Improved clinical outcomes with abciximab therapy in acute myocardial infarction: a systematic overview of randomized clinical trials.

BACKGROUND: Investigations of glycoprotein (GP) IIb/IIIa inhibition in primary percutaneous coronary intervention (PCI) have suggested the efficacy of abciximab in improving clinical and angiographic outcomes, but sample-size limitations and variability in trial design preclude the ability to generalize these results to a broader patient population.

METHODS: Meta-analytic techniques were used to evaluate clinical outcomes from randomized trials comparing GP IIb/IIIa inhibition with placebo or control therapy in primary PCI for acute myocardial infarction (MI).

RESULTS: In 3266 patients, treatment with abciximab significantly reduced the 30-day composite end point of death, reinfarction, or ischemic or urgent target-vessel revascularization (TVR; odds ratio [OR], 0.54; 95% CI, 0.40-0.72), with trends toward reduced 30-day death and death or reinfarction. Abciximab resulted in an increased likelihood of major bleeding (OR, 1.74; 95% CI, 1.11-2.72). By 6 months, abciximab significantly reduced the occurrence of death, reinfarction, or any TVR (OR, 0.80; 95% CI, 0.67-0.97), and there were positive trends favoring a decrease in mortality alone and the composite of death or reinfarction.

CONCLUSIONS: Treatment with abciximab significantly reduces early adverse ischemic events, a clinical
benefit that is maintained at 6-month follow-up. These findings support the use of adjunctive GP IIb/IIIa inhibition in primary PCI.

Zeitschriftentitel / Abkürzung:
Am Heart J

Jahr: 2004
Band: 147
Heft / Issue: 3
Seiten: 457-62
Sprache: eng
Print-ISSN: 0002-8703

TUM Einrichtung:
I. Medizinische Klinik und Poliklinik

Occurences:
- Einrichtungen > Fakultäten > Fakultät für Medizin > Kliniken und Institute > I. Medizinische Klinik und Poliklinik (Kardiologie) > 2004

entries: