SHOULD INTEGRILIN BE AN INTEGRAL PART OF ADJUNCTIVE THERAPY IN PATIENTS UNDERGOING PRIMARY PERCUTANEOUS CORONARY INTERVENTION FOR ST-ELEVATION MYOCARDIAL INFARCTION?

Background: Although the adjunctive role of eptifibatide is well established in patients presenting with acute coronary syndrome (ACS) without ST-elevation, its efficacy in patients undergoing primary percutaneous coronary intervention (PCI) for ST-elevation myocardial infarction (STEMI) remains controversial. We therefore set out to determine the safety and efficacy of eptifibatide in patients undergoing primary PCI for STEMI.

Methods: The study comprised 858 consecutive patients who underwent primary PCI for STEMI at Washington Hospital Center. Three hundred and eighteen of these patients also received adjunctive therapy with eptifibatide. The primary endpoint was all-cause mortality and the composite of all-cause mortality or Q-wave MI. The primary safety endpoint was the rate of Thrombolysis In Myocardial Infarction (TIMI) major bleeding.

Results: The eptifibatide group was younger, had a lower proportion of patients with hypertension, diabetes, body mass index, previous history of ischemic heart disease and coronary revascularization as well as congestive heart failure. This cohort also had a lower bivalirudin use (23.3% vs. 72%; p <0.001). Following multivariable analysis, the eptifibatide group had a significantly lower rate of all-cause mortality (hazard ratio=0.55; 95% confidence interval=0.34-0.89; p=0.01) and the composite of all-cause mortality or Q-wave MI (HR=0.59; 95% CI=0.37-0.95; p=0.03) at 6 months. The rate of TIMI major bleeding was similar in both groups (HR=0.54; 95% CI=0.25-1.17; p=0.12).

Conclusions: The adjunctive use of eptifibatide in patients presenting with STEMI is associated with lower rates of mortality without causing significant bleeding complications.