ACC.13
DISCOVERY TO DELIVERY
SAN FRANCISCO
MARCH 9 – 11, 2013

ACC 13 San Francisco

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SOCIEDAD ESPAÑOLA DE Cardiología

univadis medicina y más

TERISA (Ranolazina)

Objetivo Primario

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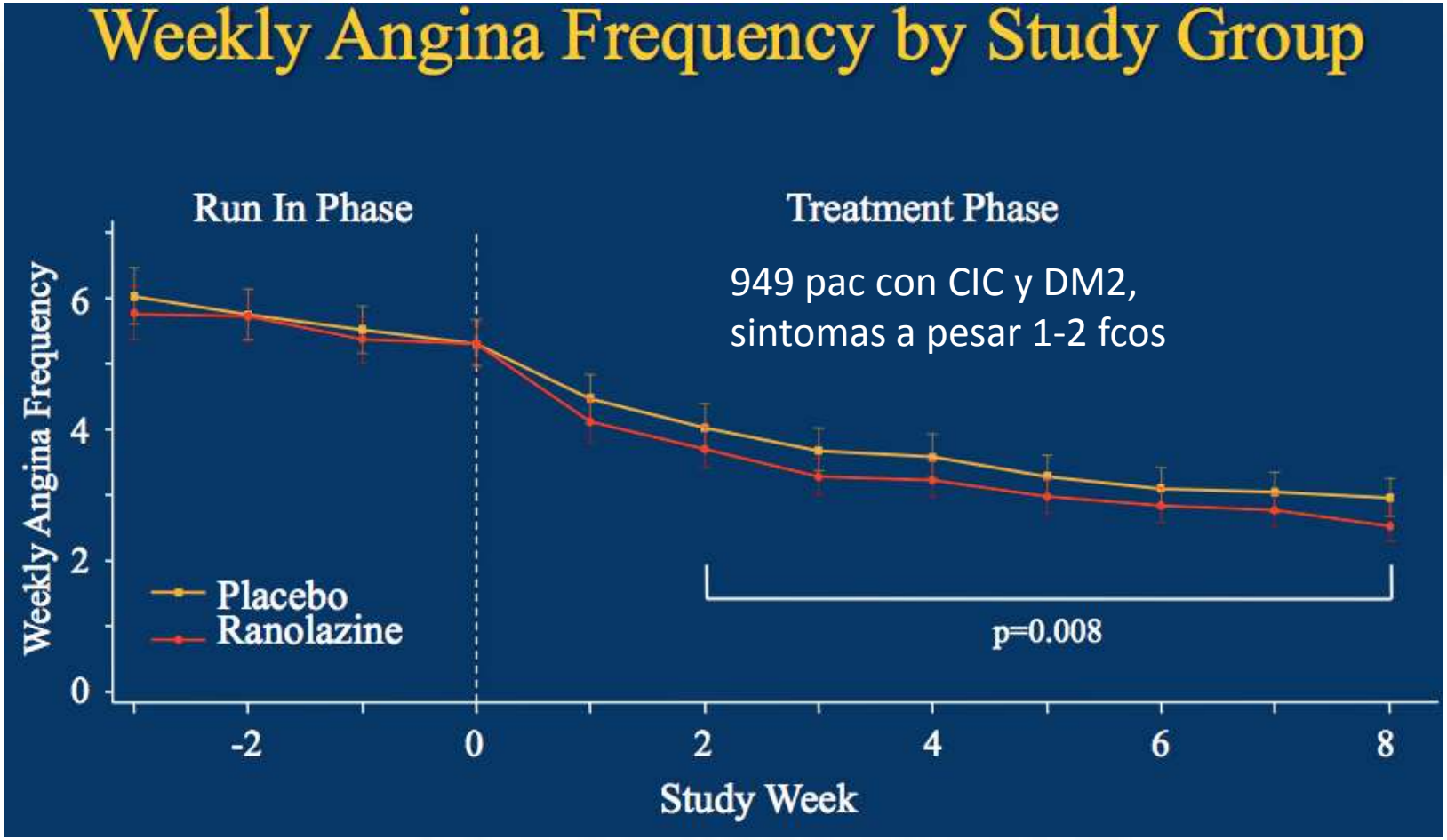

