

## イルベサルタンは心房細動患者の心不全発症を減少させる

**ACTIVE-I:** イルベサルタンは心房細動患者の心不全および塞栓イベントを減少させる

**ACTIVE-I:** Irbesartan linked to reduced heart failure complications and embolic events in patients with atrial fibrillation

心房細動クロピドグレルトライアルにおけるイルベサルタンによる血管イベント予防 (ACTIVE-I: Atrial Fibrillation Clopidogrel Trial With Irbesartan for Prevention of Vascular Events) スタディがESC 2009で発表され、降圧剤イルベサルタンが心房細動患者の心不全合併症および脳卒中、他の塞栓イベントおよび一過性脳虚血発作の合計リスクを軽減させたことが明らかになった。このスタディは二つの複合主要エンドポイントを調査した: 心臓発作または脳卒中の合計であったが、両群間で差はなかった (両群ともに年間5.4%)。しかし、この合計と心不全による入院率は、有意ではないが低い傾向にあった (イルベサルタン群年間7.3%対プラセボ群年間7.7%)。この差は心不全による入院が14%と有意に少ないためであった (イルベサルタン群年間2.7%対プラセボ群年間3.2%)。脳卒中、非中枢神経系塞栓、および一過性脳虚血発作発現率も13%と有意に低かった (イルベサルタン群年間2.9%対プラセボ群年間3.4%)。心血管疾患による入院および入院日数の有意な減少も認められた。イルベサルタンとプラセボの忍容性は同様であった。

### Full Text

Most research in atrial fibrillation (AF) has focused on reducing stroke and other embolic events. Yet heart failure occurs more frequently in AF patients, but has not been the focus of intervention research. In a major international trial, researchers from McMaster University in Canada, found that the hypertension drug irbesartan reduced the risk of heart failure complications and the combination of stroke, other embolic events and transient ischemic events in patients with atrial fibrillation.

Although strokes are frequent in AF patients (and have been the focus of much research), heart failure is even more common, but no intervention has been shown to reduce this complication.

The findings of the ACTIVE-I (Atrial Fibrillation Clopidogrel Trial With Irbesartan for Prevention of Vascular Events) study was presented at the European Society of Cardiology in Barcelona, Spain, by Dr. Salim Yusuf. Dr. Yusuf is a professor of medicine in the Michael G. DeGroote School of Medicine at McMaster University and director of the Population Health Research Institute at McMaster University and Hamilton Health Sciences.

"The approach to the management of AF patients should be multidimensional," said Yusuf, the chair of the ACTIVE-I steering committee. "While antithrombotic drugs are important in preventing stroke and other complications, complimentary approaches to reducing these and other complications by lowering blood pressure or controlling heart rhythm are important."

The ACTIVE-I study is part of a larger program of research into atrial fibrillation and involves randomizing over 9,000 patients (enrolled at more than 500 centers in 41 countries) to receive irbesartan or placebo for 4.1 years. The study was completed in June, 2009.

The difference in systolic blood pressure between the groups was approximately 3 mm Hg. The study examined two co-primary outcomes: the composite of cardiovascular death, heart attack or stroke which was unchanged (5.4 per cent/year in each group), but this composite plus heart failure hospitalization tended to be non-significantly lower (7.3 per cent/year irbesartan vs. 7.7 per cent/year placebo). The latter difference was due to a significant reduction in hospitalizations for heart failure (2.7 per cent/year irbesartan vs. 3.2 per cent/year placebo) by 14 per cent. There was also a significant reduction in stroke, non-central-nervous-system embolism, and transient ischemic attacks (2.9 per cent/year irbesartan vs. 3.4 per cent/year placebo) by 13 per cent. There was a significant reduction in hospital admissions and the number of days in hospital for cardiovascular reasons. Irbesartan was similarly tolerated compared to placebo.

"The modest BP lowering with irbesartan in the trial likely occurred because patients were already receiving several BP-lowering drugs before entering the trial, and this was intensified to a greater extent in the placebo group during the trial," said Dr. Stuart Connolly, a professor of medicine in the Michael G. DeGroote School of Medicine at McMaster University, a member of the Population Health Research Institute and the principal investigator of the trial.

"When one considers that the difference in systolic BP between groups was less than 3 mm Hg, the 13 per cent to 14 per cent relative risk reduction in heart failure and cerebrovascular and other embolic events is clinically important, and suggests that more aggressive BP lowering may have an even larger benefit."

"By demonstrating the reduction in cardiovascular hospitalizations, the ACTIVE I study highlights the importance of multiple approaches in tackling the total burden of disease in patients with AF," said Dr. Marc Pfeffer, Dzaou Professor of Medicine, Harvard University Medical School at the Brigham and Women's Hospital in Boston. Dr. Pfeffer is the U.S. National Coordinator and a member of the ACTIVE Executive Committee.

## Conference News

### [News Flash 01]

クロピドグレルを凌ぐticagrelorの有益性

### [News Flash 02]

心房細動においてdabigatranはワルファリンよりもより有効である

### [News Flash 03]

低用量アスピリンは推奨されない

### [News Flash 04]

ACSに対するotamixabanの有効性の複合結果

### [News Flash 05]

遠隔地患者に対するPCIのための移送有益性

### [News Flash 06]

高齢者には初期治療としてのPCIは血栓溶解療法よりも有効性が高い

### [News Flash 07]

バルサルタンはアジア人の高血圧患者に有益性をもたらす

### [News Flash 08]

薬剤溶出ステントの安全性が明らかになった

### [News Flash 09]

左冠動脈主幹部病変の治療には近年PCIが多く施行されている

### [News Flash 10]

Rolofyllineは急性心不全に効果がなかった

### [News Flash 11]

心原性ショックを伴ったAMI患者におけるabciximabの効果は失望させられる結果であった

### [News Flash 12]

中等量の飲酒はAFのリスクを上昇させない

### [News Flash 13]

高用量のクロピドグレルはPCIの合併症を減少させる

### [News Flash 14]

再同期療法により軽症の無症状患者の心不全リスクが軽減する

### [News Flash 15]

ヨーロッパの循環器医は心臓再同期療法の有効性を確信している

### [News Flash 16]

イルベサルタンは心房細動患者の心不全発症を減少させる

### [News Flash 17]

ICDの遠隔調査の効果

### [News Flash 18]

糖尿病患者の非侵襲的リスク同定