Dokumenttyp: journal article

Autor(en) des Beitrags:
Chow, Benjamin J W; Small, Gary; Yam, Yeung; Chen, Li; McPherson, Ruth; Achenbach, Stephan; Al-Mallah, Mouaz; Berman, Daniel S; Budoff, Matthew J; Cademartiri, Filippo; Callister, Tracy Q; Chang, Hyuk-Jae; Cheng, Victor Y; Chinnaiyan, Kavitha; Cury, Ricardo; Delago, Augustin; Dunning, Allison; Feuchtner, Gundrun; Hadamitzky, Martin; Hausleiter, Jörg; Karlsberg, Ronald P; Kaufmann, Philipp A; Kim, Yong-Jin; Leipsic, Jonathon; LaBounty, Troy; Lin, Fay; Maffei, Erica; Raff, Gilbert L; Shaw, Leslee J; Villines, Todd C; Min, James K; CONFIRM Investigators

Titel des Beitrags:
Prognostic and therapeutic implications of statin and aspirin therapy in individuals with nonobstructive coronary artery disease: results from the CONFIRM (COronary CT Angiography EvaluatioN For Clinical Outcomes: An InteRnational Multicenter registry) re

Abstract:
We sought to examine the risk of mortality associated with nonobstructive coronary artery disease (CAD) and to determine the impact of baseline statin and aspirin use on mortality. Coronary computed tomographic angiography permits direct visualization of nonobstructive CAD. To date, the prognostic implications of nonobstructive CAD and the potential benefit of directing therapy based on nonobstructive CAD have not been carefully examined. A total of 27,125 consecutive patients who underwent computed tomographic angiography (12 enrolling centers and 6 countries) were prospectively entered into the COronary CT Angiography EvaluatioN For Clinical Outcomes: An InteRnational Multicenter (CONFIRM) registry. Patients, without history of
previous CAD or obstructive CAD, for whom baseline statin and aspirin use was available were
analyzed. Each coronary segment was classified as normal or nonobstructive CAD (1%-49%
stenosis). Patients were followed up for a median of 27.2 months for all-cause mortality. The study
comprised 10 418 patients (5712 normal and 4706 with nonobstructive CAD). In multivariable
analyses, patients with nonobstructive CAD had a 6% (95% confidence interval, 1%-12%) higher risk
of mortality for each additional segment with nonobstructive plaque (P=0.021). Baseline statin use
was associated with a reduced risk of mortality (hazard ratio, 0.44; 95% confidence interval,
0.28-0.68; P=0.0003), a benefit that was present for individuals with nonobstructive CAD (hazard
ratio, 0.32; 95% confidence interval, 0.19-0.55; P<0.001) but not for those without plaque (hazard
ratio, 0.66; 95% confidence interval, 0.30-1.43; P=0.287). When stratified by National Cholesterol
Education Program/Adult Treatment Program III, no mortality benefit was observed in individuals
without plaque. Aspirin use was not associated with mortality benefit, irrespective of the status of
plaque. The presence and extent of nonobstructive CAD predicted mortality. Baseline statin therapy
was associated with a significant reduction in mortality for individuals with nonobstructive CAD but not