Clopidogrel dans les STEMI

9.3.2007

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STEMI
=
Urgent reperfusion

European Heart Journal (2003) 24, 28–66

segment elevation.[193] No data are available regarding the routine use of clopidogrel in addition to aspirin following reperfusion therapy. In patients who do not tolerate aspirin, clopidogrel is a good alternative antiplatelet therapy.[194]

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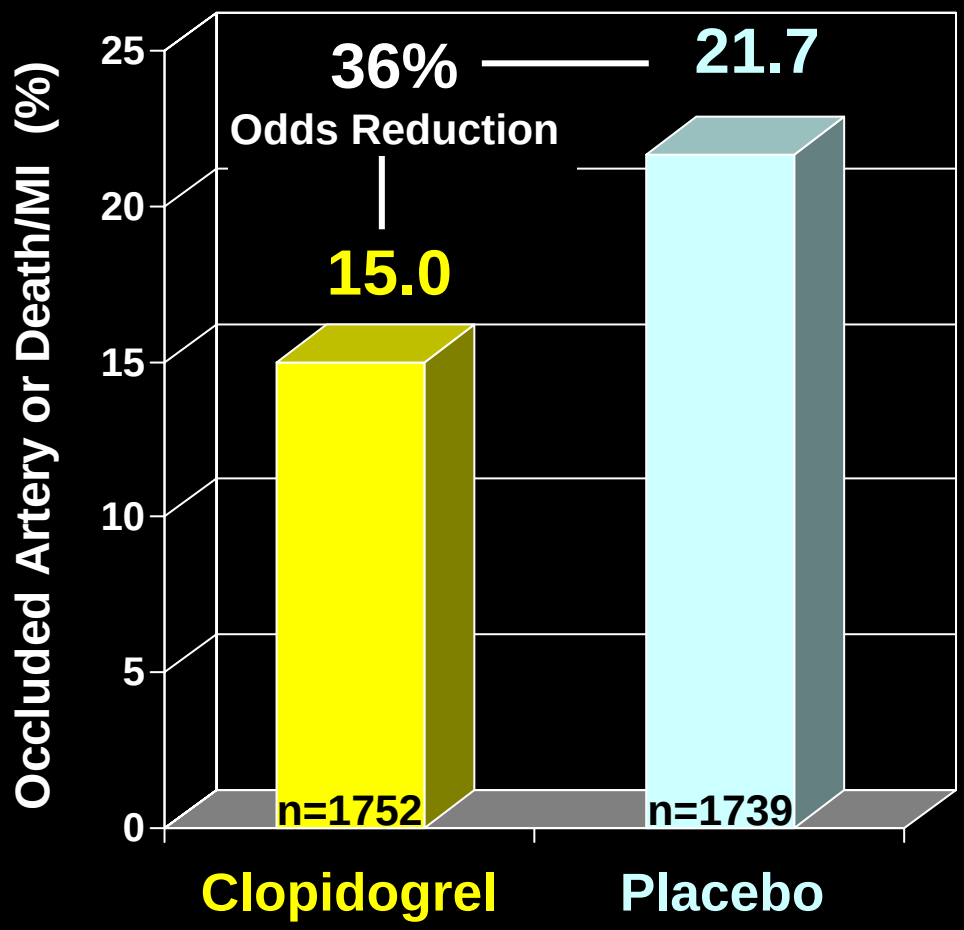
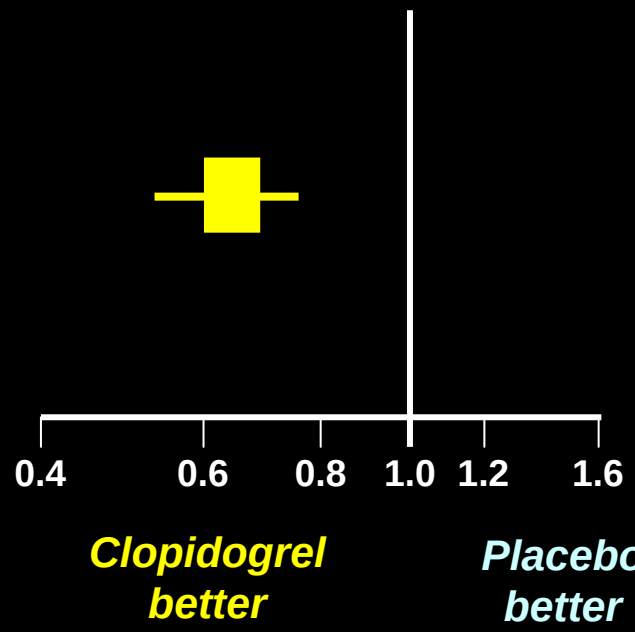
Primary Endpoint: Occluded Artery (or D/MI thru Angio/HD)



Odds Ratio 0.64

(95% CI 0.53-0.76)

