The Anti-Anginal effect of Zinc in Angina with Non-Obstructive Coronary Arteries (ANOCA) Patients

ACTRN12623000120673

Status	RECRUITING
Phase	Phase 2
Sponsor	The University of Adelaide
Enrollment	50 participants

Plain Language Summary

Angina is chest pain caused by reduced blood flow to the heart. In about 30% of patients with angina, the large heart arteries look completely normal on a scan — meaning the problem lies in either spasm of the arteries or tiny blood vessels that aren't working properly. This is called ANOCA (Angina with Non-Obstructive Coronary Arteries) and it can be severely disabling. Treatment options are limited, and there is an urgent need for new therapies.

This study is testing whether zinc supplements — an essential mineral that plays a role in blood vessel function — can reduce angina episodes and improve quality of life in ANOCA patients. It is a crossover trial where all participants will receive both zinc and a placebo (dummy pill) at different times, so researchers can compare the two periods fairly.

You may be eligible if you are 18 or older, have been diagnosed with ANOCA through an angiogram (heart artery scan), and experience chest pain at least 3 times a week. People with a recent heart attack, severely abnormal liver or kidney function, or significant anaemia are not eligible.

Key Eligibility Criteria

Inclusion (5)

- For inclusion in the study subjects should fulfill the following criteria:
- a) Provision of informed consent prior to any study-specific procedures
- b) Female and/or male patients aged 18 years or older
- c) Documented angiographic features of the ANOCA as defined by TIMI-2 flow (i.e. requiring equal or more than 3 beats to opacify a major epicardial vessel) in the absence of obstructive CAD (i.e. no epicardial lesion equal or greater than 50%).
- d) Chest pain occurring more than or equal to 3 times/week in the preceding two weeks.

Exclusion (12)

- a) Acute coronary syndrome admission within the preceding month, i.e. hospital admission for prolonged angina pain at rest associated with new ischaemic ECG changes and/or a rise in cardiac troponin level.
- b) Secondary causes of angina including:
- i. clinically significant anaemia (haemoglobin less than 100g/dL),
- ii. uncontrolled atrial fibrillation (i.e. ventricular response rate more than 108 bpm),
- iii. haemodynamically significant aortic stenosis (mean valve gradient more than or equal to 40mmHg).

... and 7 more (see full listing online)

Locations (1 total)

The Queen Elizabeth Hospital - Woodville, SA, Australia