Acute Coronary Syndromes

EPTIFIBATIDE IN POST-MYOCARDIAL INFARCTION PATIENTS WITH ONGOING ISCHEMIC PAIN WHO REFUSED FOR INTERVENTION: AJMER POST-MYOCARDIAL INFARCTION ANGINA EPTIFIBATIDE RESEARCH (AJMER) STUDY

Poster Contributions
Hall C
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Session Title: Clinical Aspects of Anti Platelet Therapy in Acute Coronary Syndrome
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Authors: Rajendra Gokhroo, Kamal Kishor, Deepak Padmanabhan, Devendra Bisht, Sajal Gupta, Bhanwar Ranwa, Jawahar Lal Nehru Medical College, Ajmer, India

Background: We tested the hypothesis that intensifying inhibition of platelet aggregation with GPIIb/IIIa inhibitor (eptifibatide) would have incremental benefit beyond intensifying antianginal therapy in acute myocardial infarction (MI) patients with post MI angina who refused intervention.

Methods: A total of 213 post thrombolysis myocardial infarction patients who refused for intervention and had persistent post-myocardial infarction ischemic chest pain with or without electrocardiographic changes were enrolled in the present study. Patients were randomly assigned in 1:1 manner to receive either eptifibatide bolus followed by infusion along with intensification of antianginal therapy for duration of 24 hours (n=109) or only intensification of antianginal therapy (n=104). The primary end point was composite of death and MI during hospital stay.

Results: Primary end point occurred in 11.9% of patients receiving eptifibatide versus 17.9% of patients receiving only intensification of antianginal therapy (Odds ratio [OR], 0.65; 95% confidence interval [CI], 0.30-1.40; p value= 0.27). Recurrent angina was significantly lower in eptifibatide group (8.3% versus 18.3%; OR, 0.40; 95% CI, 0.17-.99; p value= 0.03). Total time as perceive by patient on visual analogue scale (VAS) to become pain free was significantly lower in eptifibatide group as compared to control group (p value =0.05). Bleeding tendency were higher in eptifibatide group, however this was not statistically significant (11% versus 6.7%; OR, 1.71;95% CI, 0.65-4.54; p value= 0.27).

Conclusion: Platelet aggregation inhibition by eptifibatide significantly reduces the recurrent angina and time to achieve VAS 0 as perceived by patient. Effect was achieved without significant difference in death and MI during hospital stay. Above results were achieved without increase in significant bleeding tendencies.