

Оптимална антиагрегантна терапия

(За най-благоприятен изход на перкутанните интервенции
при пациентите с ОКС)

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2014 ESC Myocardial Revascularisation Guidelines:

STEMI – ASA + P2Y12, колкото се може по-скоро след ПМК –предимство за Тика и Празугрел /огр. ТИА, 75г/

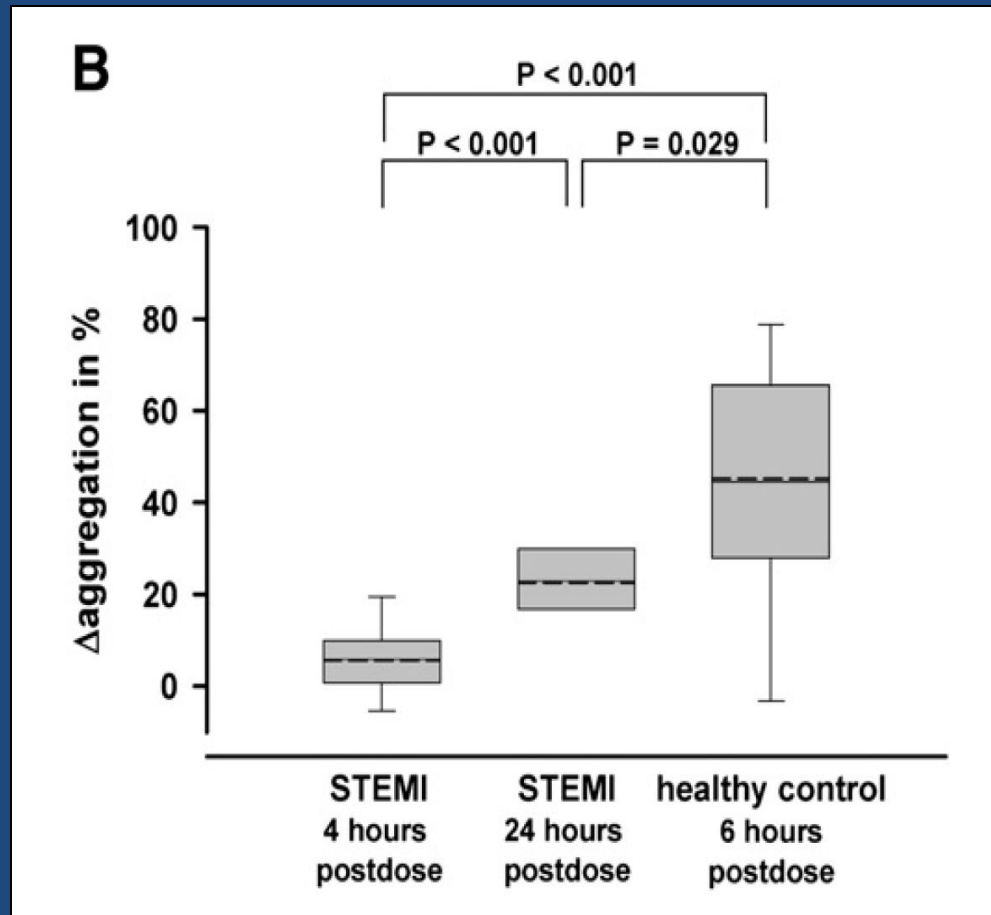
NSTEMI ПКИ – ASA + P2Y12
предимство за Тика и Празугрел /огр. ТИА, 75г/

Клопидогрел при индикации за антикоагуланти, скорошно кървне от ГИТ

Необходимост от венозни антиагреганти и ранно блокиране на тромбоцитите (основно при STEMI)

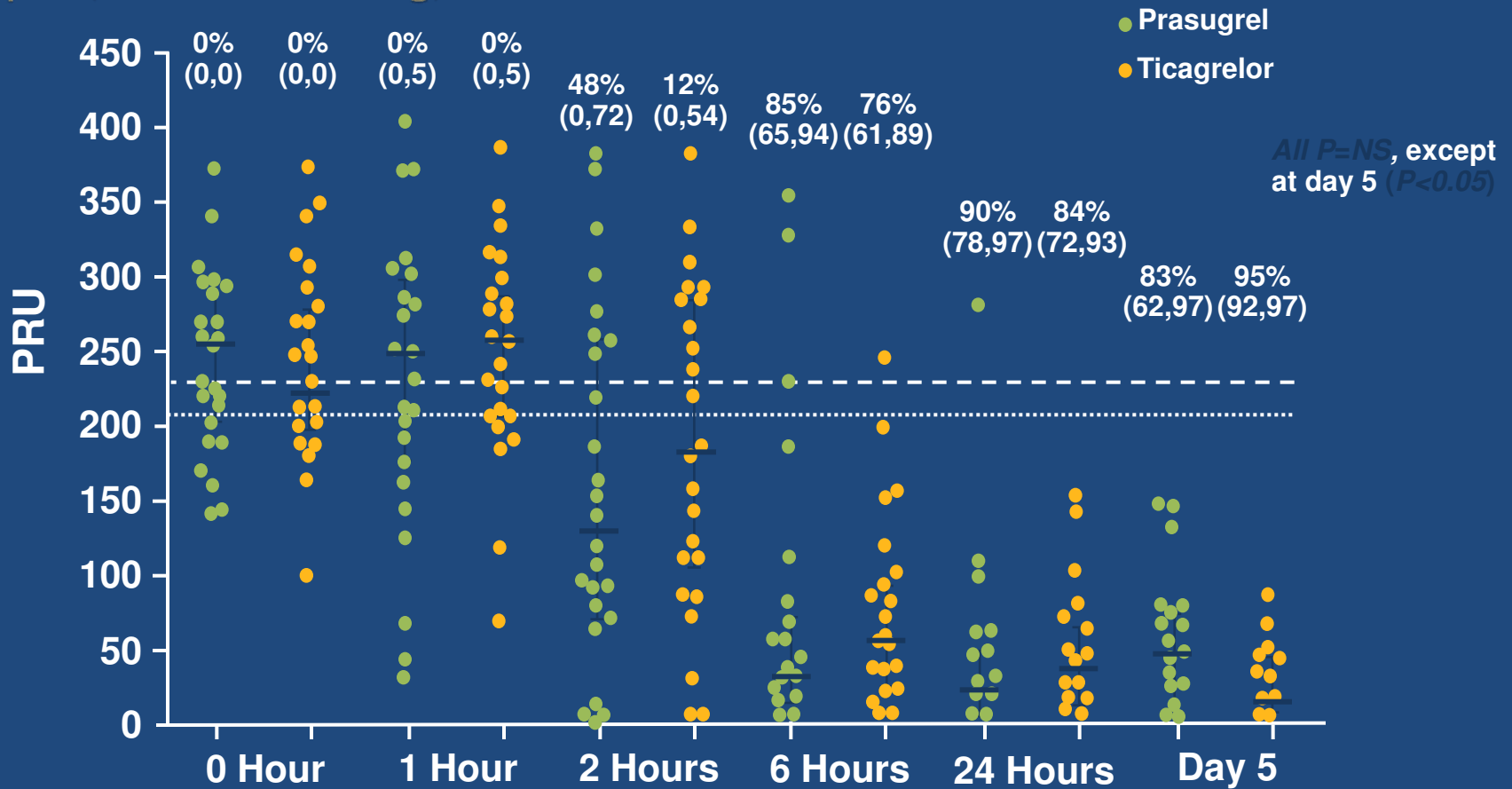
- ▶ Пациента не може да приема п.о.(напр. Повръща при долен МИ)
- ▶ Високорискови пациенти със забавен ефект от тиенопиридините
- ▶ Обратими антиагреганти като преход към хирургия

