

Coronary and Peripheral Haemodynamic Studies of Angina with No Obstructive Coronary Artery Disease - association between invasive and non-invasive investigation modalities.

ACTRN12618000178246

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| Status | RECRUITING |
| Sponsor | University of Adelaide |
| Enrollment | 60 participants |

Plain Language Summary

This study is looking at chest pain (angina) in people whose coronary arteries appear normal or nearly normal on a heart scan — a condition called angina with no obstructive coronary artery disease (NoCAD). Despite having no major blockages, many of these patients continue having chest pain. The study will use invasive and non-invasive heart tests to understand whether problems with tiny heart blood vessels (microvascular disease) are causing the symptoms, and whether a non-invasive ultrasound test (stress echocardiography) can reliably detect these problems.

You may be eligible if:

- You are aged 18 to 80 years
- You have been clinically diagnosed with angina (chest pain)
- You have ongoing (persistent) angina symptoms
- Your coronary angiogram shows no significant blockages (less than 50% narrowing)

You may NOT be eligible if:

- You had an acute heart attack or coronary syndrome within the past month
- You have had coronary artery bypass surgery
- You have a pacemaker or defibrillator
- You have severe kidney or liver disease, severe asthma, or weak heart function (ejection fraction below 50%)
- Your chest pain is caused by an identified blockage or other structural heart condition

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

Key Eligibility Criteria

Inclusion (3)

- Clinical diagnosis of angina
- Persistent angina
- Coronary angiography demonstrating normal or no obstructive coronary disease (<50% diameter stenosis)

Exclusion (5)

- Admission for an acute coronary syndrome within the preceding month
- Prior coronary artery bypass grafting
- 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%)
- Alternative coronary explanations for the chest pain - obstructive coronary artery disease (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
- Other cardiovascular disorders - pulmonary hypertension, pulmonary embolism, hypertrophic cardiomyopathy, or valvular heart disease.

<https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=ACTRN12618000178246>

DISCLAIMER: This document is for informational purposes only and does not constitute medical advice. Always consult your healthcare provider before enrolling in any clinical trial. Information may not be up to date — verify details at anzctr.org.au. Generated by ClinicalTrialsFinder.org.

Locations (1 total)

Lyell McEwin Hospital - Elizabeth Vale, SA, Australia

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