Coronary and Peripheral Haemodynamic Studies of Angina with Normal Coronary Arteries

ACTRN12617001483347

Status	RECRUITING
Sponsor	University of Adelaide
Enrollment	100 participants

Plain Language Summary

This study is for people who have chest pain (angina) but whose coronary angiogram shows no significant blockages in the heart arteries. Researchers want to do a thorough set of heart and blood vessel tests to find the underlying cause — such as spasms or tiny vessel problems — and follow patients to see what affects their ongoing chest pain.

You may be eligible if:
- You are aged 18 to 80
- You have been diagnosed with angina
- Your coronary angiogram showed normal or minimally narrowed arteries (less than 50% blockage)
- You continue to experience chest pain

You may NOT be eligible if:
- You had an acute heart attack within the past month
- You have had coronary bypass surgery (CABG) in the past
- You have a pacemaker or defibrillator
- You have severe kidney or liver disease, severe asthma, or poor heart pumping function
- Your chest pain has a clear alternative explanation such as an obstructive blockage or coronary artery dissection
- You have pulmonary hypertension, hypertrophic cardiomyopathy, or significant valve disease

Talk to your doctor about whether this trial might be right for you.

Key Eligibility Criteria

Inclusion (1)

• Patients with (1) clinical diagnosis of angina, (2) persistent angina and (3) coronary angiography demonstrating normal or no obstructive coronary disease (<50% diameter stenosis);

Exclusion (1)

• (1) admission for an acute coronary syndrome within the preceding month (2) prior coronary artery bypass grafting, (3) contra-indications to coronary haemodynamic assessment - patients with permanent pacemaker or defibrillator, severe renal or hepatic insufficiency, severe asthma, left ventricular systolic dysfunction (ejection fraction <50%), or (4) alternative coronary explanations for the chest pain - obstructive CAD (flow limiting coronary stenosis i.e. derived fractional flow reserve (FFR) <0.80), spontaneous coronary spasm (but not catheter related spasm), spontaneous coronary artery dissection, or (5) other cardiovascular disorders - pulmonary hypertension, pulmonary embolism, hypertrophic cardiomyopathy, or valvular heart disease.

Locations (1 total)

The Queen Elizabeth Hospital - Woodville, SA, Australia