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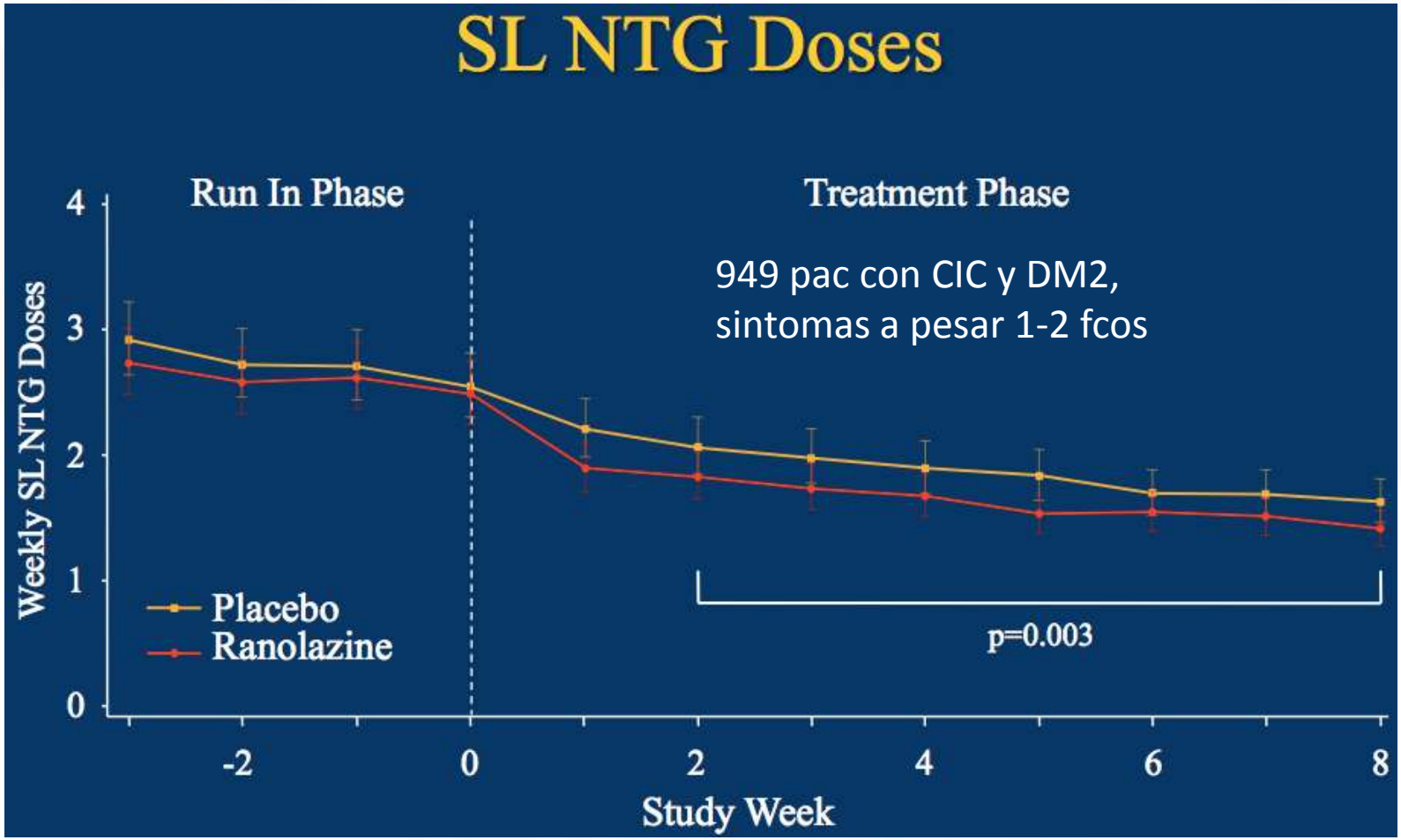
TERISA (Ranolazina)