Bioavailability of Clopidogrel is Markedly Reduced in STEMI Patients



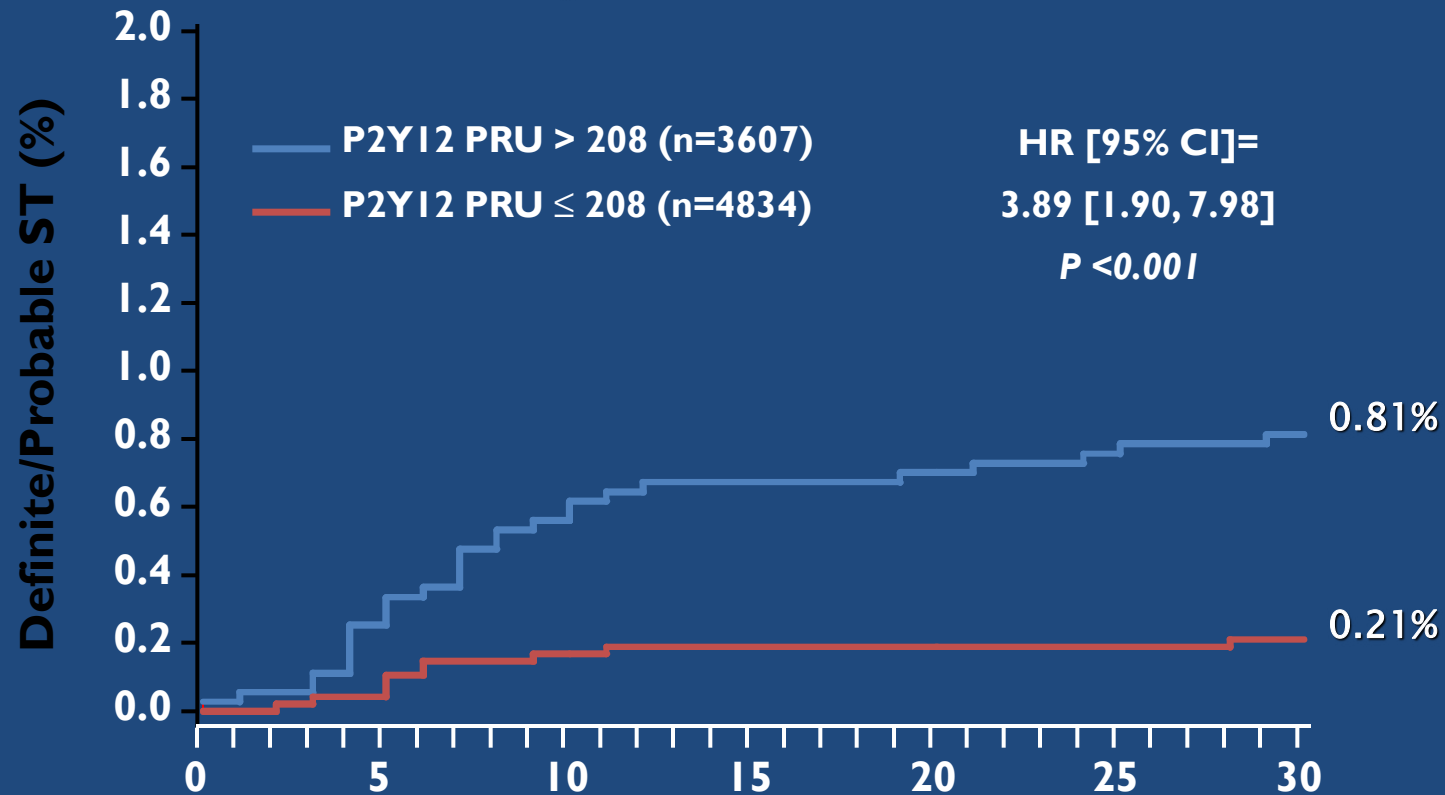
Ticagrelor и Prasugrel PD при STEMI

Verify Now P2Y₁₂ at 0, 1, 2, 6, 24 hrs, and 5 days post randomisation in 55 STEMI pts (standard dosing). % inhibited:



ADAPT-DES: Relationship Between VerifyNow P2Y₁₂ PRU and Stent Thrombosis within 30 Days

