Eptifibatideの投与時間と有効性（BRIEF-PCI）

BRIEF-PCIトライアルの結果、複雑・緊急ではない経皮的冠動脈インターベンションの際のeptifibatide投与時間を短縮しても、標準的な投与法と有効性が同等であることが示された

BRIEF-PCI trial suggests abbreviated infusion of eptifibatide is equally effective as standard infusion for uncomplicated non-emergent percutaneous coronary interventions

複雑・緊急ではない経皮的冠動脈インターベンションの際のeptifibatide投与時間を短縮しても、標準的な投与時間で投与するのと安全性および有効性が同等である、とAmerican Heart AssociationのLate-Breaking Clinical Trialセッションで発表された。BRIEF-PCIトライアルでは、624人の患者が複雑ではないインターベンション/ステント挿入前にeptifibatideの投与を受け、その後18時間の持続点滴を受ける群と2時間以内の短時間の点滴を受ける群に無作為に割り分けられた。周術期の酵素上昇を伴う心筋損傷は二群間で同等であり、30日間の心筋梗塞および標的血管の緊急血行再建術施行率も同等であった。施術後の重大な出血は短時間投与群において有意に少なかった（1%対4.2%）。

Full Text

An abbreviated infusion of eptifibatide after an uncomplicated, non-emergent percutaneous coronary intervention is both safe and effective compared with standard-length infusion, according to a late-breaking clinical trial presentation at the annual scientific sessions of the American Heart Association.

The recommended regimen for eptifibatide given after an intervention procedure is a double bolus followed by an intravenous infusion for 18 hours to prevent periprocedural myocardial ischemia and injury.

In the Abbreviated Infusion of Eptifibatide After Successful Coronary Intervention: BRIEF-PCI Randomized Trial, researchers studied whether the recommended 18-hour infusion could be safely omitted if the procedure was uncomplicated.

"If a shorter infusion is as good as the standard, then it will save several hundred dollars per patient, shorten the hospital stay, and may result in less bleeding complications," said Anthony Fung, MBBS, director of cardiac catheterization labs at Vancouver General Hospital, University of British Columbia, Canada, and lead author of the study.

Researchers randomized 624 patients from December 2004 to July 2007 to two groups: 18-hour infusion or less than 2-hour infusion of eptifibatide. All patients had stable angina or acute coronary syndrome and had undergone successful non-emergent intervention stenting. They had also received intravenous eptifibatide during the procedure.

To determine if the eptifibatide infusions were effective, researchers compared the frequency of periprocedural myocardial injury in the two groups. Myocardial injury was defined as elevated post-procedure levels of troponin I if baseline level were normal or elevated CK MB three times upper limit of normal if baseline troponin I level were high.

The incidence of periprocedural ischemic myocardial injury was 30.1 percent in the abbreviated-infusion group versus 28.3 percent in the 18-hour group. The 30-day incidence of myocardial infarction was 4.8 percent in the abbreviated-infusion group versus 4.5 percent in the 18-hour group. No deaths occurred. Urgent target vessel revascularization was 0.6 percent in both groups. Major bleeding post-procedure was less frequent in the abbreviated-infusion group (1 percent vs. 4.2 percent).

"We conclude that following uncomplicated non-emergent percutaneous coronary intervention, the intravenous infusion of eptifibatide can be abbreviated safely to less than two hours," said Fung. "It is not inferior to the standard 18-hour infusion in preventing ischemic outcome, and it is associated with less post-procedural bleeding."

Cardiology特集

AHA2007（第80回米国心臓病協会）

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