CLOPIDOGREL RELOADING IN PATIENTS WITH ACUTE CORONARY SYNDROME UNDERGOING PCI ON CHRONIC CLOPIDOGREL THERAPY: RESULTS OF THE ARMYDA-8 RELOAD-ACS (ANTIPLATELET THERAPY FOR REDUCTION OF MYOCARDIAL DAMAGE DURING ANGIOPLASTY) RANDOMIZED TRIAL

Poster Contributions
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Background: Benefits of high clopidogrel reloading in patients with acute coronary syndrome (ACS) on patients undergoing percutaneous coronary intervention (PCI) in the setting of chronic clopidogrel therapy are not well established.

Methods: 242 patients on chronic clopidogrel therapy with non-ST-segment elevation acute coronary syndrome were randomized to receive 600 mg clopidogrel loading 8 h before PCI (n = 122) or placebo (n = 120). Primary endpoint was 30-day incidence of major adverse cardiac events (MACE- death, myocardial infarction, target vessel revascularization).

Results: Incidence of the composite primary end-point of death, myocardial infarction and target vessel revascularization at one month was 4.1% (5/122 patients) in the reload vs 14.1% (17/120) in the placebo arm (P=0.012). Occurrence of 30-day MACE was essentially due to peri-procedural myocardial infarction in both arms: 5/122 patients, 4.1% vs 16/120, 13% (P=0.02). Multivariable logistic regression analysis showed that clopidogrel reload was an independent predictor of decreased risk of MACE at one month (OR 0.26, 95% CI 0.10-0.73; P=0.013). No patient in the study had major bleeding or required transfusions. Minor bleeding occurred in 2.5% (3/122) of patients in the reload vs 3.3% (4/120; P=0.98) of those in the placebo arm.

Conclusions: The present study demonstrates that an additional 600 mg clopidogrel load in the background of chronic clopidogrel therapy provide a significant clinical benefit in patients with NSTE-ACS undergoing PCI.