Objetivo Secundario

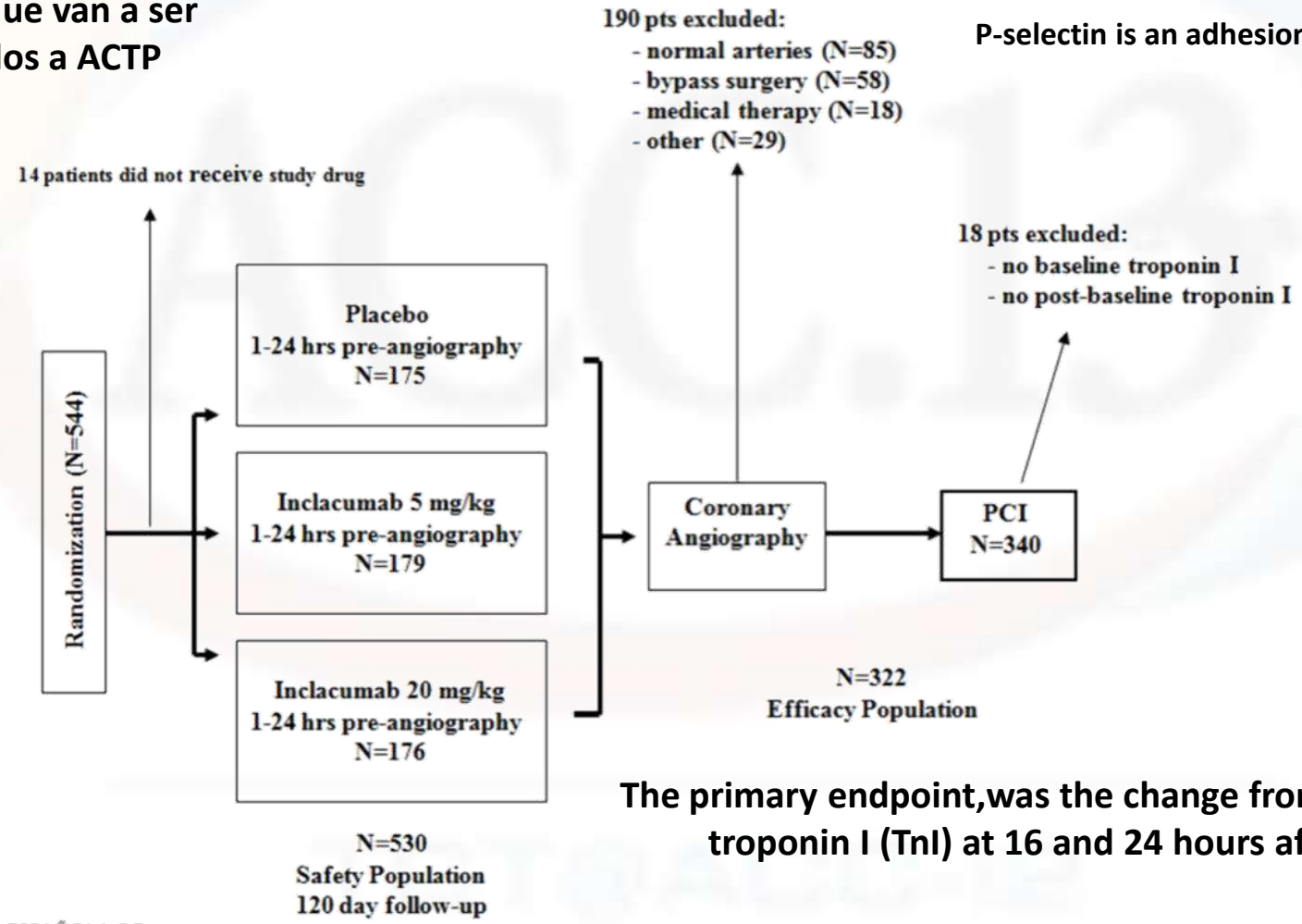


SELECT-ACS Trial

Métodos

544 pacientes con SCASEST que van a ser sometidos a ACTP

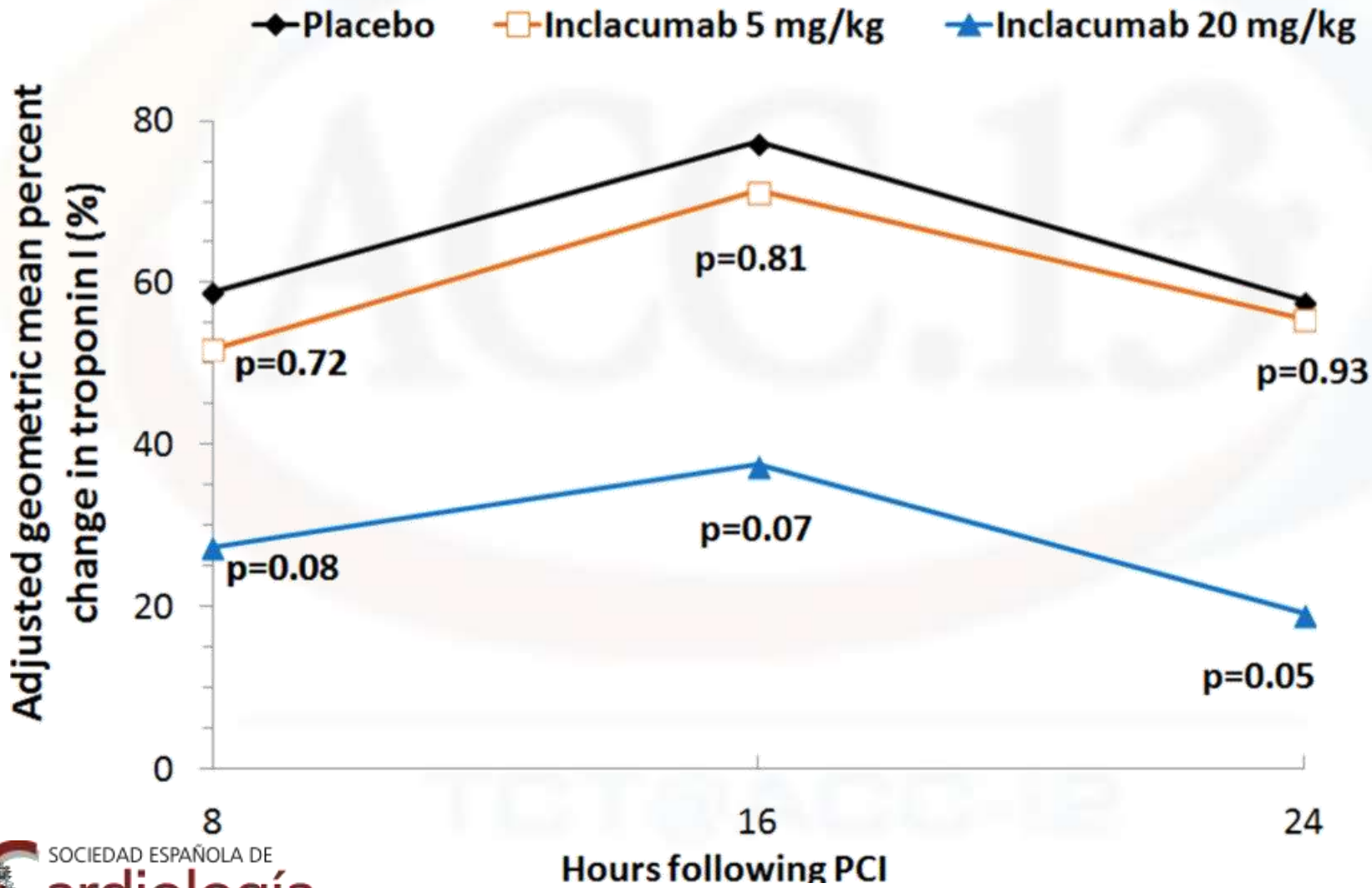
P-selectin is an adhesion molecule



The primary endpoint,was the change from