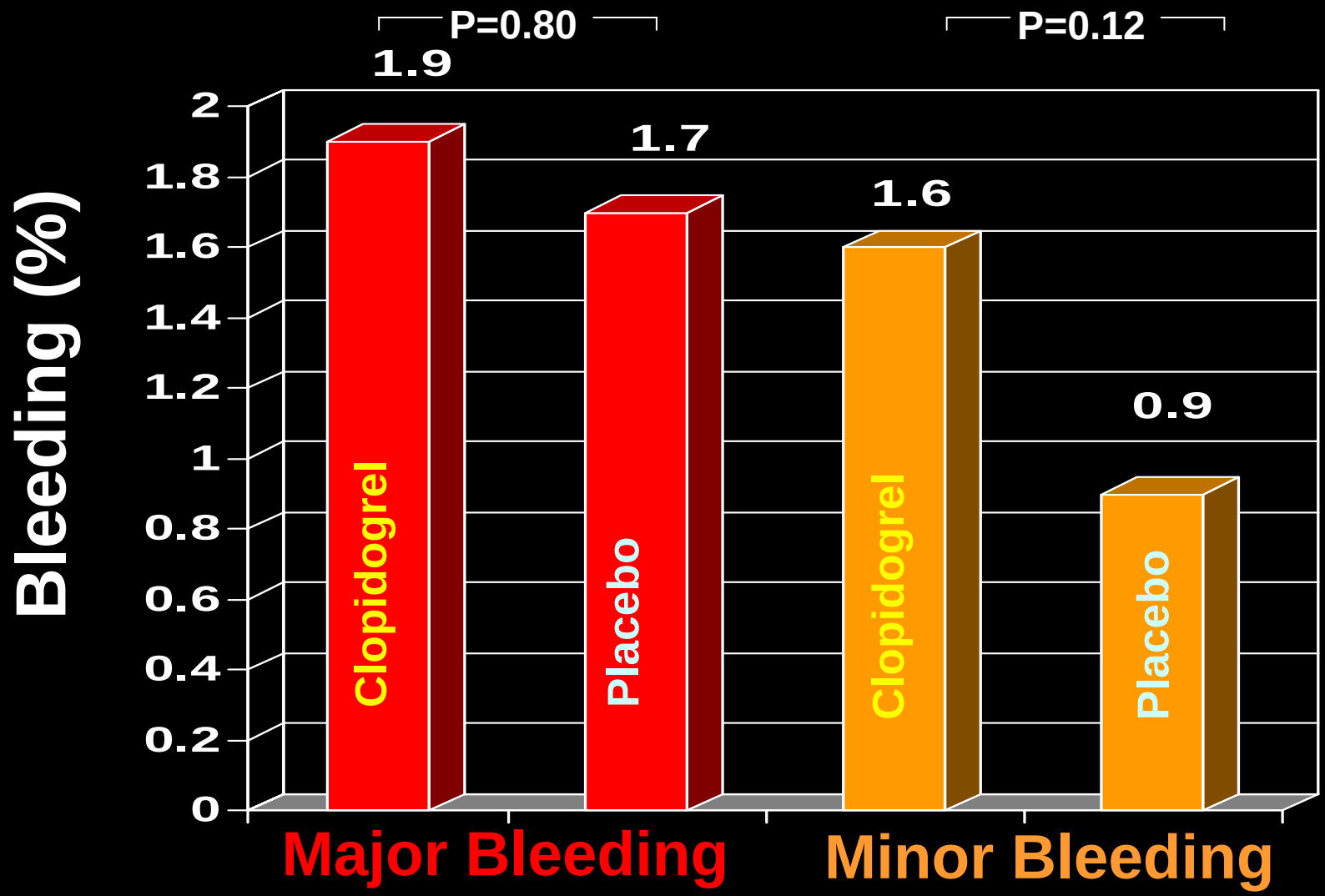
P=0.00000036



N Engl J Med 2005;352:1179

CLARITY TIMI 28

Safety : Bleeding at 30 days



N Engl J Med 2005;352:1179

PCI CLARITY : 1863 CLARITY patients treated with PCI

End point	Clopidogrel pretreatment (%) n=933	No pretreatment (%) n=930	Adjusted odds ratio (95% CI)	p
CV death/MI/ stroke*	3.6	6.2	0.54 (0.35-0.85)	0.008
CV death/MI	3.3	5.4	0.58 (0.36-0.94)	0.03
CV death	1.4	2.6	0.49 (0.24-1.03)	
MI	1.9	3.1	0.60 (0.33-1.11)	
Stroke	0.4	1.2	0.35 (0.11-1.11)	

*Primary end point **from PCI to 30 days**

Time Sx to Fibrin	2.4 hrs	2.3 hrs	0.12
Time rand to PCI	3.2 hrs	3.0 hrs	0.03

JAMA. 2005;294:1224

PCI CLARITY : 1863 CLARITY patients treated with PCI

End point	Clopidogrel pretreatment (%) n=933	No pretreatment (%) n=930	Adjusted odds ratio (95% CI)	p
Major bleeding	0.5	1.1		0.21
Minor bleeding	1.4	0.8		0.26

