

# Clinical trials of angiotensin-Converting Enzyme Inhibitors for heart failure in all type of heart failure

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## 1 Angiotensin-Converting Enzyme Inhibitors

Trial	Treatments	Patients	Trials design and methods
<b>vs control</b>			
Uprichard-a , 1994 <i>unpublished</i> n=114/110 follow-up:	-	-	
Uprichard-b , 1994 <i>unpublished</i> n=105/103 follow-up:	-	-	
Uprichard-c , 1994 <i>unpublished</i> n=139/47 follow-up:	-	-	
<b>benazepril vs control</b>			
McGany , 1991 <i>unpublished</i> n=29/32 follow-up:	-	-	
<b>enalapril vs control</b>			
Enalapril CHF investigators , 1987 n=126/130 follow-up:	-	-	
Rucinska-a (enalapril) , 1991 <i>unpublished</i> n=67/65 follow-up:	-	-	
Rucinska-b (enalapril) , 1991 <i>unpublished</i> n=55/55 follow-up:	-	-	
<b>lisinopril vs control</b>			
Giles , 1990 n=130/63 follow-up:	-	-	

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Trial	Treatments	Patients	Trials design and methods
Rucinska-c (lisinopril) <i>unpublished</i> n=28/30 follow-up:	-	-	
Zwehl , 1990 n=183/92 follow-up:	-	-	
<b>ramipril vs control</b>			
Swedberg , 1991 n=115/108 follow-up:	-	-	
<b>vs placebo</b>			
Northridge , 1991 n=32/32 follow-up: 8 weeks	quinapril 20mg/d versus placebo	patient with mild heart failure	Cross over double blind
Nussberger , 1994 n=55 follow-up: 12 weeks	quinapril (2.5, 5 or 10 mg b.i.d.) versus placebo	patients with moderate heart failure (ejection fraction <or = 35% )	Parallel groups double blind Switzerland, Germany
Quinapril Heart Failure Trial Investigators , 1993 n=114/110 follow-up: 16 weeks	quinapril versus placebo	patients with New York Heart Association class II or III heart failure	Parallel groups double blind
Rieger , 1991 n=225 follow-up: 12 weeks	quinapril 10, 20, or 40 mg/d versus placebo	patients with mild to moderate heart failure	double blind
Riegger , 1990 n=169/56 follow-up: 12 weeks	quinapril (5mg bid, 10 mg bid, 20mg bid) versus placebo	patients with mild to moderate congestive heart failure (CHF) due to arterial hypertension and ischemic heart disease	double-blind
<b>benazepril vs placebo</b>			
Colfer , 1992 n=114/58 follow-up: 12-week	benazepril titrated up to 20mg daily versus placebo	Patients with chronic New York Heart Association class II to IV symptoms of CHF and an ejection fraction by radionuclide scanning of less than or equal to 35%	double blind US
<b>captopril vs placebo</b>			
Barabino , 1991 n=52/49 follow-up: 6 months	captopril (37.5-75 mg/day) versus placebo	old patients (>75y) under treatment with digitalis and/or diuretics	double blind
Bussmann , 1987 n=12/11 follow-up: 6 months	captopril versus placebo	patients with severe heart failure (NYHA classes III and IV) on treatment with digitalis and diuretics	Parallel groups double blind
Captopril Digoxin Multicenter Research Group , 1988 n=104/100 follow-up:	captopril versus placebo	patients with mild to moderate heart failure	double blind