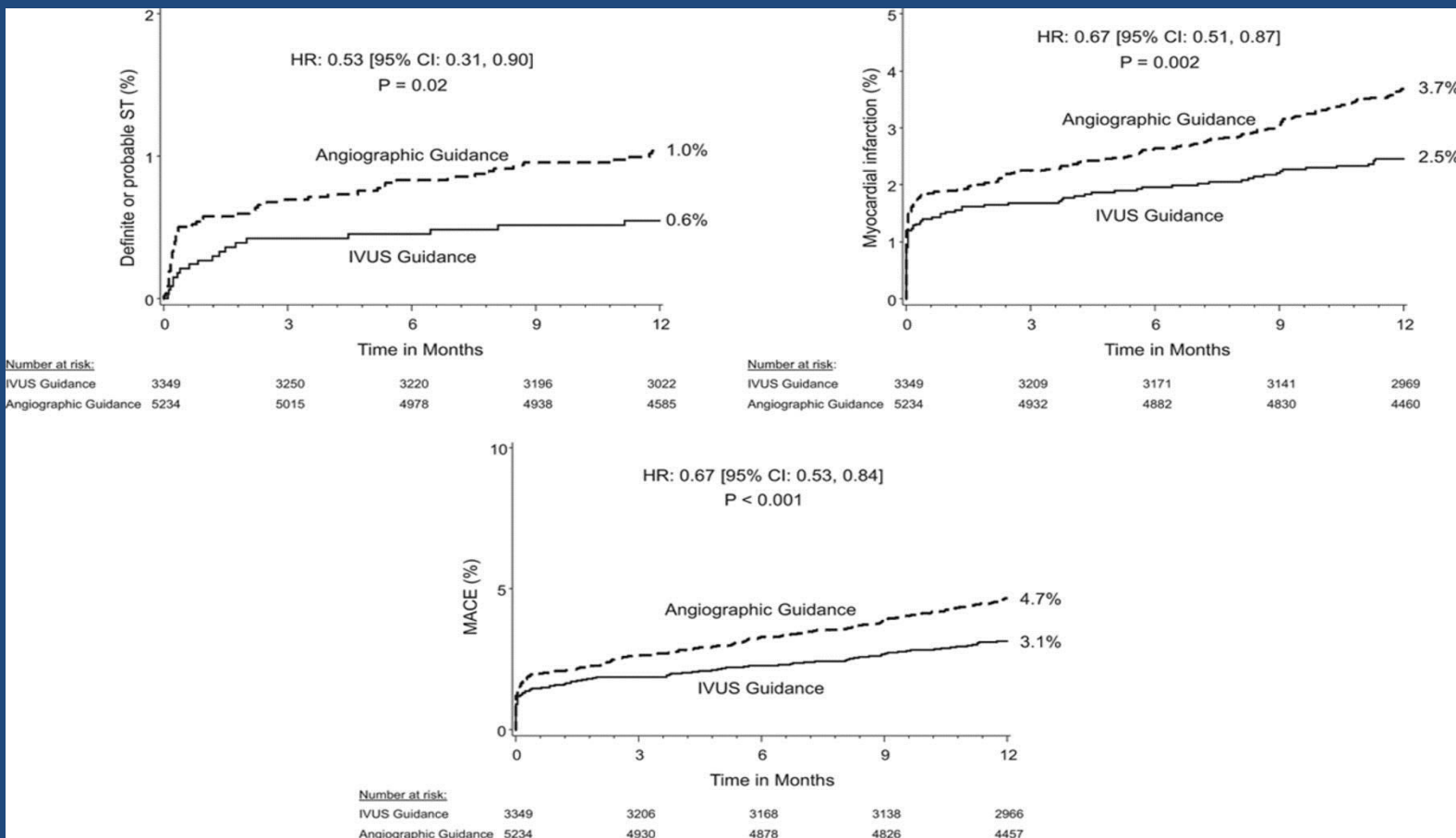
Definite or probable stent thrombosis



Number at risk

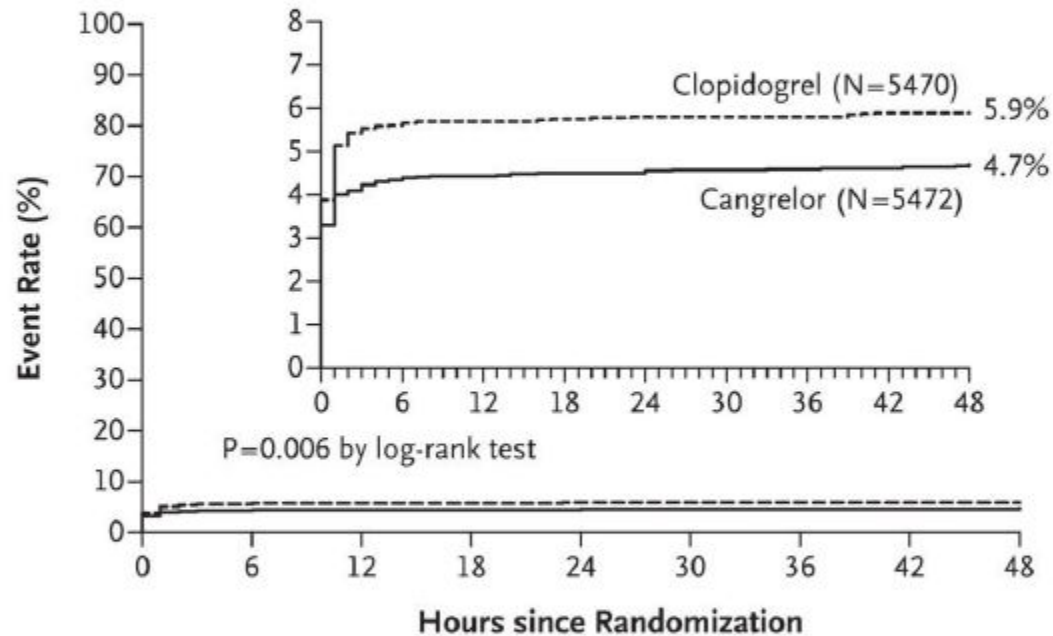
	0	5	10	15	20	25	30
>208 PRU	3607	3540	3534	3534	3534	3482	3482
≤208 PRU	4834	4754	4752	4752	4752	4686	4686

Най - голяма полза от ИКУЗ при ОКС. Оптимална техника + антиагреганти= брак по сметка



Bernhard Witzentbichler et al. Circulation. 2014;129:463-470

CHAMPION PHOENIX: KM Curves for Death, MI, IDR or Stent Thrombosis at 48h

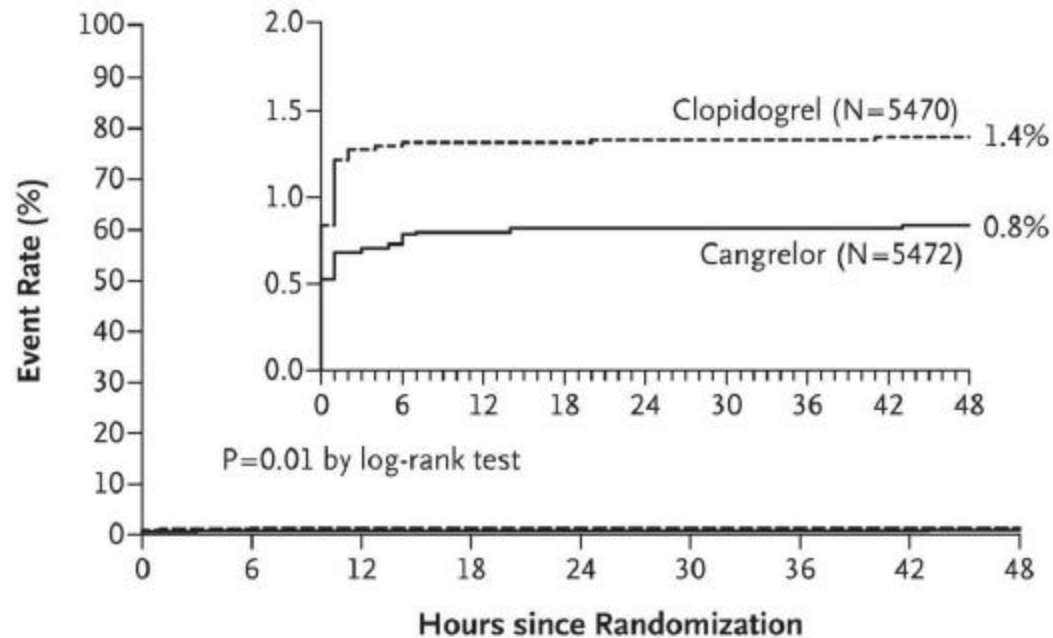


No. at Risk

Cangrelor	5472	5233	5229	5225	5223	5221	5220	5217	5213
Clopidogrel	5470	5162	5159	5155	5152	5151	5151	5147	5147