JAMA. 2005;294:1224

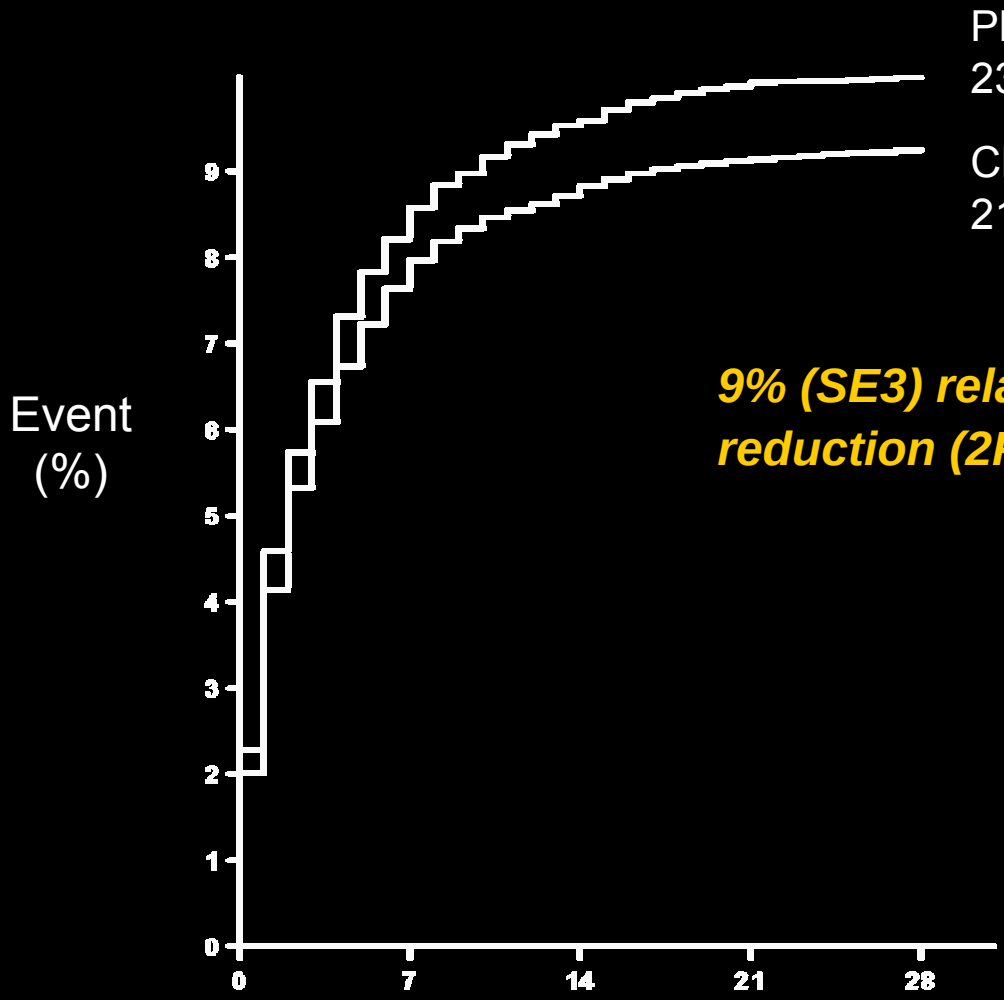
PCI-CLARITY: event rates before PCI

End point	Clopidogrel pretreatment (%)	No pretreatment (%)	Adjusted odds ratio (95% CI)	p
MI/stroke	4.0	6.2	0.62 (0.40-0.95)	0.03
MI	4.0	6.1	0.60 (0.38-0.95)	
Stroke	0	0.1	NA	

JAMA. 2005;294:1224

COMMIT: Effects of CLOPIDOGREL on Death, Re-MI or Stroke

n=45’851



Placebo + ASA:
2311 events (10.1%)

Clopidogrel + ASA:
2125 events (9.3%)

9% (SE3) relative risk reduction (2P=0.002)

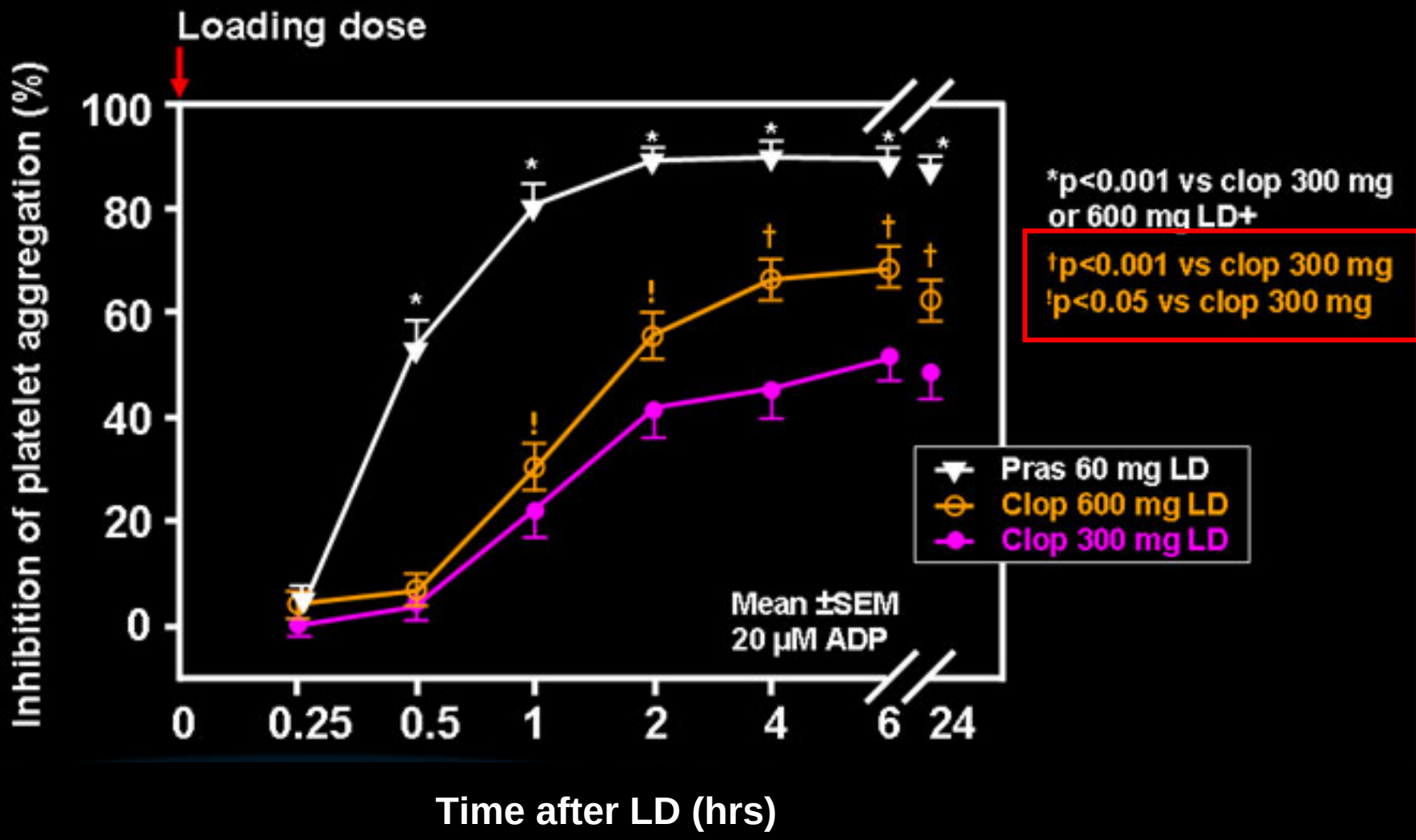
Lancet 2005; 366: 1607

Major bleeding in COMMIT

Bleeding	Clopidogrel (%)	Placebo (%)	Excess per 1000	p
Any major bleeding	0.58	0.55	0.4	0.59

