Clopidogrel: what is the impact of such treatment on MACE rate and mortality in acute coronary syndromes?

JC Stauffer¹, D Radovanovic², P Urban³, N Duvoisin², H Rickli⁴, O Bertel⁵, P Erne⁶

¹CHUV Lausanne, ²AMIS Data Center Zurich, ³Clinic La Tour Meyrin, ⁴Canton Hospital St Gallen, ⁵Triemli Hospital Zurich, ⁶Canton hospital Lucerne

Method:
From January 1997 to December 2005, The AMIS-Plus data base included 19,461 patients with an ACS admitted to Swiss hospitals. Complete data on Clopidogrel administration are available on 19,209 pts. Baseline characteristics are available on 19,209 pts. Baseline characteristics are presented in the table below:

Results:
As shown in Fig. 1 the administration of Clopidogrel had a significant impact on in-hospital mortality and in-hospital MACE rate. The magnitude of this benefit is particularly important in diabetic patients. When correcting the baseline characteristic imbalances by multivariate analysis: impact on mortality and major adverse clinical events (stroke, reinfarction and death: MACE), the differences are still significant (OR for mortality 0.81, CI 95% 0.74-0.98; OR MACE 0.83, CI 95% 0.70-0.98).

Conclusion: In Swiss hospitals, Clopidogrel use for pts with ACS is associated with both lower MACE rate and lower in-hospital mortality.