

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 dis-

charge, 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. ■

4 large trials involving more than 81,000 patients

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Important Risk Information

PLAVIX is contraindicated in patients with active pathologic bleeding such as peptic ulcer or intracranial hemorrhage. PLAVIX should be used with caution in patients who may be at risk of increased bleeding from trauma, surgery, or coadministration with NSAIDs or warfarin. (See **CONTRAINDICATIONS** and **PRECAUTIONS**.[§])

The rates of major and minor bleeding were higher in patients treated with PLAVIX plus aspirin compared with placebo plus aspirin in clinical trials. (See **ADVERSE REACTIONS**.[§])

As part of the worldwide postmarketing experience with PLAVIX, there have been cases of reported thrombotic thrombocytopenic purpura (TTP), some with fatal outcome. TTP has been reported rarely following use of PLAVIX, sometimes after a short exposure (<2 weeks). TTP is a serious condition that can be fatal and requires urgent treatment including plasmapheresis (plasma exchange). (See **WARNINGS**.[§])

In clinical trials, the most common clinically important side effects were pruritus, purpura, diarrhea, and rash; infrequent events included intracranial hemorrhage (0.4%) and severe neutropenia (0.05%). (See **ADVERSE REACTIONS**.[§])

§PLEASE SEE BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION ON ADJACENT PAGE.

Plavix
(clopidogrel bisulfate) 75 mg tablets

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