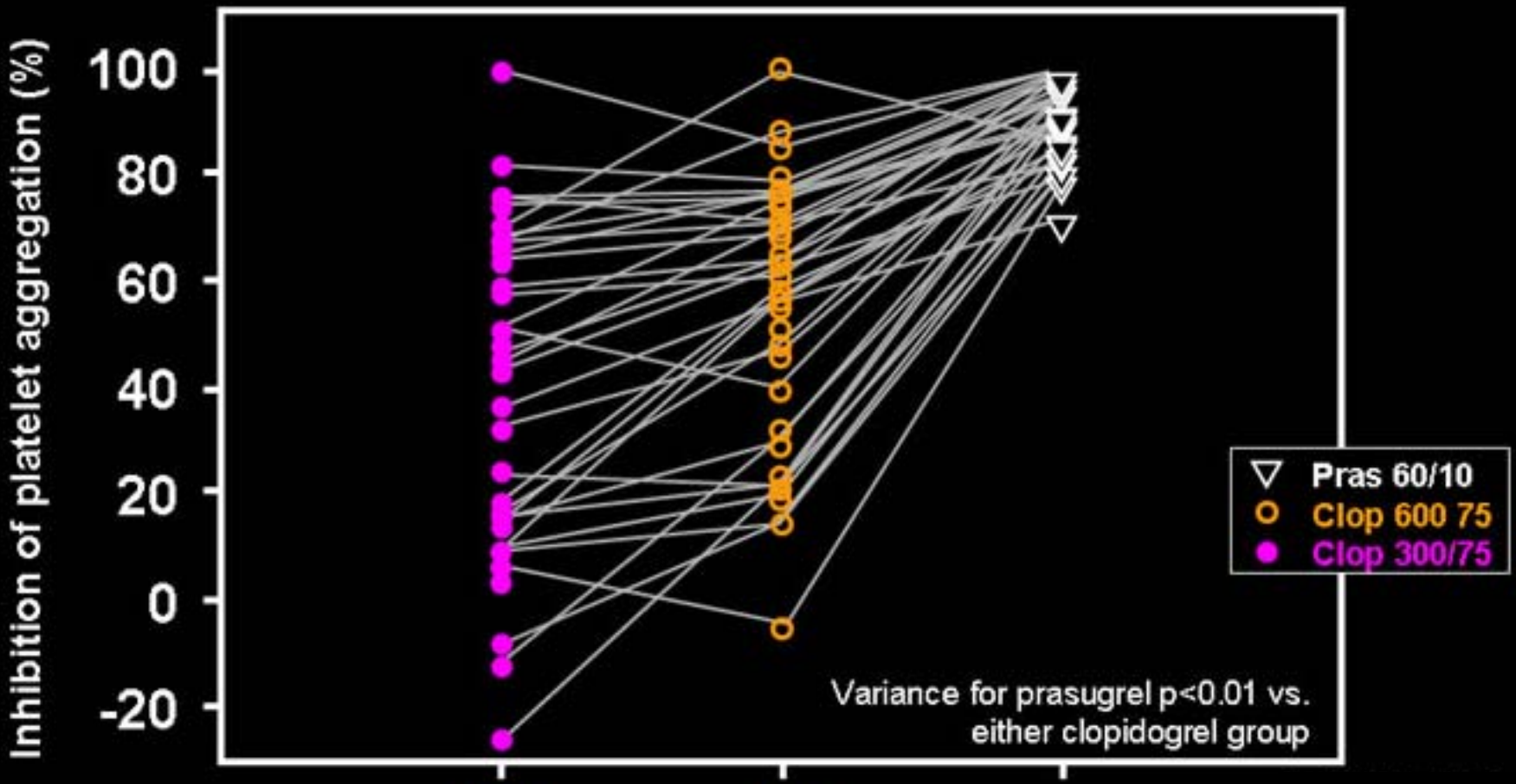
Lancet 2005; 366: 1607

Prasugrel 60 mg LD vs Clopidogrel 300 mg or 600 mg LD: Faster onset and higher IPA



Payne TCT 2006

Prasugrel 60 mg LD vs Clopidogrel 300 mg or 600 mg LD: Lower variability in IPA at 2 hours

