

Postop AF Risk Lower in African Americans

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FROM THE ANNUAL MEETING OF THE
HEART RHYTHM SOCIETY

DENVER — Several recent studies have shown that the prevalence of atrial fibrillation in the general population is considerably lower in African Americans than in whites. New evidence indicates this is also the case in the setting of post-coronary artery bypass graft.

“It’s counter-intuitive because of the fact that African Americans have a lot more of the risk factors that lead to atrial fibrillation, like high blood pressure, heart failure, and diabetes. There’s something fundamentally different that alters the risk for atrial fibrillation in African Americans,” Dr. Marc K. Lahiri observed at the meeting.

He presented a retrospective study involving 270 African Americans and 731

whites with no prior atrial fibrillation (AF) who underwent CABG at Henry Ford Hospital in Detroit. Postoperative AF occurred in 29% of the white patients compared with 19% of African Americans.

In a multivariate analysis adjusted for age, gender, heart failure, hypertension, and diabetes, black race remained a highly significant independent predictor of reduced risk of postop AF, with a 47%

lower risk than in whites, said Dr. Lahiri, senior staff physician at Henry Ford.

“Since it appears that Caucasians are at an increased risk of developing postoperative atrial fibrillation, clinicians may want to use this information in deciding when to take measures to prevent its occurrence, such as using antiarrhythmic medications at the time of surgery,” added Dr. Lahiri, who reported no conflicts of interest. ■

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vs Plavix® (clopidogrel bisulfate) plus ASA against thrombotic cardiovascular (CV) events (including stent thrombosis)

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- In the overall study, the benefit in each population was primarily driven by a significant reduction in nonfatal myocardial infarctions (MIs), with no significant differences in CV death or nonfatal stroke¹
 - Approximately 40% of MIs occurred periprocedurally and were detected solely by changes in CK-MB
- 52% RRR[‡] in stent thrombosis in the all-ACS population with Effient plus ASA vs Plavix plus ASA (1.1% vs 2.2%; 1.1% ARR; P<0.0001)³
- In TRITON-TIMI 38, the loading dose of Plavix was delayed relative to the placebo-controlled trials that supported its approval for ACS

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IMPORTANT SAFETY INFORMATION

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- Effient is contraindicated in patients with active pathological bleeding, such as from a peptic ulcer or intracranial hemorrhage (ICH), or a history of transient ischemic attack (TIA) or stroke
- Patients who experience a stroke or TIA while on Effient generally should have therapy discontinued. Effient should also be discontinued for active bleeding and elective surgery
- Premature discontinuation of Effient increases risk of stent thrombosis, myocardial infarction (MI), and death
- Thrombotic thrombocytopenic purpura (TTP), a rare but serious condition that can be fatal, has been reported with the use of other thienopyridines, sometimes after a brief exposure (<2 weeks), and requires urgent treatment, including plasmapheresis

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*As measured by reduction in the primary composite endpoint of CV death, nonfatal MI, or nonfatal stroke.

[†]Absolute risk reduction.

[‡]Relative risk reduction.

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