

<b>Theme/concept/ keywords:</b>	Current treatments targeting eNOS function e.g. L-arginine				
<b>Source:</b> Authors, title, journal, link, etc...	<b>Year</b>	<b>Purpose</b> (Aim or research question)	<b>Methods</b>	<b>Findings</b>	<b>Meaning</b> Physiology/biology Relation to field
<i>Schulman et al;</i> <a href="#">L-Arginine therapy in acute myocardial infarction</a> . JAMA	2006	Does addition of L-arginine reduce vascular stiffness over 6 months in patients after myocardial infarctions?	Randomised, controlled trial, double blind, n = 153	(1) No improvement in vascular stiffness, (2) Possibly increased mortality	(1) Lack of dose response, L-arginine levels normal to start with → supplementation may only be useful in those with deficiency (2) L-arginine possibly harmful due to increased ROS or increased iNOS expression.
<i>Wilson et al;</i> <a href="#">L-arginine supplementation in peripheral arterial disease</a> , Circulation 116: 188-195	2007	In PAD patients, determine whether supplementation with L-arginine enhances vascular reactivity and functional capacity.	Randomised, placebo controlled N = 133 Oral L-arg (3 g/d) for 6 months	Vascular reactivity not improved with long-term supplementation L-arg less effective than placebo – endothelial function and exercise	Long-term administration L-arg → tolerance? Sim. To prolonged admin of NO donors. Short-term useful, but long-term potentially harmful – ADMA?