

# Clinical trials of statins for heart failure in all type of patients

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## 1 statins

Trial	Treatments	Patients	Trials design and methods
<b>atorvastatin vs control</b>			
Wojnicz , 2006 n=36/38 follow-up: 6 months	atorvastatin 40 mg/day versus conventional treatment for heart failure	patients with inflammatory dilated cardiomyopathy (DC) (positive immunohistochemistry results on endomyocardial biopsy)	Parallel groups open
Yamada , 2007 n=19/19 follow-up: mean 2.58y	atorvastatin 10 mg/d versus standard treatment	outpatients with mild to moderate CHF and radionuclide left ventricular ejection fraction (LVEF) <40%	Parallel groups
<b>simvastatin vs control</b>			
Hong , 2005 n=106/96 follow-up: 1 year	simvastatin versus no treatment	patients with ischemic heart failure who underwent percutaneous coronary intervention (PCI) for acute myocardial infarction (left ventricular [LV] ejection fraction <40% )	Parallel groups open
<b>atorvastatin vs placebo</b>			
Strey , 2005 n=24/24 follow-up: 6 weeks	atorvastatin 40mg versus placebo	patients with stable, symptomatic heart failure (New York Heart Association Class II or III) and a left ventricular ejection fraction <40%	Cross over
Sola , 2006 n=54/54 follow-up: 1y	atorvastatin 20 mg/day versus placebo	patients with nonischemic HF and a left ventricular ejection fraction (LVEF) <=35%	Parallel groups double blind
<b>cerivastatin vs placebo</b>			
Laufs , 2004 n=8/7 follow-up: mean 20 weeks	cerivastatin 0.4 mg versus placebo	patients with heart failure NYHA II-III caused by non-ischemic dilated cardiomyopathy	Parallel groups double blind
<b>rosuvastatin vs placebo</b>			
CORONA , 2007 [NCT00206310] n=2514/2497 follow-up: 32.9 months median	rosuvastatin 10mg/d versus placebo	patients at least 60 years of age with NYHA class II, III, or IV ischemic, systolic heart failure	Parallel groups double blind
Krum , 2007 n=40/46 follow-up: 6 months	rosuvastatine 40mg/d versus placebo	patients with systolic (LVEF<40% ) CHF of ischemic or nonischemic etiology	Parallel groups double blind Australia

continued...

Trial	Treatments	Patients	Trials design and methods
<b>GISSI-HF rosuvastatine , 2008</b> [NCT00336336] n=2314/2317 follow-up: 3.9y median (IQR 3-4.4)	low-dose rosuvastatin 10 mg daily versus placebo	Patients with NYHA classes II to IV heart failure, whatever the cause and the LVEF and already receiving optimized recommended therapy with no clear indication or contraindication to cholesterol-lowering therapy	Parallel groups double blind Italy
<b>simvastatin vs placebo</b>			
<b>Node , 2003</b> n=24/27 follow-up:	simvastatin 10mg/d versus placebo	patients with symptomatic, nonischemic, dilated cardiomyopathy	
<b>simvastatin vs ezetimibe</b>			
<b>Landmesser , 2005</b> n=10/10 follow-up:	simvastatin 10mg/d versus ezetimibe 10mg/d	patients with chronic heart failure	

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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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