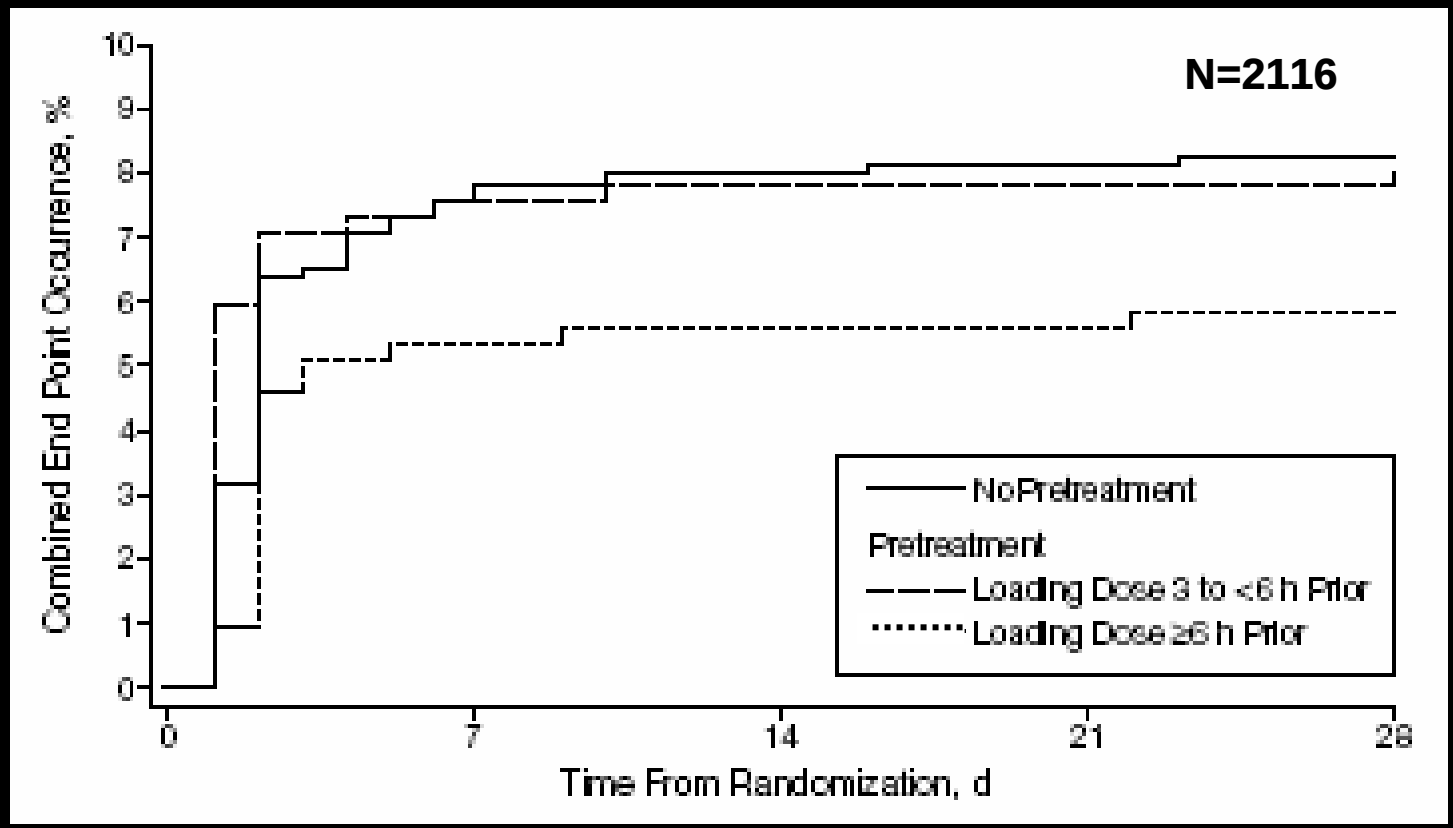


Payne TCT 2006

Clopidogrel 300 mg pretreatment in elective PCI and in ACS…

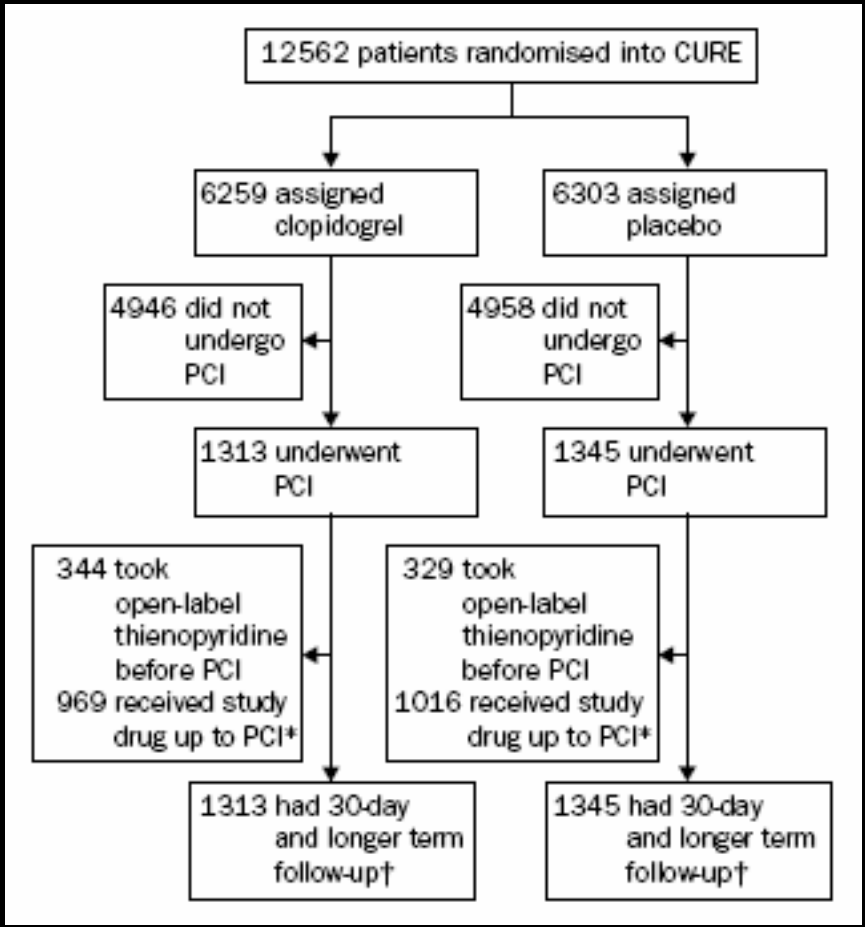
…to prevent Death, MI, Revasc

Clopidogrel 300 mg pretreatment to prevent Death, MI, Revasc at 30 days after elective PCI (CREDO)

