Clinical trials of beta-blockers for heart failure in all type of heart failure

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1 beta-blockers

Trial	Treatments	Patients	Trials design and methods
bisoprolol vs placebo			
CIBIS , 1994 n=320/321 follow-up: 1.9 years (range 4-44 mo)	bisoprolol 5mg/d versus placebo	stable chronic idiopathic dilated cardiomyopathy heart failure NYHA 3-4, EF<40%	Parallel groups Double blind 9 european countries
CIBIS II , 1999 n=1327/1320 follow-up: 1.3 years	Bisoprolol target dose 10mg/daily versus control	chronic herat failure, ejection fraction<=35% , NYHA 3-4	Parallel groups Double blind western and eastern europe
bucindolol vs placebo			
Pollock , 1990 n=12/7 follow-up: 3 months	bucindolol target dose 100mg twice daily versus placebo	Patienst with stable, chronic heart failure with a dilated cardiomyopathy due to ischemic or isopathic causes	Parallel groups Double blind US
Woodley , 1991 n=29/29 follow-up: 3 mo	bucindolol versus placebo	NYHA 2-3, IDC/CAD	
Bristow , 1994 n=105/34 follow-up: 3 mo	bucindolol versus placebo	NYHA 2-3, IDC	
BEST , 2001 [NCT00000560] n=1354/1354 follow-up: 2 years	bucindolol titrated to 50mg txice daily versus placebo	patients with heart failure NYHA class III or IV and a left ventricular ejection fraction of 35 percent or lower	Parallel groups Double blind US, Canada
carvedilol vs placebo			
ANZ-HeFT , 1997 n=207/208 follow-up: 19 mo (range 18-24 mo)	carvedilol target dose 25mg twice daily versus placebo	chronic stable heart failure, NYHA 1-3	Parallel groups Double blind Australia & New Zealand
Parker , 1996 n=696/398 follow-up: 6.5 mo (1 day - 15.1 mo)	carvediloltarget dose 25 mg twice daily versus placebo	patients with heart failure and ejection fraction<0.35	Parallel groups Double blind US
Metra , 1994 n=20/20 follow-up: 4 mo	carvedilol versus placebo	NYHA 2-3, IDC	

continued...

Trial	Treatments	Patients	Trials design and methods
Olsen , 1995 n=36/23 follow-up: 4 mo	carvedilol versus placebo	NYHA 2-4, IDC/CAD	
Krum , 1995 n=33/16 follow-up: 3.5 mo	carvedilol 25 mg twice daily during 14 weeks versus placebo	Patients with advanced heart failure(NYHA 3-4), EF <=0.35	
Bristow (MOCHA) , 1996 n=261/84 follow-up: 6.5-8 mo	carvedilol versus placebo	NYHA 2-4, IDC/CAD	Parallel groups Double blind
Colucci , 1996 n=232/134 follow-up: 213 days (0.6 years)	carvedilol versus placebo	mild symptomatic heart failure; ejection fraction<=0.35; 6-minute walk test of 450-550m; on optimal standard therapy including ACE inhibitors	Parallel groups Double blind US
Cohn , 1997 n=70/35 follow-up: <8 mo	carvedilol versus placebo	NYHA 3-4, IDC/CAD	
CAPRICORN , 2001 n=975/984 follow-up: 1.3 years	carvedilol target dose 25mg twice daily versus placebo	proven acute myocardial infarction and a left-ventricular ejection fraction of <=40%	Parallel groups Double blind 17 countries
COPERNICUS , 2002 n=1156/1133 follow-up: 10.4 months	carvedilol traget dose of 25 mg twice daily versus placebo	patients with symptoms of heart failure at rest or on minimal exertion and with an ejection fraction <25% (but not volume-overloaded)	Parallel groups Double blind worldwide (21 countries)
metoprolol vs placebo			
Engelmeier , 1985 n=9/16 follow-up: 12 mo	metoprolol versus placebo	NYHA 2-4, IDC	
MDC (Waagstein) , 1993 n=194/189 follow-up: 18 months	metoprolol target dose 100-150 mg daily (dose divided into two or three per day) versus placebo	patient with heart failure due to idiopathic dilated cardiomyopathy (NYHA 1-3) and EF<40%	Parallel groups Double blind Europe, North America
Fisher , 1994 n=25/25 follow-up: 6 mo	metoprolol versus placebo	NYHA 3-4, CAD	
Eichhorn , 1994 n=15/9 follow-up: 3 mo	metoprolol versus placebo	NYHA 2-3, IDC	
MERIT-HF , 1999 n=1990/2001 follow-up: 1 y	metoprolol CR/XL at target dose of 200 mg once daily versus placebo	patients with chronic heart failure in New York Heart Association (NYHA) functional class IIIV and with ejection fraction of 040 or less, stabilised with optimum standard therapy	Parallel groups Double blind USA and Europe

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Trial	Treatments	Patients	Trials design and methods
RESOLVD , 2000 n=214/212 follow-up: 6 mo	metoprolol CR 200 mg/d versus placebo	CHF of mixed causes, patients with symptomatic CHF(NYHA II to IV), a 6-minute walk distance of <500 m, and an LV ejection fraction (EF) of<40%	Parallel groups Double aveugle
Nebivolol vs placebo			
Lechat , 1991 n=6/6 follow-up: 1.5 month	nebivolol 5mg/d versus placebo	NYHA 3-4	Parallel groups Double aveugle France
Wisenbaugh , 1993 n=11/13 follow-up: 3 mo	nebivolol versus placebo	patients with dilated idiopathic or ischemic cardiomyopathy (ejection fraction 0.15 to 0.40) in stable NYHA class II or III	Parallel groups double blind
SENIORS , 2005 n=1067/1061 follow-up: 21 months	nebivolol (titrated from 1.25 mg once daily to 10 mg once daily) versus placebo	patients aged 70 years with a history of heart failure (hospital admission for heart failure within the previous year or known ejection fraction 35%),	Parallel groups Double blind Europe
carvedilol vs enalapril			
CARMEN (carvedilol alone) , 2004 n=191/190 follow-up: 18 months	carvedilol (target 25 mg bid) versus enalapril (target 10 mg bid)	patients with mild heart failure	ND
carvedilol+enalapril vs enalapril			
CARMEN (carvedilol+enalapril) , 2004 *ongoing* n=191/190 follow-up: 18 months	carvedilol (target 25 mg bid) + enalapril (target 10 mg bid) versus enalapril (target 10 mg bid)	patients with mild heart failure	NA
carvedilol vs metoprolol			
COMET , 2003 n=1511/1518 follow-up: 4.83 years	carvedilol (target dose 25 mg twice daily) versus metoprolol tartrate target dose 50 mg twice daily	chronic heart failure (NYHA IIIV) with a previous admission for a cardiovascular reason and ejection fraction of less than 035, and have been treated optimally with diuretics and angiotensinconverting enzyme inhibitors unless not tolerated.	Parallel groups Double blind 15 European 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.

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