

# Effect of statins on functional regulation of endothelial nitric oxide synthase (eNOS) in heart failure

<b>Submission date</b> 19/09/2008	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 27/10/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 09/06/2016	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

### Secondary identifying numbers

Sponsors ref: 07009GM-A

# Study information

## Scientific Title

Effect of 3-hydroxy-3-methylglutaryl coenzyme A (HMG CoA) reductase inhibition on endothelial dysfunction, bioavailability of tetrahydrobiopterin (BH4) and functional regulation of endothelial nitric oxide synthase (eNOS) in human heart failure

## Study objectives

Treatment with 3-hydroxy-3-methylglutaryl coenzyme A (HMG Co-A) reductase inhibitors in patients with heart failure will result in reduced uncoupling of endothelial nitric oxide synthase (eNOS), detected biochemically by increased production of nitric oxide and reduced production of free radicals and functionally by improved flow mediated dilatation of the brachial artery and changes in velocity time waveforms; and that these changes can be explained in part by detection of increased levels of tetrahydrobiopterin (BH4).

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Health and Social Care Research Ethics Committee 1, 28/10/2008, ref: 08/NIR01/74

## Study design

Parallel group double-blind randomised placebo-controlled trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Not specified

## Study type(s)

Treatment

## Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

## Health condition(s) or problem(s) studied

Heart failure with systolic dysfunction

## Interventions

Simvastatin 40 mg orally (or placebo) once a day (in the evening) will be administered for 6 weeks to each study participant.

## Intervention Type

Drug

**Phase**

Not Applicable

**Drug/device/biological/vaccine name(s)**

Simvastatin

**Primary outcome measure**

Changes in levels of superoxide, peroxynitrite, nitric oxide, tetrahydrobiopterin and brachial artery flow mediated dilatation and pulse contour analysis. Each outcome measure will be assessed at an initial visit, and then following randomisation and 6 weeks of treatment.

**Secondary outcome measures**

Changes in levels of markers of left ventricular (LV) dysfunction, adrenomedullin, N-terminal prohormone brain natriuretic peptide (NT proBNP) and intermedin. Each outcome measure will be assessed at an initial visit, and then following randomisation and 6 weeks of treatment.

**Overall study start date**

01/11/2008

**Completion date**

30/11/2011

**Eligibility****Key inclusion criteria**

1. Both males and females, over 18 years of age
2. Diagnosis of heart failure with an ejection fraction less than 35% determined by 2D echocardiography. Patients will be typically receiving maximal therapy for treatment of heart failure, including loop diuretics, angiotensin converting enzyme inhibitors or angiotensin receptor blockers, beta-blockers and spironolactone.
3. Patients must also be able to give informed consent, and to attend for follow up appointments

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

60

**Key exclusion criteria**

1. History of diabetes mellitus (fasting glucose greater than 7 mmol/L) or uncontrolled hypertension (blood pressure [BP] greater than 140/90 mmHg) or are receiving the

thienopyridine derivative clopidogrel

2. Abnormal liver function (defined as aspartate aminotransferase [AST] or alanine aminotransferase [ALT] greater than three times upper limit of normal) or have had a previous documented adverse reaction to statin therapy or hypersensitivity to simvastatin or any of the excipients

3. Pregnant or lactating

4. Any patient who has an adverse reaction to statin therapy following initiation of treatment

5. Patients taking potent CYP3A4 inhibitors (e.g. itraconazole, ketoconazole, human immunodeficiency virus [HIV] protease inhibitors, erythromycin, clarithromycin)

6. Patients taking cyclosporin, gemfibrozil or greater than 1 g/day niacin

**Date of first enrolment**

01/11/2008

**Date of final enrolment**

30/11/2011

## **Locations**

**Countries of recruitment**

Northern Ireland

United Kingdom

**Study participating centre**

**Department of Therapeutics and Pharmacology**

Belfast

United Kingdom

BT9 7BL

## **Sponsor information**

**Organisation**

Belfast Health and Social Care Trust (UK)

**Sponsor details**

Postgraduate Office

Belfast City Hospital

Lisburn Road

Belfast

Northern Ireland

United Kingdom

BT7 9AB

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.belfasttrust.hscni.net>

**ROR**

<https://ror.org/02tdmfk69>

## Funder(s)

**Funder type**

Government

**Funder Name**

Research and Development Office of the Central Services Agency, Northern Ireland (UK) (ref: EAT/3719/07)

## 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

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">HRA research summary</a>			28/06/2023	No	No