
Outcome of Dual Antiplatelet Therapy Following Drug-Releasing Stent Implant Not Tied to Duration



A new study evaluating the effects of short-term (defined as three months) versus long-term (one year) dual antiplatelet therapy shows that the shorter duration treatment does not result in poorer outcomes on certain measures such as death, heart attack, stroke, and bleeding for patients with coronary artery disease or low-risk acute coronary syndromes (e.g. heart attack or unstable angina), who have been treated with drug (zotarolimus)-releasing stents to open narrowed coronary arteries.

According to additional information in the article, published online yesterday, the recommended length of dual antiplatelet therapy (typically aspirin and clopidogrel) following implantation of a drug-eluting stent is of at least one year.

The OPTIMIZE trial, which lasted two years and was completed in March 2012, was conducted by Fausto Feres, M.D., Ph.D., of Instituto Dante Pazzanese de Cardiologia, Sao Paulo, Brazil, together with several colleagues. It included over 3,000 patients in 33 sites in Brazil and assessed if a shorter duration of dual antiplatelet therapy was no worse than a full year in the above mentioned patient category.

The primary end point for the study was a combination of all-cause death, heart attack, stroke, or major bleeding; the expected event rate at 12 months was 9%. Secondary end points were a composite of all-cause death, heart attack, emergency coronary artery bypass graft surgery, or target lesion revascularization as well as definite or probable stent thrombosis, i.e. blood clot.

It was established that approximately the same number of patients at one year in both the short-term and long-term groups experienced the primary outcome (6.0 percent vs. 5.8 percent) and secondary outcome (8.3 percent vs. 7.4 percent).

Between 91 and 360 days, no statistically significant association was observed for NACCE for the short- and long-term groups, MACE, or stent thrombosis.

The researchers additionally note that the primary finding was similar in several key subgroups, including patients with diabetes, history of low-risk ACS, or multivessel disease.

Source: [JAMA](#)

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