i2 SUMMIT

IMPACT OF OPTIMAL HEART FAILURE MEDICAL THERAPY AFTER DRUG-ELUTING STENT IMPLANTATION FOR THE PATIENTS WITH SEVERE LEFT VENTRICULAR DYSFUNCTION ON LONG TERM MORTALITY

i2 Poster Contributions
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Background: Administration of Angiotensin-converting enzyme inhibitors or angiotensin-receptor blockers (ACEI/ARB) and beta-blckers (BB) was recommended in patient with left venticular dysfunction.

Methods: The aim of this study was to evaluate the efficacy of ACEI/ARB with BB after drug-eluting stent (DES) with severe left ventricular dysfunction (SLVD: left ventricular ejection fraction=<35%) on three-year mortality. The 8681 pts without acute coronary syndrome presentation underwent successful elective stenting were divided into three groups according to the administration of ACEI/ARB and BB (Group 0: no ACEI/ARB nor BB; Group 1: wither ACEI/ARB or BB and Group 2; both ACEI/ARB and BB).

Results: The cumulative 3-year mortality rates were 28.1% in group 0, 19.5% in group 1, and 11.4% in group 2 (p=0.0018) among the pts with SLVD, respectively. The cumulative 3-year mortality rates were 5.4% in group 0, 5.7% in group 1, and 6.8% in group 2 (p=0.1375), respectively (figure) among the pts without SLVD. Administration of ACEI/ARB with BB was the independent favorable predictor of mortality(HR 0.58, p=0.0231).

Conclusions: Optimal heart failure medical treatment for left ventricular dysfunction after DES implantation had an impact on improvement of mortality compared with the pts without left ventricular dysfunction.

Figure