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Cilazapril-Captopril Multi-centre Group (capt vs pbo) , 1995</b> n=108/114 follow-up: 12 weeks	cilazapril 1-2.5 mg once daily versus placebo	patients with chronic heart failure (New York Heart Association classes II-IV)	Parallel groups double blind
<b>CMRG , 1983</b> n=50/42 follow-up: 12 weeks	captopril versus placebo	patients with heart failure refractory to digitalis and diuretic therapy	double blind
<b>Magnani , 1986</b> n=48/46 follow-up: 1 year	captopril 25 mg t.i.d. versus placebo	patients on digitalis treatment for chronic congestive heart failure (NYHA class II-III)	double blind
<b>Magnani , 1990</b> n=16/16 follow-up:	captopril versus placebo	patients with congestive heart failure	Cross over double blind
<b>Munich MHFT (Kleber) , 1992</b> n=83/87 follow-up: 2.7y (median)	captopril 25 mg twice a day versus placebo	patients with congestive heart failure New York Heart Association (NYHA) functional class I-III on standard treatment	Parallel groups Double blind Germany
<b>cilazapril vs placebo</b>			
<b>Cilazapril-Captopril Multi-centre Group , 1995</b> n=221/114 follow-up: 12 weeks	cilazapril 1-2.5 mg once daily versus placebo	patients with chronic heart failure (New York Heart Association classes II-IV)	Parallel groups double blind
<b>Dosseger , 1993</b> n=7/35 follow-up: 12 weeks	cilazapril titrated up to 2.5 mg/d versus placebo	patients with chronic heart failure (NYHA class II to IV) stabilized on digitalis and/or diuretics	double blind
<b>Drexler , 1989</b> n=11/10 follow-up: 3 months	cilazapril versus placebo	patients with chronic heart failure	double blind
<b>enalapril vs placebo</b>			
<b>CASSIS (enalapril) , 1995</b> n=48/48 follow-up: 12 weeks	enalapril 5-10mg daily versus placebo	patients with chronic congestive heart failure of NYHA classes II-IV	Parallel groups double blind
<b>Chrysant , 1985</b> n=NA follow-up: 14 weeks	enalapril versus placebo	patients with congestive heart failure (CHF), New York Heart Association class II-III	double blind
<b>Cleland , 1985</b> n=10/10 follow-up: 8 weeks	enalapril titrated up to 40mg once daily versus placebo	patients with New York Heart Association functional class II to IV heart failure who were clinically stable on digoxin and diuretic therapy	Cross over double blind
<b>CONSENSUS , 1987</b> n=127/126 follow-up: 188 days	enalapril (2.5 to 40 mg per day) versus placebo	severe congestive heart failure (New York Heart Association [NYHA] functional class IV)	Parallel groups double blind Finland, Sweden, Norway

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
Dickstein , 1991 n=20/21 follow-up: 48 weeks	enalapril versus placebo	men with symptomatic heart failure (functional class II or III) and documented myocardial infarction greater than 6 months previously	double blind
McGrath , 1985 n=13/12 follow-up: 12 week	enalapril versus placebo	patients with chronic congestive cardiac failure	double blind
Sharpe , 1984 n=18/18 follow-up: 3 months	enalapril 5mg twice day versus placebo	patients with New York Heart Association functional class II to III heart failure who were clinically stable on digoxin and diuretic therapy	double blind
SOLVD prevention , 1992 [NCT00000516] n=2111/2117 follow-up: 3.1 y	Enalapril initial dose 25 or 5 mg twice daily up to 10 mg twice daily versus placebo	MI >1 month, No treatment for CHF, LVEF <=35%	Parallel groups double blind
SOLVD treatment , 1991 [NCT00000516] n=1285/1284 follow-up: 3.5 y	Enalapril initial dose 25 or 5 mg twice daily up to 10 mg twice daily versus placebo	MI >1 month, Congestive HF, LVEF <=35%	Parallel groups Double blind
<b>fosinopril vs placebo</b>			
Brown , 1995 n=116/125 follow-up: 24 weeks	fosinopril 10 or 20 mg/day versus placebo	patients with chronic congestive heart failure (NYHA II-III) not taking digitalis	double blind
FEST (Erhardt) , 1996 n=155/153 follow-up: 12 weeks	fosinopril 40 mg once daily titrated versus placebo	patients with mild to moderately severe heart failure (NYHA II-III)	double blind
<b>lisinopril vs placebo</b>			
Gilbert , 1993 n=14/14 follow-up: 12 weeks	lisinopril versus placebo	subjects with heart failure	Cross over double blind
International Study Group (Lewis) , 1989 n=87/43 follow-up: 12 weeks	lisinopril titrated up to 10mg daily versus placebo	patients with congestive heart failure NYHA II-IV	Parallel groups double blind New Zealand
<b>perindopril vs placebo</b>			
Lechat , 1993 n=61/64 follow-up: 3-month	perindopril, 2 mg once daily versus placebo	patients with grade II or III New York Heart Association chronic congestive heart failure on baseline diuretic therapy	double blind
PEP CHF , 2006 n=424/426 follow-up: 26.2 months (range 12-54.2m)	perindopril, 4 mg/day versus placebo	patients aged >=70 years with a diagnosis of heart failure, treated with diuretics and an echocardiogram suggesting diastolic dysfunction and excluding substantial LV systolic dysfunction or valve disease	Parallel groups double blind Europe