baseline in troponin I (TnI) at 16 and 24 hours after PCI.

SELECT-ACS Trial

Objetivo Primario



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REMINDER: Eplerenona

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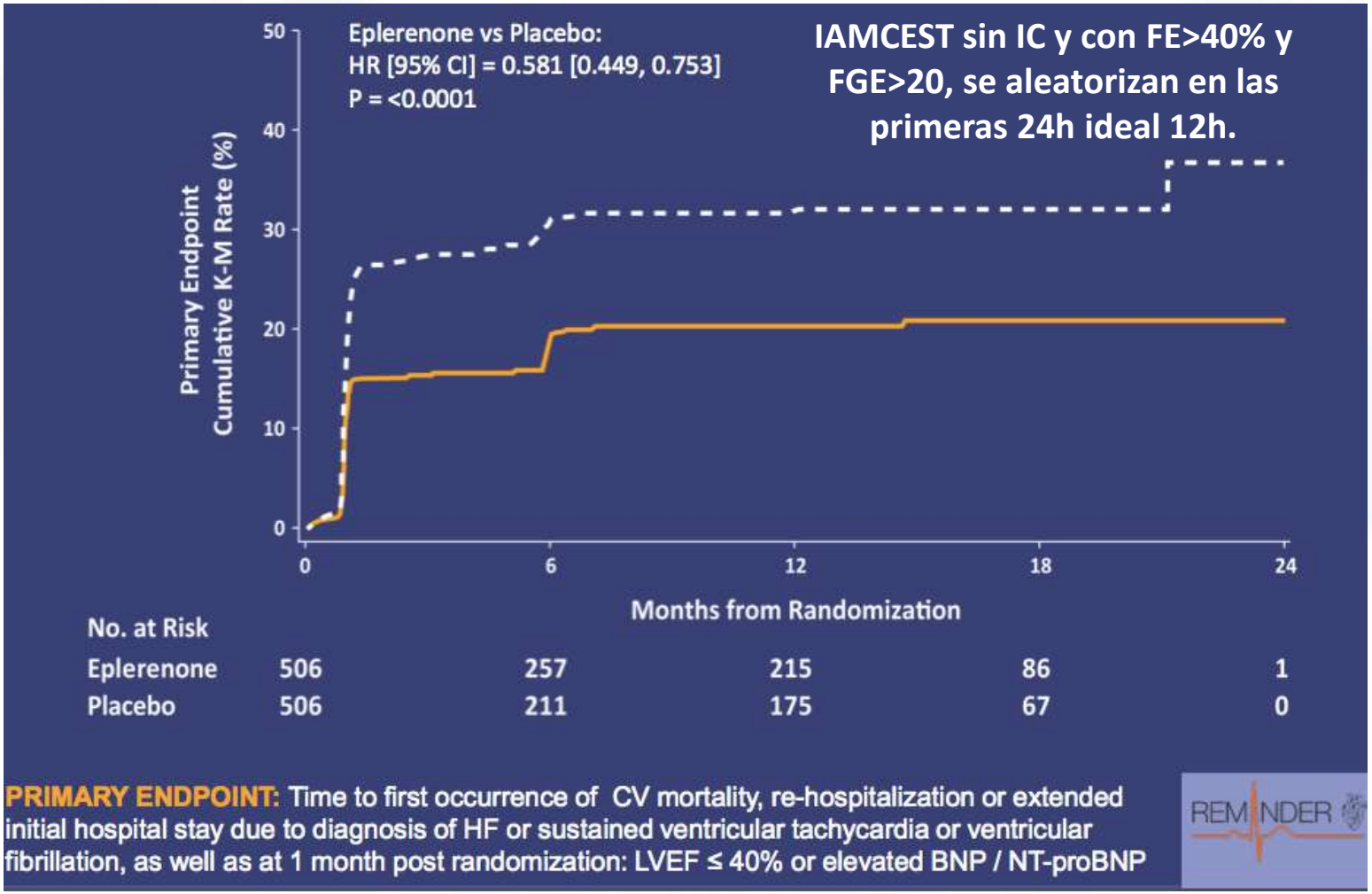