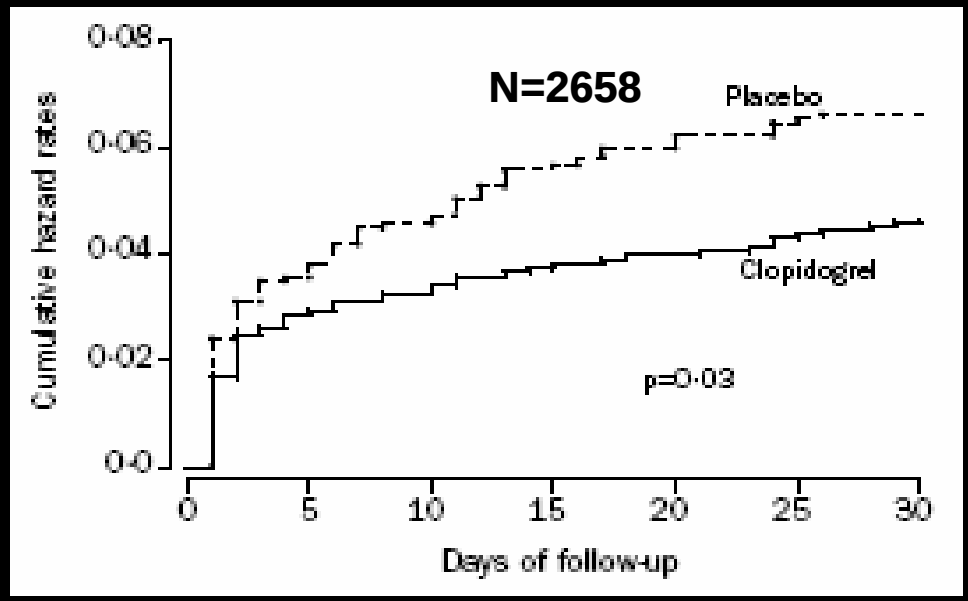


Lancet 2002; 388: 2411

Clopidogrel 300 mg pretreatment to prevent Death, MI, Revasc at 30 days after ACS (PCI-CURE)



Lancet 2001; 358: 527



Major Bleedings

Patients referred to surgery of the CURE trial (n= 12'562) :

- > 5 days n=910 → 0 difference
- < 5 days n=912 → 9.6 vs 6.3% p=0.06 (Clopidogrel vs Placebo)

L’administration de Clopidogrel > 6 heures avant l’intervention réduit les complications de 2 % et ceci aussi bien dans les interventions percutanées électives que dans les SCA

Clopidogrel 600 mg pretreatment in ACS…

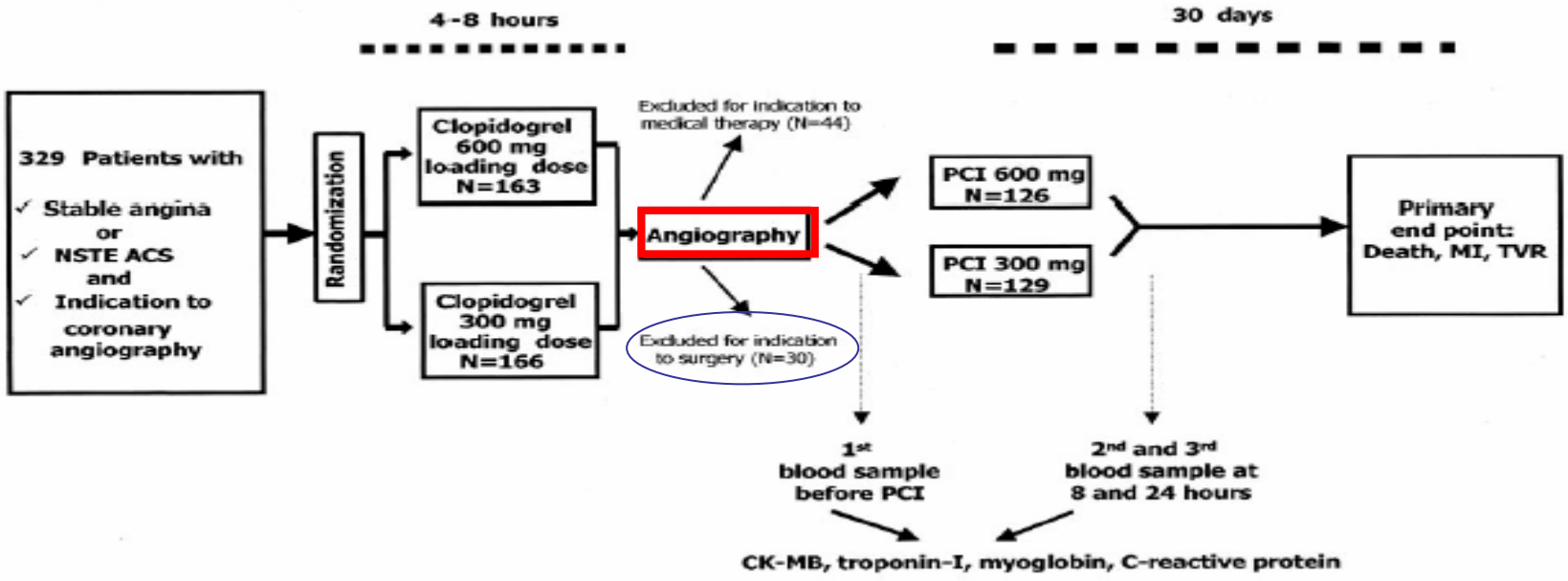
…better than 300 mg…

…and safe

Randomized Trial of High Loading Dose of Clopidogrel for Reduction of Periprocedural Myocardial Infarction in Patients Undergoing Coronary Intervention

Results From the ARMYDA-2 (Antiplatelet therapy for Reduction of MYocardial Damage during Angioplasty) Study*

