Aspirin Boosts Survival in Unstable Angina

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MUNICH — Patients who were treated with aspirin during acute care hospitalization for unstable angina and who were prescribed aspirin at discharge had a significant 25% reduced risk of dying over the next 17 years compared with patients who did not get such therapy, Dr. Michael E. Farkouth reported at the annual congress of the European Society of Cardiology.

The study reviewed the records of all residents of Olmsted County, Minn., who presented at one of the three emergency departments with a first episode of acute chest pain in January 1985–December 1992. The analysis excluded patients who had chest pain for reasons other than unstable angina, leaving 1,628 patients. The patients' mean age was 66 years; 60% were men.

Their records showed that 41% of patients received aspirin during hospitalization and were also prescribed aspirin at discharge, 5% did not get aspirin while hospitalized but did get a discharge prescription, 12% received aspirin only while hospitalized, and 42% did not receive aspirin during hospitalization or at discharge, Dr. Farkouth, director of the Mount Sinai Heart Clinical Trials Unit at Mount Sinai Medical School, New York, and his associates wrote in a poster.

During an average follow-up of almost 17 years, 986 of the patients died. In a multivariate analysis, patients who received aspirin while hospitalized and who were prescribed the drug at discharge had the lowest mortality rate. Patients who received it during hospitalization but did not receive a postdischarge prescription had a significant adjusted 17% reduced risk of death, compared with patients who did not get aspirin. Patients who did not get aspirin in the hospital but did get a postdischarge prescription had an adjusted, significant 23% reduced risk of dying compared with patients who did not get aspirin. ■