CHAMPION PHOENIX: KM curves for Stent Thrombosis at 48 h



No. at Risk

Cangrelor	5472	5426	5421	5419	5419	5418	5417	5416	5414
Clopidogrel	5470	5392	5389	5388	5386	5385	5385	5383	5383

Основно предимство спрямо ептифибатид/тирофибан

- ▶ Обратимост на ефекта

Доболнична интравенозна антиагрегантна терапия за STEMI

Дефиниции:

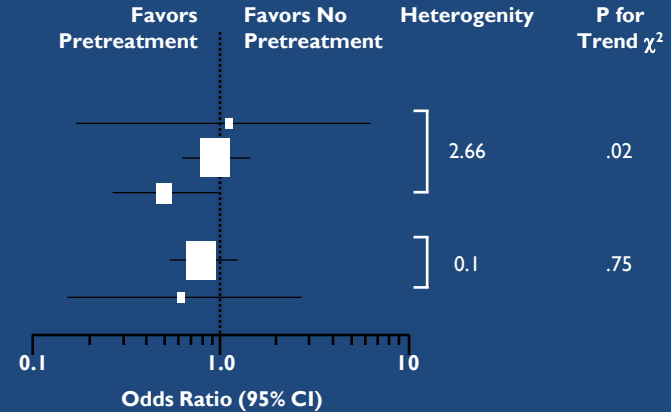
1. Назначаване при ПМК без да е необходим лекар
2. Назначаване в линейката

Importance of Pre-hospital Treatment with Clopidogrel in ACS

All-cause Mortality

No. of Patients

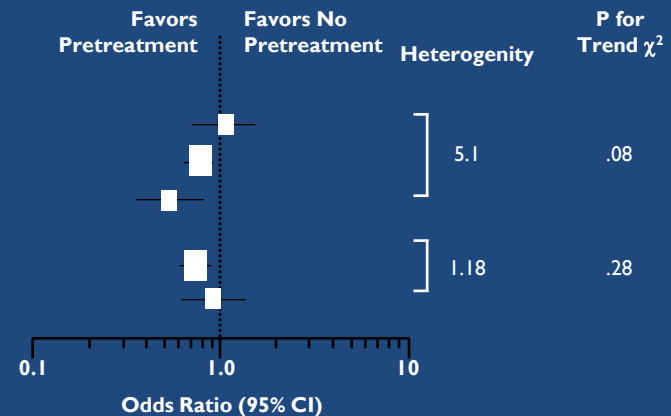
Presenting feature	No. of Patients		OR (95% CI)
	Pretreatment	No Pretreatment	
Elective PCI	820	816	1.12 (0.17-7.27)
NSTE ACS	2366	2408	0.93 (0.63-1.36)
STEMI	1097	1101	0.50 (0.26-0.96)
Loading dose			
≤300 mg	3299	3338	0.79 (0.54-1.17)
600-900 mg	984	987	0.62 (0.15-2.61)



Major Coronary Event

No. of Patients

Presenting feature	No. of Patients		OR (95% CI)
	Pretreatment	No Pretreatment	
Elective PCI	820	816	1.05 (0.70-1.57)
NSTE ACS	2366	2408	0.78 (0.66-0.91)
STEMI	1097	1101	0.54 (0.36-0.81)
Loading dose			
≤300 mg	3299	3338	0.74 (0.63-0.87)
600-900 mg	984	987	0.93 (0.64-1.36)

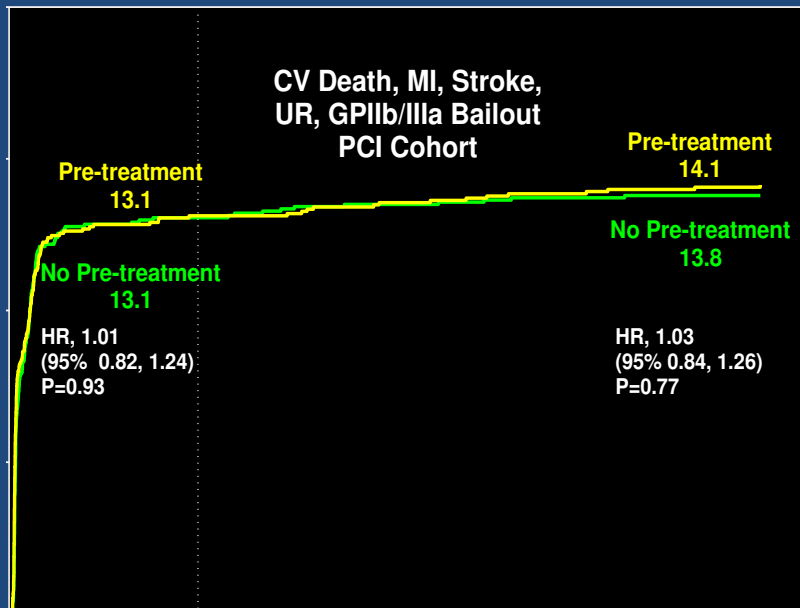




The ACCOAST Trial: Lack of Benefit but Real Harm of Prasugrel Upstream Compared to Downstream Loading

