Conclusions: In patients on clopidogrel after DES, the concomitant administration of CCB was associated with reduced platelet inhibition and increased post-discharge adverse events. However, CCB were not associated with adverse clinical events by multivariable analysis, suggesting confounding by comorbidities and presenting characteristics. Thus, CCB may be used as indicated in patients on clopidogrel after DES.

TCT-156
Impact of Clopidogrel Hyporesponsiveness on Clinical Outcomes in Patients Receiving Drug-eluting Stents for Stable Coronary Disease in the ADAPT-DES Study


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Background: In the ADAPT-DES study, clopidogrel hyporesponsiveness was strongly related to the 1-year incidence of stent thrombosis and of myocardial infarction after drug-eluting stents, was inversely related to major bleeding, and was unrelated to mortality.

Methods: The impact of clopidogrel hyporesponsiveness may differ between stable angina (SAP) and acute coronary syndromes (ACS). We addressed this issue in a secondary analysis of ADAPT-DES.

Results: Out of the 8,449 patients, 4,101 (49%) presented with SAP. At 1-year, the incidences in SAP vs. ACS were 0.5% vs. 1.1% for stent thrombosis (P<0.001), 7.5% vs. 4.6% for bleeding (P<0.001), 2.7% vs. 3.5% for myocardial infarction (P=0.057) and 1.8% vs. 1.9% for all-cause death (P=0.60). In SAP, the relation of clopidogrel hyporesponsiveness to stent thrombosis (adjusted HR 1.44 [0.53, 3.88]; P = 0.47), myocardial infarction (1.54 [1.02, 2.32], P=0.038), bleeding (0.69 [0.54,0.90]; P=0.005) and death (1.40 [0.83,2.34]; P=0.21) was consistent with that in the entire study. Due to the difference in event rates, the absolute difference in the incidence of stent thrombosis according to clopidogrel responder status was substantially smaller in SAP compared with ACS, whereas that in bleeding was substantially larger (Figure).

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Conclusions: Due to the difference in event rates, the absolute difference in the incidence of stent thrombosis according to clopidogrel responder status was substantially smaller in SAP compared with ACS, whereas that in bleeding was substantially larger (Figure).