REMINDER: Eplerenona

Seguridad

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Laboratory values	Eplerenone (N=506)	Placebo (N=506)	P-value
Potassium Δ from baseline to 1 month (mmol/L)	0.41 ± 0.56	0.32 ± 0.50	<0.0001
Hyperkalemia (>6.0 mmol/L)	8 / 498 (1.6)	2 / 496 (0.4)	0.11
Hyperkalemia (>5.5 mmol/L)	28 / 498 (5.6)	16 / 496 (3.2)	0.09
Hypokalemia (<4.0 mmol/L)	177 / 498 (35.5)	234 / 496 (47.2)	0.0002
Hypokalemia (<3.5 mmol/L)	7 / 498 (1.4)	28 / 496 (5.6)	0.0002

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PRATO-ACS: Rosuvastatina

Métodos

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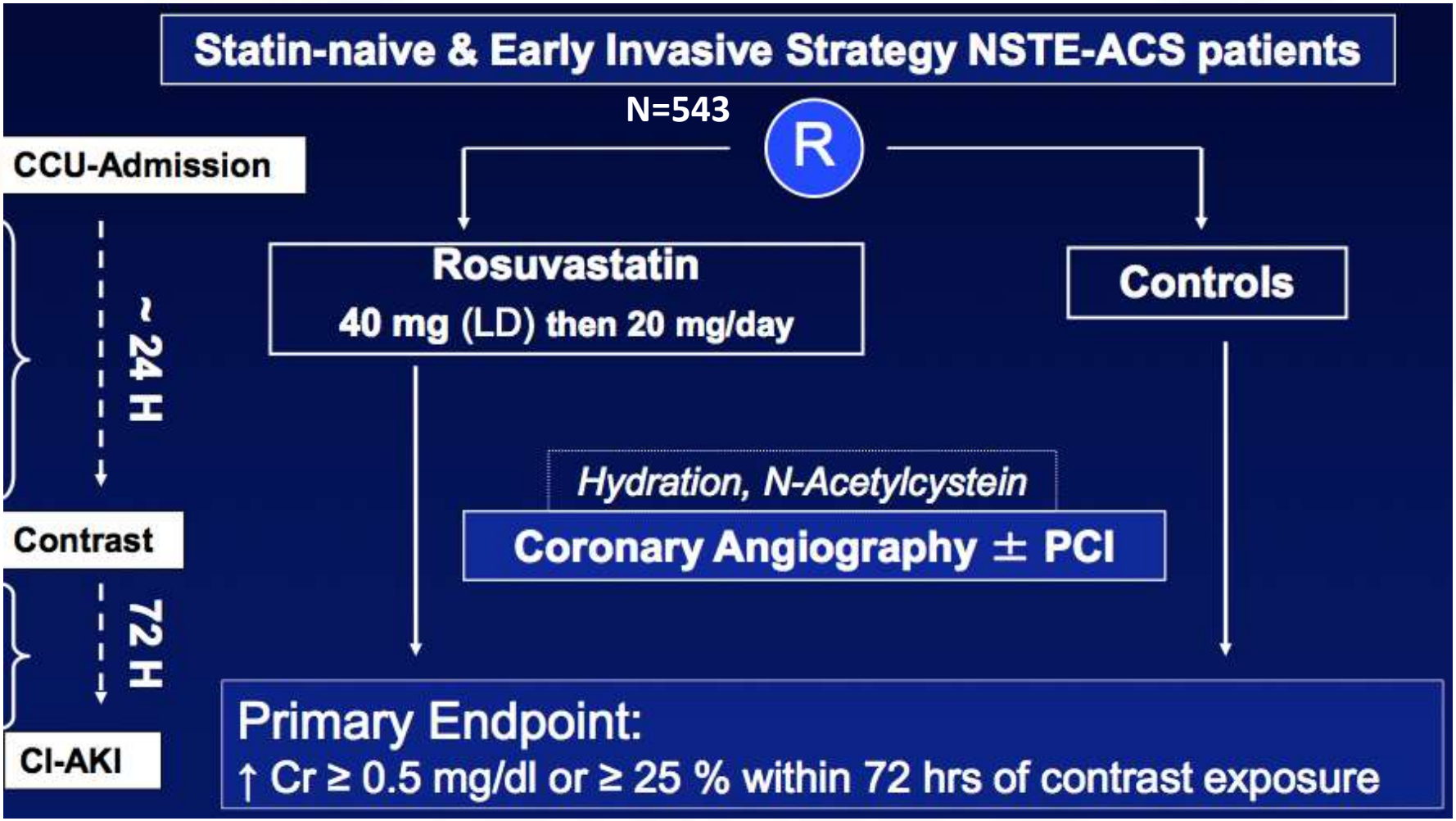

