HEALTH PREFERENCES AFTER CABG OR PCI FOLLOWING AN ACUTE MYOCARDIAL INFARCTION

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OBJECTIVES: To conduct a longitudinal comparison of reported health preferences for patients who underwent coronary artery bypass grafting (CABG) or percutaneous coronary intervention (PCI) after having an acute myocardial infarction (MI). METHODS: Patient preferences were measured using community-based utility weights derived from the EuroQol-5D questionnaire. The analysis included 1093 patients in the multinational VALsartan In Acute myocardial InFarcTion (VALIANT) Trial who underwent CABG (n = 137) or PCI (n = 956) within 3 weeks of a qualifying MI. We employed a linear mixed-effects regression model to compare health preferences between groups at specific times while controlling for baseline patient characteristics including demographics, comorbidities, treatment-related factors (e.g. thrombolytics), and prognostic factors (e.g. Killip class, heart failure severity). Patients who died were assigned scores of 0 for all subsequent time points. We tested for differences in mortality using a Cox proportional hazards regression model. RESULTS: Patients who underwent CABG post-MI initially reported significantly lower preference scores than those who underwent PCI (p < 0.0001 at 2 weeks, 95% confidence interval [CI] for difference: 0.1046 to 0.2061). There were no significant differences in preference scores at 3 months (p = 0.5891) or 6 months (p = 0.3175). However, by 1 year, patients with CABG reported significantly higher preference scores than those with PCI, and this difference was maintained at 2 years (p = 0.0150 at 1 year, 95% CI for difference: −0.1355 to −0.01461; p = 0.2212 at 2 years, 95% CI for difference: −0.1717 to −0.01387). The results were consistent across various model specifications. Within the first 2 years, 5.1% of CABG-treated patients underwent a subsequent revascularization procedure compared to 8.6% of PCI-treated patients (p < 0.0001). Within-trial mortality was comparable between the groups (CABG: 7.3%, PCI: 7.4%; p = 0.7433). CONCLUSIONS: Post-MI patients who had CABG versus PCI initially reported lower health preferences. But by 1 year, reported health preferences were greater for CABG-treated patients relative to PCI-treated patients.