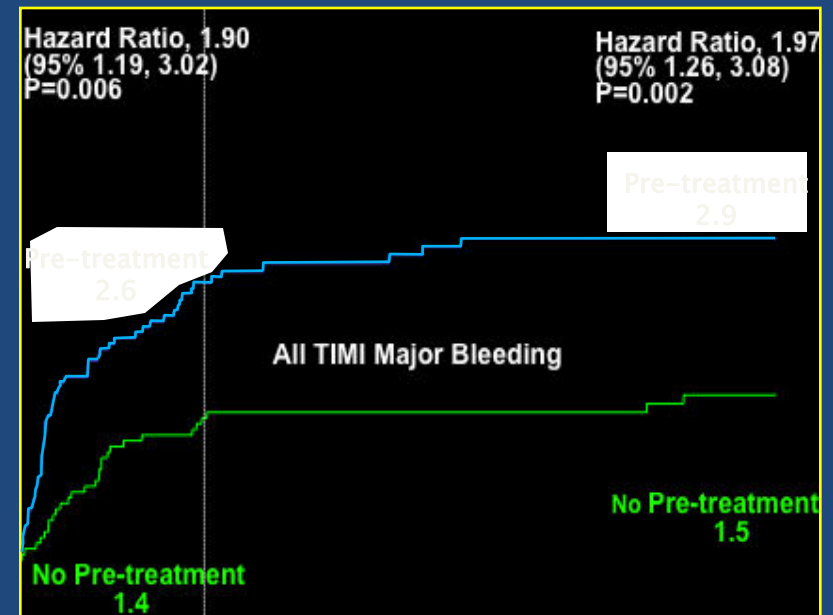
Primary efficacy endpoint

CV Death, MI, Stroke, Urg Revasc, GP IIb/IIIa bailout



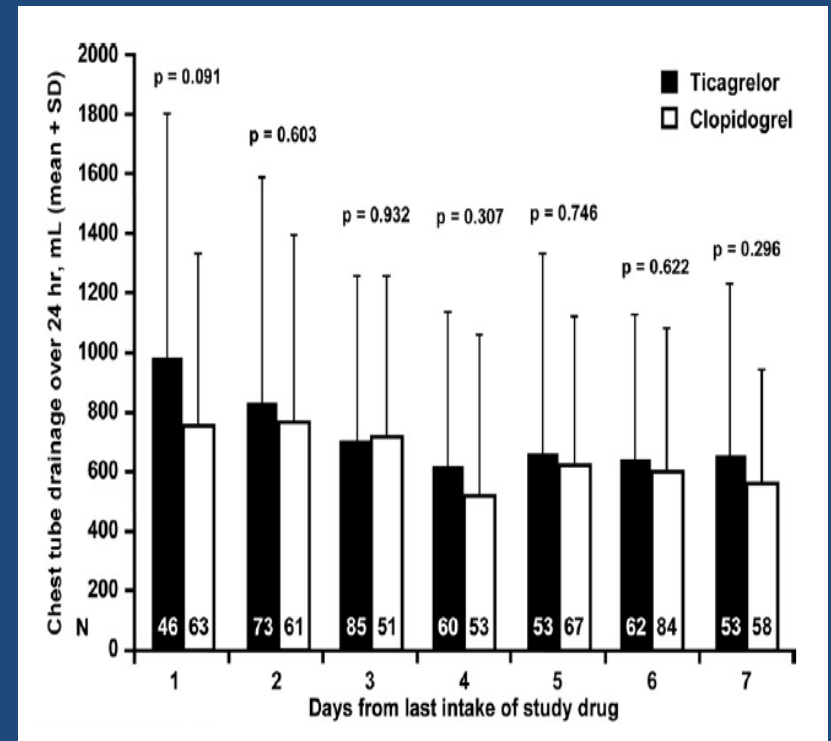
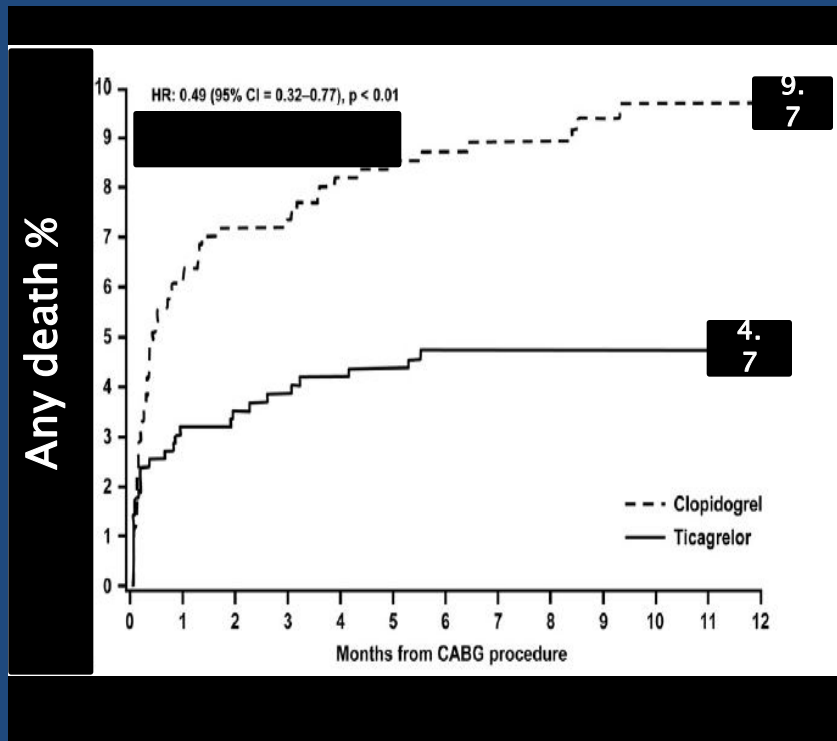
Primary safety endpoint