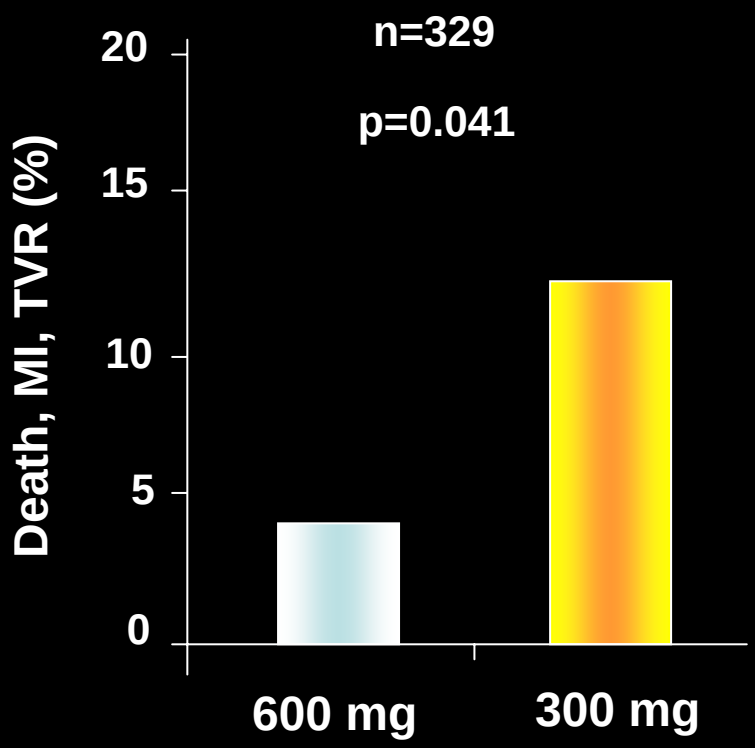
Giuseppe Patti, MD; Giuseppe Colonna, MD; Vincenzo Pasceri, MD, PhD;
Leonardo Lassandro Pepe, MD; Antonio Montinaro, MD; Germano Di Sciascio, MD, FESC



Circulation. 2005;111:2099

Primary Endpoint and Safety

effectiveness



safety

No differences in major and minor bleedings

13% IIb/IIIa inhibitors in each group

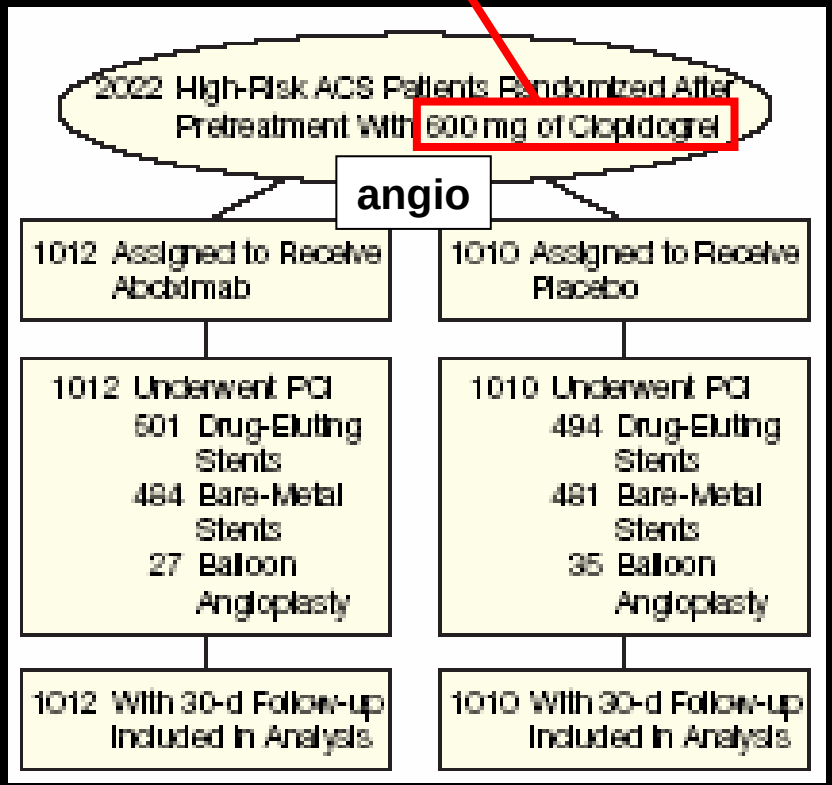
Circulation. 2005;111:2099

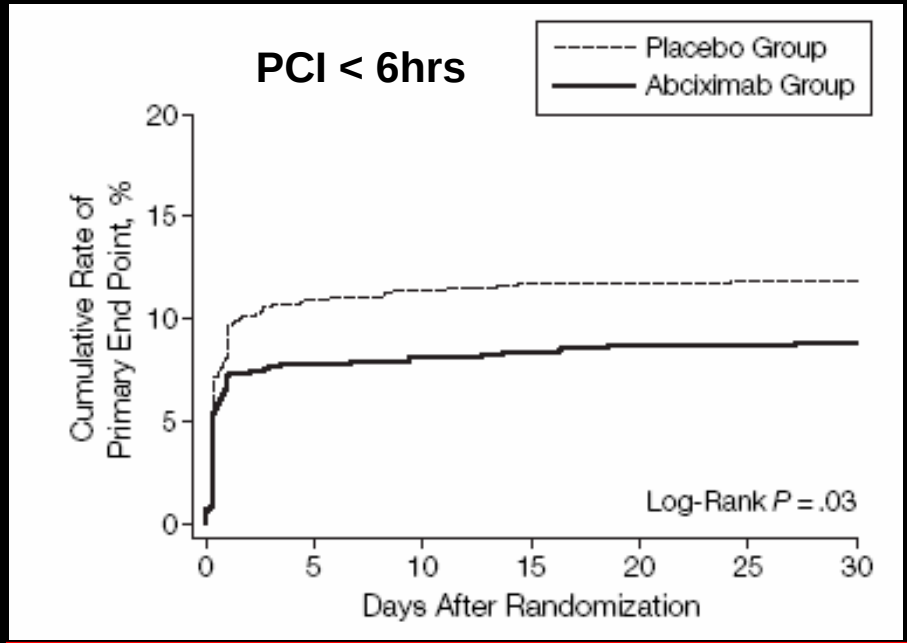
ORIGINAL CONTRIBUTION

JAMA-EXPRESS

Abciximab in Patients With Acute Coronary Syndromes Undergoing Percutaneous Coronary Intervention After Clopidogrel Pretreatment

