

Efficacy of ivabradine in combination with beta-blockers vs up-titration of beta-blockers in daily practice

Submission date 22/12/2017	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 24/01/2018	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 08/03/2018	Condition category Circulatory System	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Angina is chest pain that occurs when the blood supply to the muscles of the heart is restricted. It affects more than a hundred million patients in the world, and although treatments exist the disease is not always optimally controlled. Heart rate reduction is important part of treatment. This study compares the effectiveness and tolerability of the combination of beta-blockers with ivabradine versus increased dose of beta-blockers up to the maximum tolerated dose.

Who can participate?

Patients aged 18 and over with stable angina undergoing regular treatment with beta-blockers

What does the study involve?

Patients are randomly allocated to either standard therapy with increased dose of beta-blockers up to the maximum tolerated dose, or ivabradine is added to their current beta-blockers dose. There are five clinic visits: at the start of the study (Visit 0), 2 weeks (Visit 1), 4 weeks (Visit 2), 8 weeks (Visit 3) and 16 weeks (Visit 4).

What are the possible benefits and risks of participating?

The results of a previous study demonstrated the effectiveness and good tolerability of this combination. At the same time tolerability problems which could limit increasing the dose of beta-blockers are well known in clinical practice.

Where is the study run from?

Sechenov First Moscow State Medical University (Russia)

When is the study starting and how long is it expected to run for?

August 2008 to January 2011

Who is funding the study?

Servier Affaires Medicales (France)

Who is the main contact?

Prof. Glezer Maria

Contact information

Type(s)

Scientific

Contact name

Prof Glezer Maria

Contact details

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Additional identifiers

Protocol serial number

N/A

Study information

Scientific Title

Efficacy of ivabradine in combination with beta-blockers vs up-titration of beta-blockers in daily practice

Acronym

Control-2

Study objectives

Heart rate (HR) reduction is an integral part of anti-anginal therapy, but many patients do not reach the guidelines-recommended target of <60 bpm despite high use of beta-blockers (BB). Failure to up-titrate BB doses may be partly to blame. Randomised controlled studies showed that addition of ivabradine to a beta-blocker in patients with stable angina reduced angina symptoms and improved exercise capacity compared with beta-blocker alone. The larger experience in patients from daily practice will help to understanding about the broader potential for combination treatment with ivabradine and BBs.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval was obtained before recruitment of the first participants

Study design

Multicentre open randomised prospective study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Stable angina

Interventions

For this trial, there wasn't a central randomization procedure. Each investigator was provided with a table of randomization. Consecutive patients were allocated to standard therapy with BB up-titration to the maximal tolerated dose or ivabradine was added to their current BB dose, in a 1:4 ratio of patients. Up-titration of BB was carried out according to achieved resting HR and tolerability as, in contrast to heart failure, there is no recommended target dose or recommended BB molecule in treating stable angina, and thus a wide variety of agents and doses are commonly used. Five clinic visits were performed: baseline (Visit 0), 2 weeks (Visit 1), 4 weeks (Visit 2), 8 weeks (Visit 3) and 16 weeks (Visit 4).

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Ivabradine

Primary outcome(s)

Measured at baseline (Visit 0), 2 weeks (Visit 1), 4 weeks (Visit 2), 8 weeks (Visit 3) and 16 weeks (Visit 4):

1. Change in heart rate during the 16-week treatment period
2. Change in CCS class of angina
3. Number of angina attacks with standard therapy vs ivabradine
4. Proportion of patients who were angina-free between study visits
5. Patient self-reported health status, measured using the visual analogue scale (VAS)

Key secondary outcome(s)

There are no secondary outcome measures

Completion date

30/01/2011

Eligibility

Key inclusion criteria

1. Adult patients (≥ 18 years)
2. Documented angina of effort, Canadian Cardiovascular Society (CCS) class II-III, which has been

stable for at least three months, with ≥ 3 attacks per week

3. In sinus rhythm with HR ≥ 60 bpm

4. Undergoing regular treatment of stable angina with a BB in a dose which was below the maximum for angina treatment

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Chronic heart failure of NYHA class III-IV

2. Non-sinus rhythm

3. Blood pressure $>180/100$ mm Hg at rest

4. Treatment with verapamil or diltiazem

Date of first enrolment

02/11/2009

Date of final enrolment

30/12/2009

Locations

Countries of recruitment

Russian Federation

Study participating centre

Sechenov First Moscow State Medical University

Department of Preventive and Emergency Cardiology

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Moscow

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Sponsor information

Organisation

Servier Affaires Medicales

ROR

<https://ror.org/034e7c066>

Funder(s)

Funder type

Industry

Funder Name

Servier Affaires Medicales

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during the current study are not publicly available but are available from the corresponding author on reasonable request.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results			Yes	No
Results article	results	01/03/2018		Yes	No