STENT THROMBOSIS AND BLEEDING COMPLICATIONS IN DIABETIC PATIENTS ON LONG-TERM (5 YEARS) DUAL ANTIPLATELET TREATMENT FOLLOWING 1ST GENERATION DRUG-ELUTING STENT IMPLANTATION: COMPARISON WITH PATIENTS ON SINGLE ANTIPLATELET TREATMENT

ACC Moderated Poster Contributions
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Background: We assessed the influence of long-term dual (D) antiplatelet treatment (APLT) with aspirin and clopidogrel on clinical outcome of diabetic (DM) patients (pts) treated with drug-eluting stents (DES).

Methods: In this study, 598 (male 80%, mean age 65±9 years) consecutive DM pts (insulin dependent 22%) that had been treated with 1st generation DES were included. Five years clinical follow-up (FU) obtained in 575/598 (96%). Early (up to 12 months) and late stent thrombosis (ST) is assessed according to ARC definition. Hard-end point (HENP) is considered all cause mortality (D), myocardial infarction (MI) and cerebrovascular accident (CVA). Minor and major/life threatening bleeding complications (BLED) is assessed according to PLATO definition. The incidence of non-cardiac operation (NCAOP) and how the APLT is managed is also assessed.

Results: At 12 months (MO) 89% of pts were on DAPLT; the incidence of definite/probable ST (median time 6.5 MO) was 0.7% (one D, and 3 MI), and all pts were on DAPLT when the event occurred. The incidence of definite/probable late ST at 5 years (median time 34.5 MO) was 0.7% (2 D, 2 MI); two pts were on DAPLT and two on single (S) APLT when the event occurred. The incidence of HENP/year according to APLT treatment was: 3%, 3%, 3.3%, 4.8%, 3.6% for the 1st, 2nd, 3rd, 4th and 5th year respectively, while on DAPLT was 89%, 68%, 63%, 59% and 56% of pts for the same time intervals, respectively. In a Cox regression model age (p<0.001) and EF (p<0.001) were predictors for HENP at 5 years. During the follow-up, 340 pts (65%) remained continuously on DAPLT and 187 (35%) on SAPLT. The comparison between these 2 groups regarding HENP and ST did not reveal significant differences. Minor BLED occurred in 2.3% of pts on SAPLT and 11.7% on DAPLT (p<0.001); major BLED in 1.4% and 2.2% respectively (p: NS). NCAOP is required in 105/575 (18.3%) pts; both APLT were discontinued at least 5 days prior to operation in 84%, 11% were on SAPLT and 5% on DAPLT.

Conclusion: Long-term DAPLT in DM pts treated with 1st generation DES is not associated with lower risk of ST or HENP. Minor but not major BLED is increased in pts on long-term DAPLT.