# Hormone replacement therapy and cardiovascular disease: influence of oestrogen replacement therapy on chest pain

Submission date	Recruitment status	Prospectively registered
23/01/2004	No longer recruiting	[_] Protocol
Registration date	Overall study status	[] Statistical analysis plan
23/01/2004	Completed	[_] Results
Last Edited	Condition category	Individual participant data
24/10/2019	Circulatory System	[] Record updated in last year

### Plain English summary of protocol

Not provided at time of registration

### Contact information

Type(s) Scientific

Contact name Dr J McLenachan

### **Contact details**

Leeds General Infirmary Department of Cardiology Great George Street Leeds United Kingdom LS1 3EX +44 (0)113 2926476 Jim.McLenachan@leedsth.nhs.uk

# Additional identifiers

EudraCT/CTIS number

**IRAS number** 

ClinicalTrials.gov number

Secondary identifying numbers

## Study information

#### Scientific Title

Hormone replacement therapy and cardiovascular disease: influence of oestrogen replacement therapy on chest pain

#### **Study objectives**

Angina in post-menopausal women is a common clinical problem that is often underinvestigated and under-treated. While most women with angina have atherosclerotic coronary disease, many have angina with anatomically normal coronary arteries (so-called Syndrome X). Those women with angina and coronary artery disease have a high risk of major cardiovascular events including unstable angina, myocardial infarction and death. Indeed, recent evidence suggests that while coronary disease is declining in men, the incidence of major events continues to rise in women, and may equal that of men in less than two decades. Women with angiographically normal coronary arteries present a different problem; although they have a good prognosis, their symptoms do not respond well to conventional anti-angina therapy and their morbidity and hospital re-admission rate is high. Hormone replacement therapy (HRT) with oestrogen reduces the incidence of cardiac events in post-menopausal women by up to 50%, by mechanisms that have not been elucidated. Interest has recently focused on the functions of the innermost layer of the coronary artery, the coronary endothelium. In health, the endothelial cells cause the artery to dilate in response to a number of physical and chemical stimuli. This function, called endothelium-dependant vasodilation, is lost in the early phase of coronary atherosclerosis and may precipitate further vascular damage. In animal models, HRT given to oophorectomised females can restore normal endothelial function, and may retard the development of atherosclerosis. An analogous abnormality in the endothelial control of coronary blood flow has been identified in Syndrome X. In neither case has the effect of HRT on coronary artery responsiveness been studied in humans. Nor has there been investigation of the effect of HRT on symptoms (i.e. chest pain, exercise tolerance) in either women with or without coronary disease. We plan to assess the influence of HRT on coronary artery responses in postmenopausal women with angina, both with and without coronary artery disease, in an unblinded single angiographic study. Ischaemic heart disease accounts for 24% of all deaths in women aged between 55-74, being the largest single cause of death in this group. The potential benefit to the nation, in both health and financial terms, of more effective therapy and prevention of this burden of disease is great. This study aims to examine mechanisms by which HRT might prevent death and other major cardiovascular events, as well as exploring for the first time the therapeutic potential of HRT in the treatment of chest pain in with and without coronary artery disease. The information acquired may provide the basis for larger controlled trials of HRT as symptomatic and preventative therapy for heart disease in post-menopausal women.

#### Ethics approval required

Old ethics approval format

**Ethics approval(s)** Not provided at time of registration

**Study design** Randomised controlled trial

Primary study design

#### Interventional

**Secondary study design** Randomised controlled trial

**Study setting(s)** Not specified

#### **Study type(s)** Not Specified

Participant information sheet

Health condition(s) or problem(s) studied Cardiovascular diseases: heart disease

**Interventions** Not provided at time of registration

**Intervention Type** Other

**Phase** Not Applicable

**Primary outcome measure** Not provided at time of registration

**Secondary outcome measures** Not provided at time of registration

**Overall study start date** 08/01/1994

**Completion date** 30/09/1996

# Eligibility

**Key inclusion criteria** Post-menopausal women with angina

Participant type(s) Patient

Age group Not Specified

**Sex** Female **Target number of participants** Not provided at time of registration

**Key exclusion criteria** Not provided at time of registration

**Date of first enrolment** 08/01/1994

**Date of final enrolment** 30/09/1996

### Locations

**Countries of recruitment** England

United Kingdom

**Study participating centre Leeds General Infirmary** Leeds United Kingdom LS1 3EX

### Sponsor information

**Organisation** NHS R&D Regional Programme Register - Department of Health (UK)

#### Sponsor details

The Department of Health Richmond House 79 Whitehall London United Kingdom SW1A 2NL +44 (0)20 7307 2622 dhmail@doh.gsi.org.uk

Sponsor type

Government

### Website

http://www.doh.gov.uk

## Funder(s)

**Funder type** Government

**Funder Name** NHS Executive Northern and Yorkshire (UK)

### **Results and Publications**

**Publication and dissemination plan** Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

**IPD sharing plan summary** Not provided at time of registration