病院到着前の抗血小板療法の利点はない (Late Breaking Registry Session, Abstract 4971)

SCAAR：STEMI発症時の救急車内での抗血小板療法は病院到着後に行うのと比べ利点はない

SCAAR: No advantage of ambulance over hospital for antiplatelet therapy following STEMI

ST上昇型心筋梗塞（STEMI）を発症した患者に対し、病院到着前の抗血小板療法がガイドラインにおいて推奨されているのとは対照的に、この医療行為を入院後に開始することに比べ優れている点はない、と2017 ESC Congress で発表された。この後ろ向き研究は、Swedish Coronary Angiography Angioplasty Registry (SCAAR) のデータを用いて、経皮的冠動脈インターベンションを施行されたSTEMI 患者 44,804 人を同定した。前投薬を行われた患者と行われなかった患者を比べた結果、30日死亡率（p=0.36）および、動脈閉塞、心原性ショック、神経学的合併症、または出血性合併症など他の項目から成る評価項目において、有意な有益性は認められなかった。

Full Text

In contrast to guidelines that recommend pre-hospital antiplatelet therapy for patients suffering from ST-elevation myocardial infarction (STEMI), a new study presented at ESC Congress suggests this practice has no advantage over waiting for in-hospital treatment.

"Pre-hospital administration is common practice - despite the lack of definite evidence for its benefit," said study investigator Dr. Elmir Omerovic, PhD, from Sahlgrenska University Hospital, Gothenburg, Sweden.

"But our study – which is the largest cohort study conducted so far – adds to some previous evidence suggesting there is potential for harm. In fact, inadvertent prehospital administration of these drugs to patients with contraindications to antithrombotic therapy is common. Therefore, considering all current evidence, we think pre-hospital administration should be discouraged."

The retrospective study used data from the Swedish Coronary Angiography and Angioplasty Registry (SCAAR) to identify 44,804 STEMI patients undergoing percutaneous coronary intervention (PCI) - a revascularization procedure - between 2005 and 2016.

Most of the patients were pre-treated with antiplatelet therapy, but 6,964 were not.

Comparing pre-treated patients to those not pre-treated, the investigators found no significant benefits of pre-treatment in terms of 30-day mortality (odds ratio 0.91; P=0.36), or other endpoints including measures of arterial blockage, cardiogenic shock, neurological complications, or bleeding complications.

The ESC, as well as the American College of Cardiology and American Heart Association recommend pre-hospital antiplatelet treatment, but the current study adds to growing evidence that may tip the pendulum.

The ATLANTIC trial, presented at ESC Congress a few years ago gave the first hint that pre-treatment might offer no advantages, but it was a study with relatively short delays for patients receiving in-hospital treatment, explained Dr. Omerovic.

"Our new data addresses some of the concerns with ATLANTIC and offers stronger evidence that pre-treatment is not necessary," he said. "We hope the accumulated evidence will be convincing enough to discourage this practice and trigger a change in recommendations."

No funding sources were reported for this study.

Conference News