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>ramipril vs placebo</b>			
Gordon , 1991 <i>unpublished</i> n=94/98 follow-up: 12 weeks	ramipril 10mg/d versus placebo	patients with herat failure and LVFE<=35%	Parallel groups double blind USA
Gundersen , 1994 n=104/91 follow-up: 12 weeks	ramipril titrated from 1.25 mg to a maximum of 10 mg once daily versus placebo	patients with NYHA II-III CHF, LVFE<=40% and size of the heart >600ml/m2 for mean or >550ml/m2 for women	Parallel groups double blind four Nordic countries
Lemarie , 1992 <i>unpublished</i> n=42/43 follow-up: 24 weeks	ramipril 2.5mg twice daily versus placebo	patient with NYHA II-III heart failure	Parallel groups double blind France
Maass-a , 1991 <i>unpublished</i> n=87/45 follow-up:	ramipril versus placebo	patients with heart failure	
Maass-b , 1991 <i>unpublished</i> n=329/171 follow-up: 12 weeks	ramipril 5 or 10 mg once daily versus placebo	patient with NYHA II-III heart failure and LVFE<=40%	Parallel groups double blind Europe
Maass-c , 1991 <i>unpublished</i> n=47/48 follow-up: 12 weeks	ramipril 10mg once daily versus placebo	patient with heart failure with LVFE<=35%	Parallel groups double blind
<b>spirapril vs placebo</b>			
CASSIS (spirapril) , 1995 n=-948/48 follow-up: 12 weeks	spirapril 1.5 mg, 3 mg, 6 mg daily versus placebo	patients with chronic congestive heart failure of NYHA classes II-IV	Parallel groups double blind
<b>trandolapril vs placebo</b>			
Hampton , 1998 n=144/148 follow-up: 16 weeks	trandolapril titrated up to 4mg/d versus placebo	patients with moderate (New York Heart Association Grades II and III) heart failure	double blind
<b>cilazapril vs captopril</b>			
Cilazapril-Captopril Multi-centre Group (cila vs capt) , 1995 n=221/108 follow-up: 12 weeks	cilazapril 1-2.5 mg once daily versus captopril 25-50mg three times daily	patients with chronic heart failure (New York Heart Association classes II-IV)	Parallel groups double blind
<b>captopril vs enalapril</b>			
packer , 1986 n=21/21 follow-up: 1-3 months	captopril 150 mg/d versus enalapril 40mg/d	patient with severe chronic heart failure	Parallel groups open
<b>enalapril vs enalapril</b>			

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>NETWORK (2.5 bid vs 10 bid) , 1998</b> n=506/516 follow-up: 6 months	enalapril 2.5 mg twice daily versus enalapril 10 mg twice daily	patients with NYHA II-IV heart failure	Parallel groups double blind UK
<b>NETWORK (5 bid vs 10 bid) , 1998</b> n=510/516 follow-up: 6 months	enalapril 5 mg twice daily versus enalapril 10 mg twice daily	patients with NYHA II-IV heart failure	Parallel groups double blind UK
<b>enalapril vs hydralazine+ISDN</b>			
<b>V-HeFT II , 1991</b> n=403/401 follow-up: 2.5y (range 0.5-5.7y)	enalapril 20mg daily versus hydralazine 300 mg plus isosorbide dinitrate 160 mg daily	men with chronic congestive heart failure and cardiac dilatation (CT ratio>0.55) or LVEF <45% in association with reduced exercise tolerance and diuretic therapy	Parallel groups double blind
<b>lisinopril vs lisinopril</b>			
<b>ATLAS , 1999</b> n=1596/1568 follow-up: 39 to 58 months	lisinopril low dose 2.5-5 mg daily versus lisinopril high dose 32.5-35 mg daily	patients with New York Heart Association class II to IV heart failure and an ejection fraction <=30%	Parallel groups double blind 19 countries

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## 2 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.