

Abciximabと心筋梗塞

BRAVE-3トライアルの結果、クロピドグレルの初期投与量を高用量にすることによりST上昇心筋梗塞に対し血管形成術を施行される患者におけるabciximabの必要性が軽減されることが示された

BRAVE-3 trial finds that high loading dose of clopidogrel can eliminate need for abciximab in patients with ST-elevation myocardial infarction undergoing angioplasty

クロピドグレルの初期投与量を高用量にすることによりST上昇心筋梗塞に対し血管形成術を施行される患者におけるabciximabの必要性を軽減することができる、とのLate-Breaking Clinical Trialの結果がAmerican College of Cardiologyで発表された。BRAVE-3トライアルでは800人の患者にクロピドグレル600mgを前投与し、その後abciximabまたはプラセボを静脈内投与する群に無作為に割り付けた。一次エンドポイントは5～10日後に施行した核医学検査による心筋血流で評価した最終的な梗塞サイズとした。その結果、群間に差はなかった。Abciximab群では心筋損傷は平均10%でありプラセボ群では9%であった。さらに、30日間の死亡、再梗塞、脳卒中、および緊急血行再建術施行からなる複合エンドポイントは両群間で同等であった(abciximabとプラセボで、それぞれ5%および3.8%)。

Full Text

A high loading dose of clopidogrel can eliminate the need for abciximab in patients with acute ST-elevation myocardial infarction undergoing angioplasty, according to a late-breaking clinical trial presented at the meeting of the American College of Cardiology.

The BRAVE-3 study was the first to test the influence of high-dose clopidogrel on the value of abciximab exclusively in this patient population.

"Acute myocardial infarction is a major medical problem, and the present study will help to define the optimal treatment strategy," said Julinda Mehilli, MD, an associate professor and staff cardiologist at Deutsches Herzzentrum, Technical University, Munich, Germany. "Therapy without abciximab would certainly be more cost-effective and reduce the risk of bleeding complications."

The BRAVE-3 researchers enrolled 800 patients with ST-elevation infarctions who were undergoing angioplasty. All were pretreated with 600 mg clopidogrel and then randomized to intravenous abciximab or placebo during the procedure.

The study was designed primarily to compare how the two treatment strategies affected infarct damage as evaluated by myocardial blood flow on a nuclear scan conducted 5 to 10 days later. There was no difference between groups: Damage involved an average 10 percent of the left ventricle with abciximab and 9 percent with placebo. In addition, the 30-day combined rates of death, repeat infarction, stroke and urgent revascularization procedure were similar in the two groups (5 percent and 3.8 percent, respectively).

"For patients with acute ST-elevation myocardial infarction undergoing primary coronary intervention after pre-treatment with a 600-mg loading dose of clopidogrel, the additional use of abciximab is not associated with any measurable benefit after 30 days," Mehilli said.

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