TIMI major bleeding



Ticagrelor: Substantial Mortality Reduction Without Excess Risk of CABG-related Bleeding Post-randomisation Analysis of the PLATO Trial

N=1899



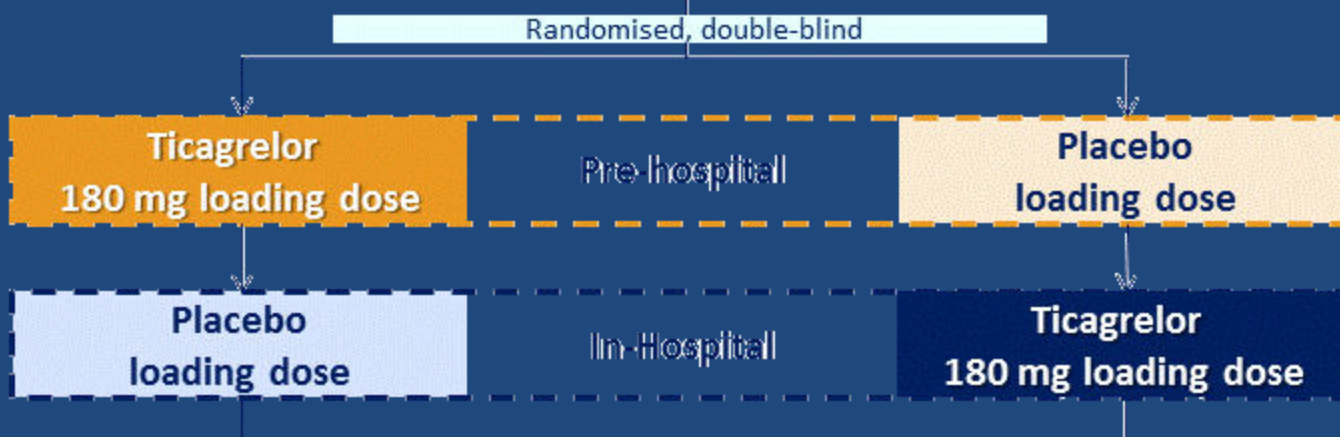
No red flags for bleeding!

Какво прибавя ATLANTIC

Atlantic
Population

- Documented evidence of STEMI
- Planned for angioplasty (PCI)
- onset of ischaemic symptoms within 6h
- initially managed by ambulance physician/personnel; also concerning patients not pre-treated for STEMI in emergency rooms of non-PCI hospitals

STE-ACS planned for PCI (N = 1862)