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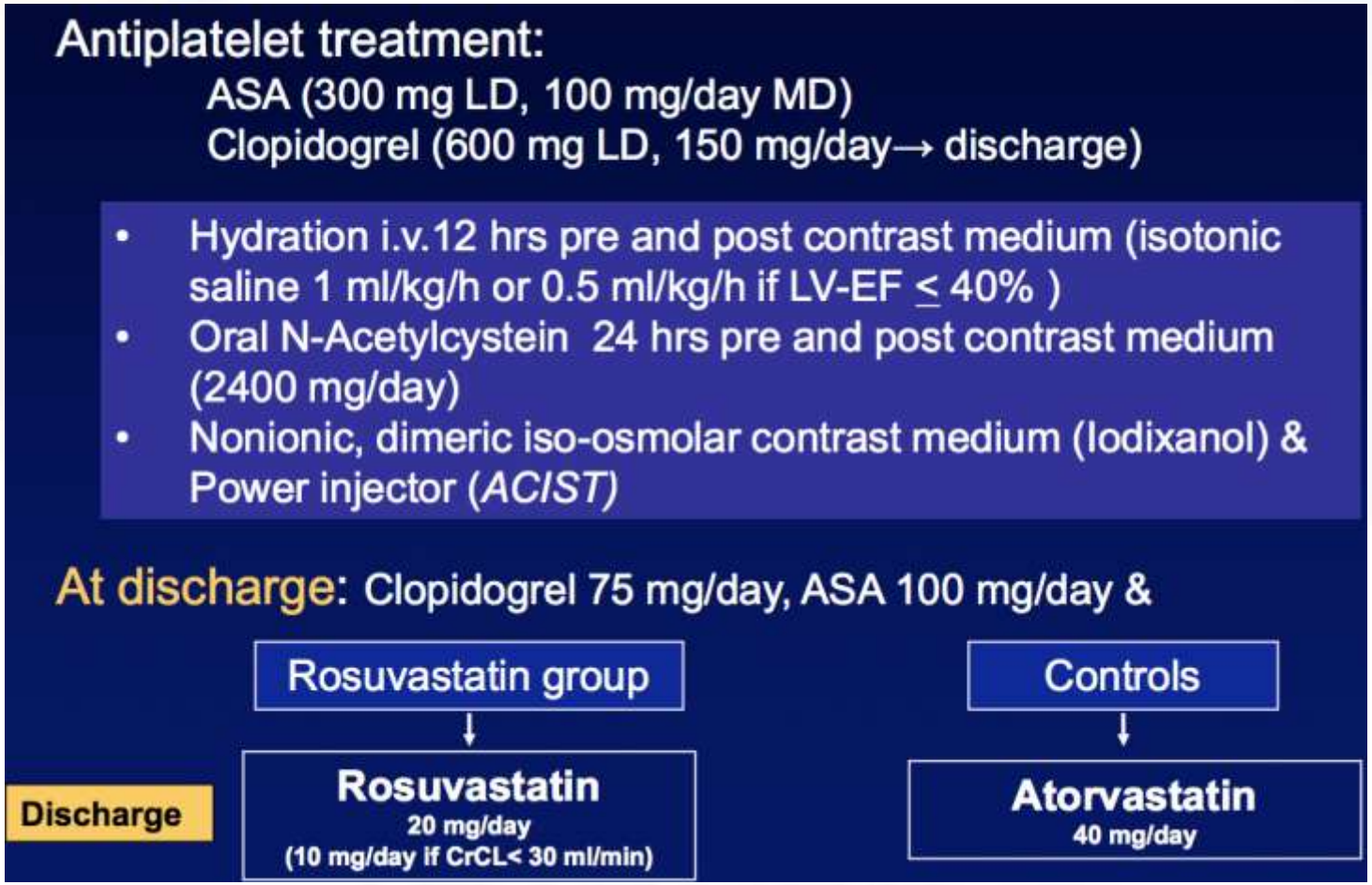
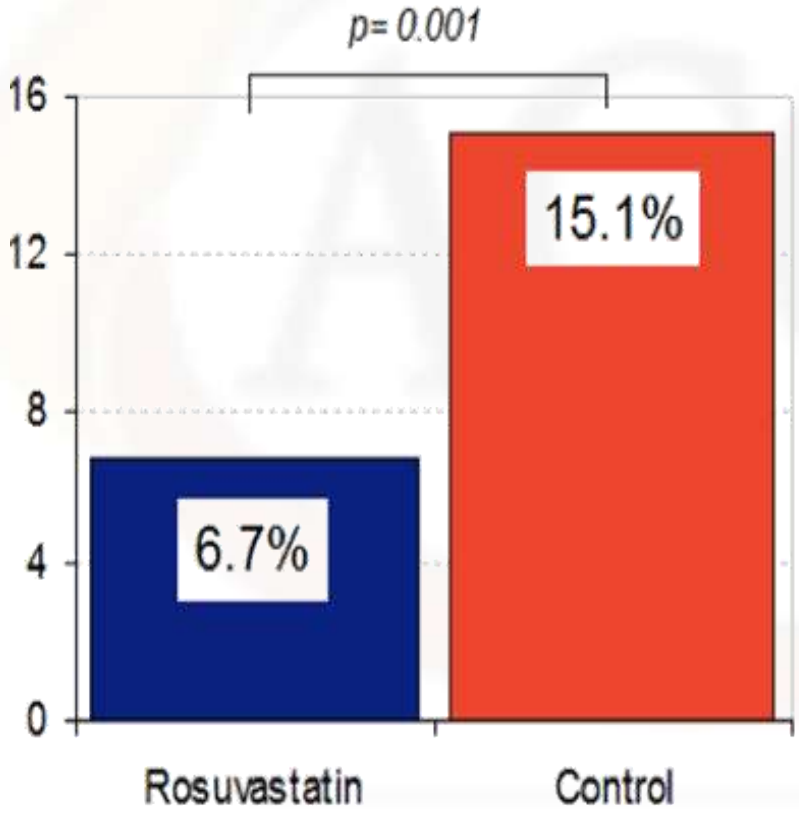
PRATO-ACS: Rosuvastatina

