB surgery	

## References

**Ueng, 2003:**

Ueng KC, Tsai TP, Yu WC, Tsai CF, Lin MC, Chan KC, Chen CY, Wu DJ, Lin CS, Chen SA Use of enalapril to facilitate sinus rhythm maintenance after external cardioversion of long-standing persistent atrial fibrillation. Results of a prospective and controlled study. *Eur Heart J* 2003;24:2090-8 [14643269]

**Van den Burg, 1995:**

Van Den Berg MP, Crijns HJ, Van Veldhuisen DJ, Griep N, De Kam PJ, Lie KI Effects of lisinopril in patients with heart failure and chronic atrial fibrillation. *J Card Fail* 1995;1:355-63 [12836710]

**Brown, :**

## 3 statins

Trial	Treatments	Patients	Trials design and methods
<b>atorvastatin vs control</b>			
Ozaydin , 2006 n=24/24 follow-up: 3 months	atorvastatin 10 mg versus standard therapy	Persistent AF and scheduled EC	open
<b>pravastatin vs control</b>			
Tveit , 2004 n=51/51 follow-up: 65279;6 weeks	pravastatin65279; 40 mg versus standard therapy	65279;AF >48 h and scheduled EC	
<b>atorvastatin vs placebo</b>			
Almroth , 2009 n=118/116 follow-up:	atorvastatin 80 mg daily versus placebo	patients with persistent atrial fibrillation undergoing electrical cardioversion	Parallel groups double blind Sweden
MIRACL (sub-group) (Schwartz) , 2004 n=118/108 follow-up: 16 weeks	atorvastatin 80 mg versus placebo	Acute coronary syndrome	double blind
Dernellis , 2006 n=40/40 follow-up: 46 months	atorvastatin 2040 mg versus placebo	Paroxysmal AF with CRP between 0.8 and 13 mg/L	NA
STOP-AF <i>ongoing</i> [NCT00252967] n=NA follow-up:	atorvastatin 80mg daily versus placebo	-	double blind

## References

### Ozaydin, 2006:

Ozaydin M, Varol E, Aslan SM, Kucuktepe Z, Dogan A, Ozturk M, Altinbas A Effect of atorvastatin on the recurrence rates of atrial fibrillation after electrical cardioversion. Am J Cardiol 2006;97:1490-3 [16679090] [10.1016/j.amjcard.2005.11.082](https://doi.org/10.1016/j.amjcard.2005.11.082)

### Tveit, 2004:

Tveit A, Grundtvig M, Gundersen T, Vanberg P, Semb AG, Holt E, Gullestad L Analysis of pravastatin to prevent recurrence of atrial fibrillation after electrical cardioversion. Am J Cardiol 2004;93:780-2 [15019894] [10.1016/j.amjcard.2003.12.009](https://doi.org/10.1016/j.amjcard.2003.12.009)

### Almroth, 2009:

Almroth H, Hglund N, Boman K, Englund A, Jensen S, Kjellman B, Tornvall P, Rosenqvist M Atorvastatin and persistent atrial fibrillation following cardioversion: a randomized placebo-controlled multicentre study. Eur Heart J 2009;30:827-33 [19202157]

### MIRACL (sub-group) (Schwartz), 2004:

### Dernellis, 2006:

### STOP-AF, :

## 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.

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