1026-100 Effect of Roxithromycin on Clinical Cardiovascular Events in Patients Undergoing Coronary Angioplasty

Jan Koester, Anke Haas, Klaus-Peter Schaps, Marion Carstensen, Ralf Koester, Wolfram Sunday, March 30, 2003, Noon-1:00 p.m.

Background: Seropositivity for chlamydia pneumoniae has been associated with coronary artery disease, but results of interventional studies with antibiotics have been contradictory. We therefore investigated whether clinical cardiovascular events in patients undergoing coronary angioplasty can be reduced by medication with roxithromycin.

Methods: 327 consecutive patients undergoing coronary angioplasty were randomized to roxithromycin 300 mg/d for 6 weeks or placebo regardless of antibody titers. The primary clinical endpoints included cardiovascular death, nonfatal infarction (MI) and symptomatic restenosis at 1 year. Indication for angioplasty was stable angina in 51.4%, unstable angina in 43.1% and symptomatic in 6.5% of patients.

Results: Treatment groups were balanced for age, BMI and risk factors, and roxithromycin was well tolerated. During the trial period of 1 year, 36 endpoints occurred (cardiovascular death, nonfatal infarction, MI, and symptomatic restenosis, 21) with 20 events in the roxithromycin group and 16 in the placebo group, respectively. When analyzed for the 3 indication groups, there was a trend towards more events in the unstable angina group receiving roxithromycin, but no significant differences could be detected in any of the groups. A significant increase occurred in 3 roxithromycin vs. placebo patients, respectively. Conclusion: The results of our study suggest that antibiotic therapy with roxithromycin in unselected patients undergoing coronary angioplasty is not associated with a reduction in clinical cardiovascular events. However, this does not exclude positive effects of antibiotics in subgroups such as patients with high antibody titers against chlamydia pneumoniae.

1026-101 Low-Molecular-Weight Heparin Alone and With Ibllb/lllla Inhibitors in Patients With Renal Failure and Non-ST Elevation Acute Coronary Syndromes: Insights From the Global Registry of Acute Coronary Events

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Background: LMWH alone or with ibllb/lllla inhibitors provides greater benefit than unfractionated heparin (UFH) irrespective of renal status.

Methods: Data were utilized from 13,325 NSTE-ACS pts. Results: Pts with MRF (n=3,049) or SRF (n=816) were at higher risk of adverse outcomes compared to those without renal failure (RF). UFH was used in 1026-103 Aspirin Resistance in Patients With Coronary Artery Disease

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Background: Standard of care for the treatment of patients with coronary artery disease (CAD) includes antiplatelet therapy with aspirin (ASA). However, the antiplatelet effect of ASA varies across the broad distribution of CAD patients. Aspirin resistance refers to a cohort of patients that do not achieve significant inhibition of platelet aggregation with ASA therapy. Assessment of the true prevalence of aspirin resistance is complicated by lack of a uniform definition; moreover, the clinical implications ASA resistance is unknown. This study evaluates the prevalence of aspirin resistance and the spectrum of responsiveness to ASA therapy.

Methods: Patients with CAD who were treated with aspirin (81-325 mg) for seven consecutive days underwent platelet aggregometry (PA). Standard PA using 0.5 mg/ml arachidonic acid (AA) and 1 x 10^-6 M epinephrine (EPI) as agonists was performed and reported as percentage aggregation. Normal thresholds for platelet responsiveness without ASA were defined as 48% aggregation for EPI and 63% aggregation for AA.

Results: 48 patients including 6 (12.5%) females and 42 (87.5%) males were studied. One patient (2%) was overtly aspirin resistant, defined as abnormal response to both agonists. 8 patients (16.7%) demonstrated partial response to ASA, with an abnormal response to one agonist and a normal response to the other agonist.