Métodos



PRATO-ACS: Rosuvastatina

Objetivo Primario



Aumento de 0,5 mg/dl Cr o <25% CCr en 72 h

OR Cruda (95% IC)

0,41 (0,22-0,74

OR ajustada* (95% IC)

0,38 (0,20-0,71)

NNT=12

***Ajustado por : Sexo, edad, DM, HTA, LDL, CCr, FE, Vol contr, CI-AKI Score**

TACT: Dosis altas de Vitaminas en pacientes con IAM

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Trial Design	**Randomized, double-blind, placebo-controlled N=1708** **Randomization: 2 X 2 factorial trial; 40 infusions of a disodium EDTA-chelation solution vs. placebo AND 3 doses of oral, high dose multivitamin and mineral supplement twice daily vs. placebo** **F/U-over 4 years**	
Primary Endpoint	Time to First Occurrence: Composite of all cause mortality, myocardial infarction, stroke, coronary revascularization and hospitalization for angina.	
Trial Results	**Oral Vitamins/Minerals** 27% reduction in composite primary endpoint Active/Active arm: 26% of the events	**Placebo** 30% reduction in composite primary endpoint Placebo/placebo arm :32% of events

Take Away: Chelation treatment, with or without supplements provides a modest reduction in cardiac events compared to a placebo treatment. The use of high-dose vitamins and mineral therapy in prior MI patients in addition to standard medical therapy to reduce the occurrence of additional cardiac events is not supported by these results.

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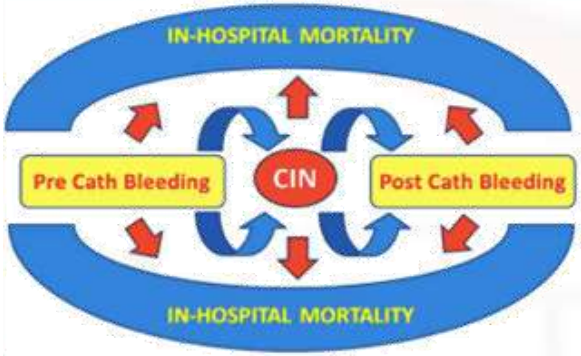
AIM

The 2 most common non-thrombotic in-hospital complications in patients with Acute Coronary Syndorme (ACS) were contrast-induced nephropathy (CIN) and bleeding. The aim was to analyse both complications.

METHODS

940 consecutive patients with ACS were enrolled. Two binomial logistic regression models were used to evaluate the prognostic value of pre-catheterization bleeding to predict CIN and the independent value of the CIN to predict post-catheterization in-hospital bleeding.