The ISAR-REACT 2 Randomized Trial





Major bleedings 1.4 % in both groups
Minor bleedings 4.2 vs 3.3% (p=NS)

JAMA. 2006;295:1531

Conclusions:

Clopidogrel en phase aiguë d'un STEMI:

600 mg de Clopidogrel devrait être administré précocément lors d'un STEMI pour un patient qui n'est pas connu pour une valvulopathie chirurgicale ou une maladie coronarienne chirurgicale.

Risques hémorragiques lors de la nécessité d'une revascularisation chirurgicale:

1. La revascularisation chirurgicale en urgence est devenue rare: ARMYDA-2, 30 patients sous Clopidogrel référés à la chirurgie de façon élective dans tous les cas (situation hémodynamique stable).

   CURE 12'562 patients, 912 patients opérés < 5 jours après l'admission

   $\Rightarrow$ 0 différence significative d'hémorragie majeure.

Risques hémorragiques lors de la nécessité d'une revascularisation chirurgicale:

2. Les patients avec STEMI nécessitent le plus souvent une revascularisation monotronculaire en urgence donc PTCA:

   - les revascularisations complètes multitronculaires en urgence concernent les patients en chocs (NSTEMI>STEMI)

Cardiogenic Shock With Non-ST-Segment Elevation Myocardial Infarction: A Report from the SHOCK Trial Registry

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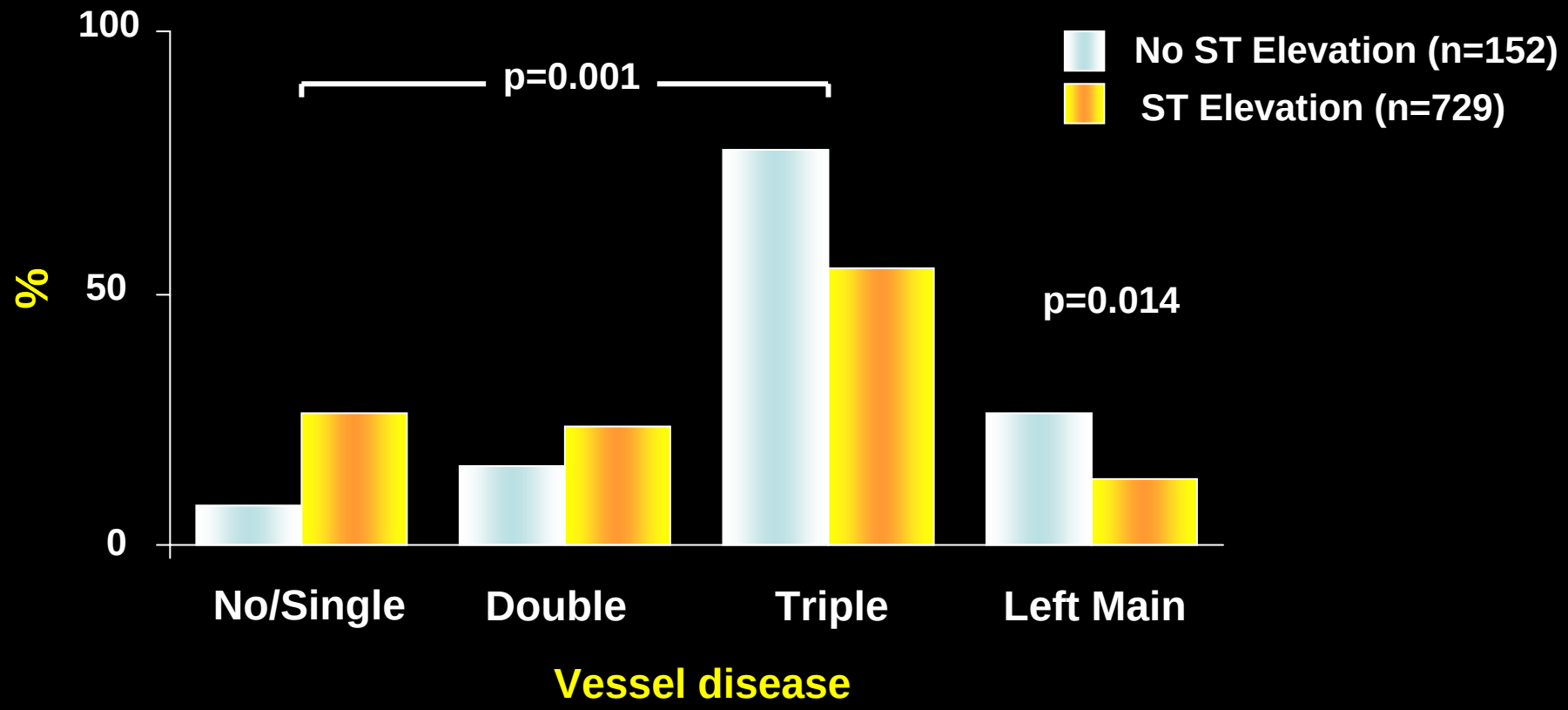
Boston, Massachusetts; Auckland, New Zealand; Brussels, Belgium; Watertown, Massachusetts; Bronx and New York, New York; Liège, Belgium



J Am Coll Cardiol 2000;36:1091