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GLYCOPROTEIN IIB/IIIA ANTAGONISTS: WHAT IS THEIR REAL IMPACT ON MACE RATE AND MORTALITY IN ACUTE CORONARY SYNDROMES?

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Background : Practice guidelines have currently classified the administration of GP IIb/IIIa inhibitors (GP IIb/IIIa) in IIa for ST elevation myocardial infarction (STEMI) and I for Non STEMI (NSTEMI). The AMIS-Plus registry (Acute Myocardial Infarction in Switzerland) is a national prospective registry of acute coronary syndromes (ACS) offering the opportunity to study impact of different treatment modalities on in hospital outcome.

Methods : From January 1997 to September 2004, The AMIS-Plus data base included 15,852 patients with an ACS over Switzerland. Complete data on GP IIb/IIIa were available on 10,282 pts.

Results : Baseline characteristics and in-hospital outcome are presented in the table: When correcting the baseline characteristic imbalances by multivariate analysis, impact on mortality and major adverse clinical events (angina, reinfarction and death: MACE), the differences are still significant.

Conclusion : In Swiss hospitals, GP IIb/IIIa antagonists use on pts with ACS has major favourable impact on MACE rate and in-hospital mortality. Pts with the worst prognosis still appear to receive less GP IIb/IIIa inhibitors than they deserve.

GP IIb/IIIa in ACS

	GP IIb/IIIa STEMI/NSTEMI	No GP IIb/IIIa STEMI/NSTEMI	p value
N=10,282	N = 3538 (34.4%)	N = 6744 (65.6%)	
Female gender	23.8%	32.0%	$p < 0.001$
Age mean±sd median	61,5 ± 11,9 62y	67.1 ± 13.2 69y	$p < 0.001$
Diabetes	18,2%	21,3%	$p < 0.001$
PCI any	83,4%	42,6%	$p < 0.001$
MACE rate	5,9%	10,4%	$p < 0.001$
In-hospital mortality	3,4%	8,2%	$p < 0.001$

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