RESULTS

54 patients presented CIN (5.7%) and 60 bleeding (6.4%). After multivariate adjustment, pre-cath bleeding was an independent predictor of the development of CIN [OR 5.41 (1.75-16.70), p=0.003], together with Mehran CIN score and troponin peak. The presence of CIN was also associated with a higher percentage of post-cath bleeding (18.5% vs 3.4%, p<0.001). Adjusting by CRUSADE score, the development of CIN was found to be an independent predictor of post-cath bleeding [OR 3.03 (1.36-7.08), p=0.010]. After adjusting for the GRACE score, both variables (CIN and bleeding) resulted independent predictors of in-hospital death, increasing the power when both were combined [OR 15.99 (3.03-84.19), p=0.001]

CONCLUSION

Pre-cath bleeding was an independent predictor for the occurrence of CIN, and in a bilateral way, the development of CIN resulted an independent predictor for post-cath bleeding. In addition to this, CIN and bleeding increase the in-hospital death risk with independence of GRACE score, and the combination of both enhance this risk.

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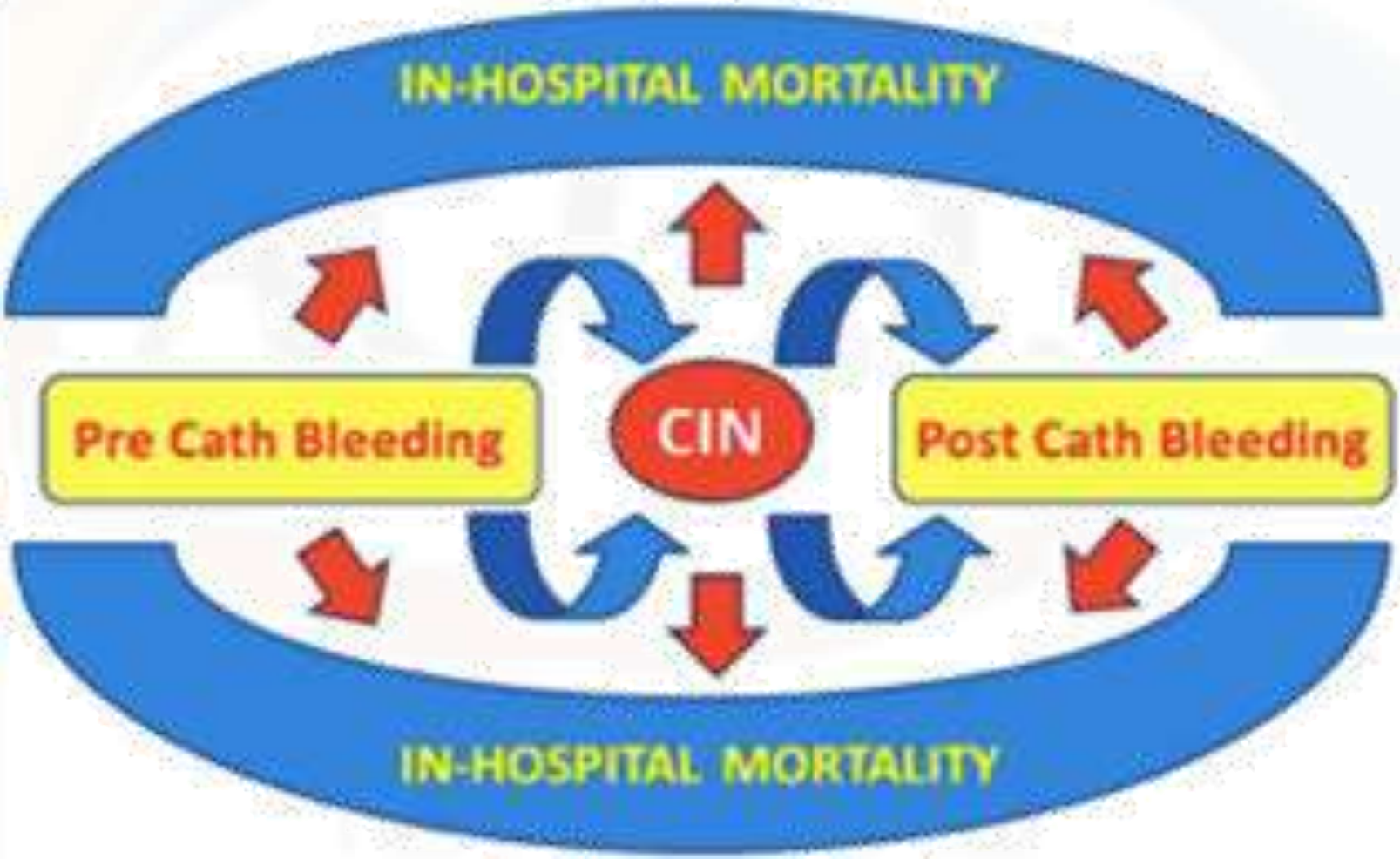

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