≥ 70% ST-segment elevation
resolution pre-PCI

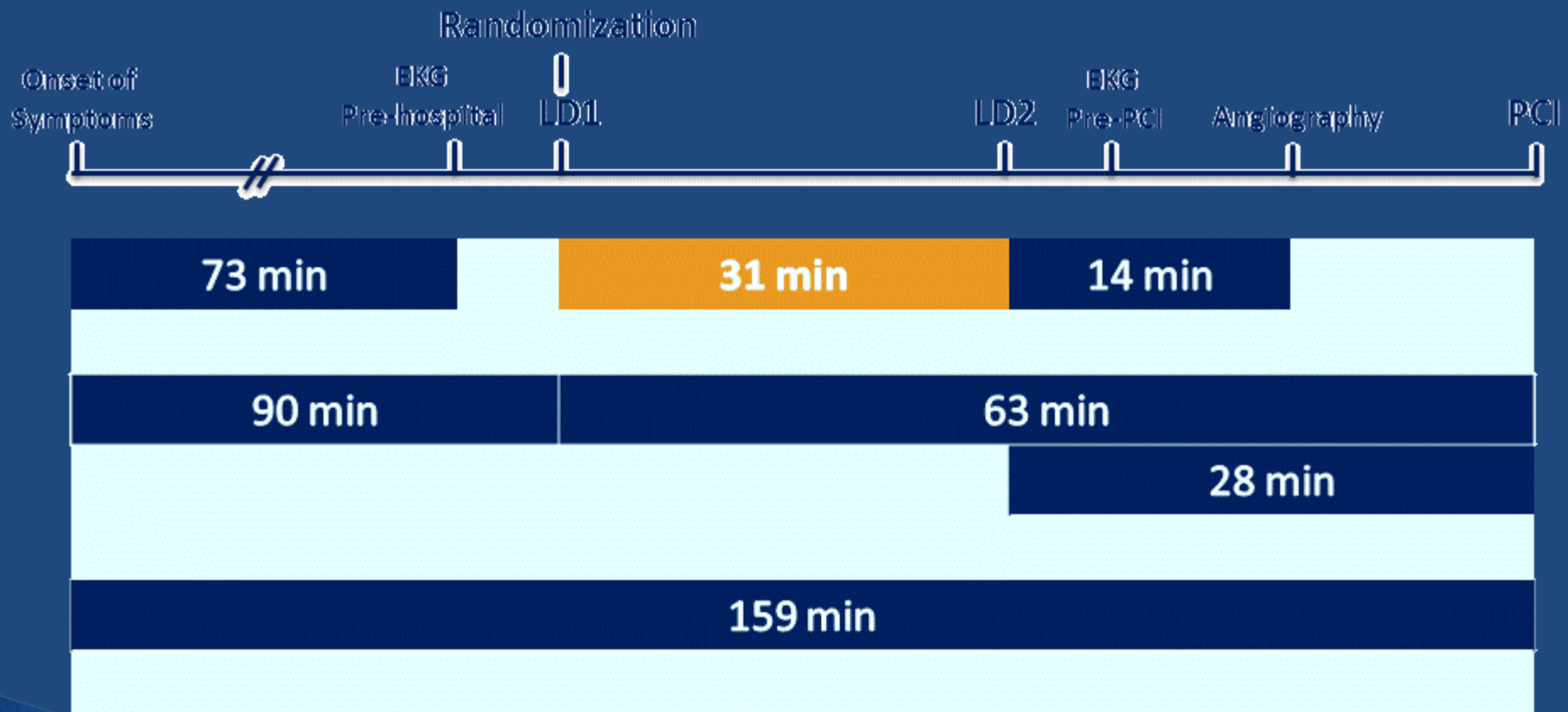
Primary Objectives

OR

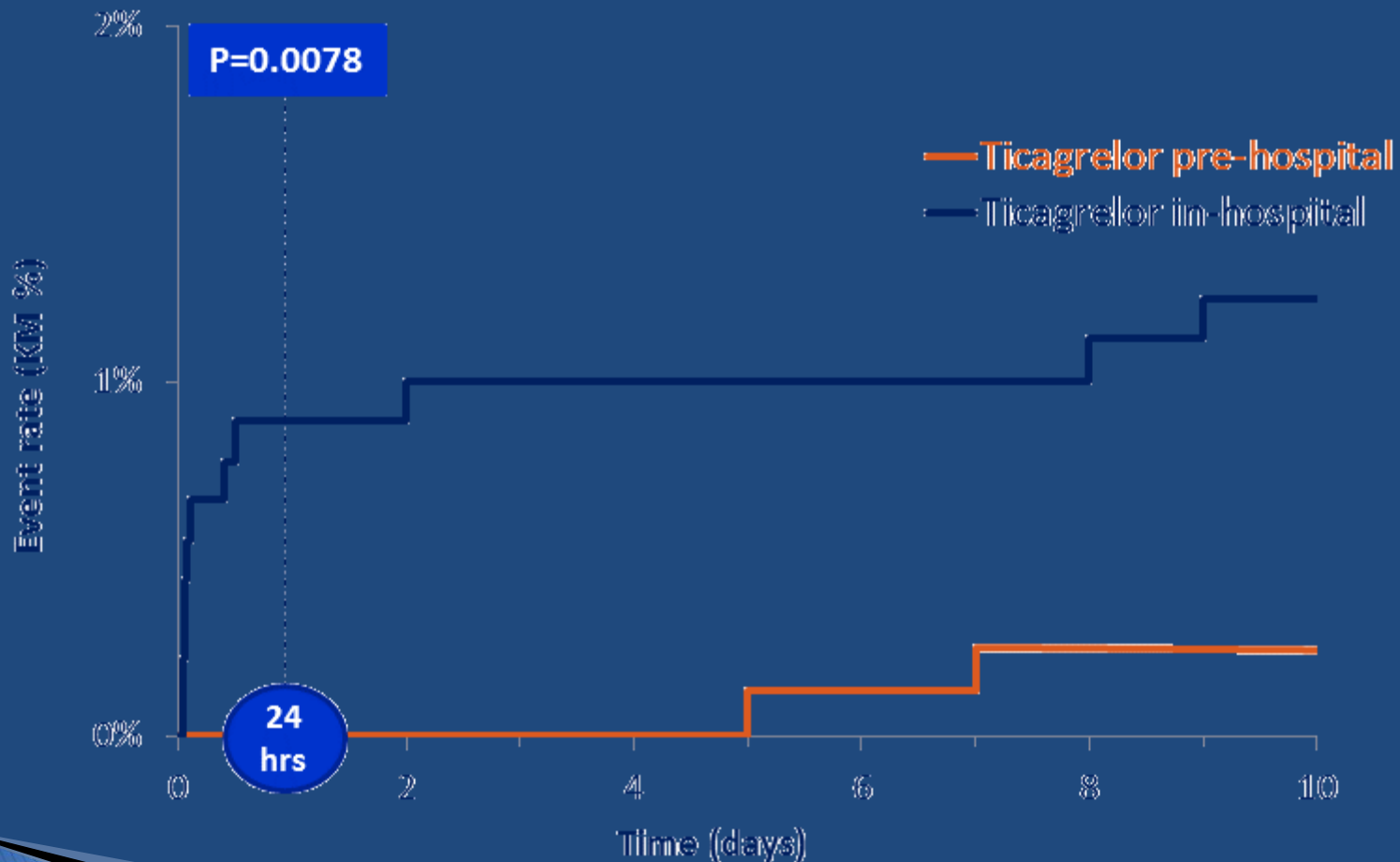
TIMI flow grade 3 of MI culprit
vessel at initial angiography

Ticagrelor 90 mg/bid 30 days

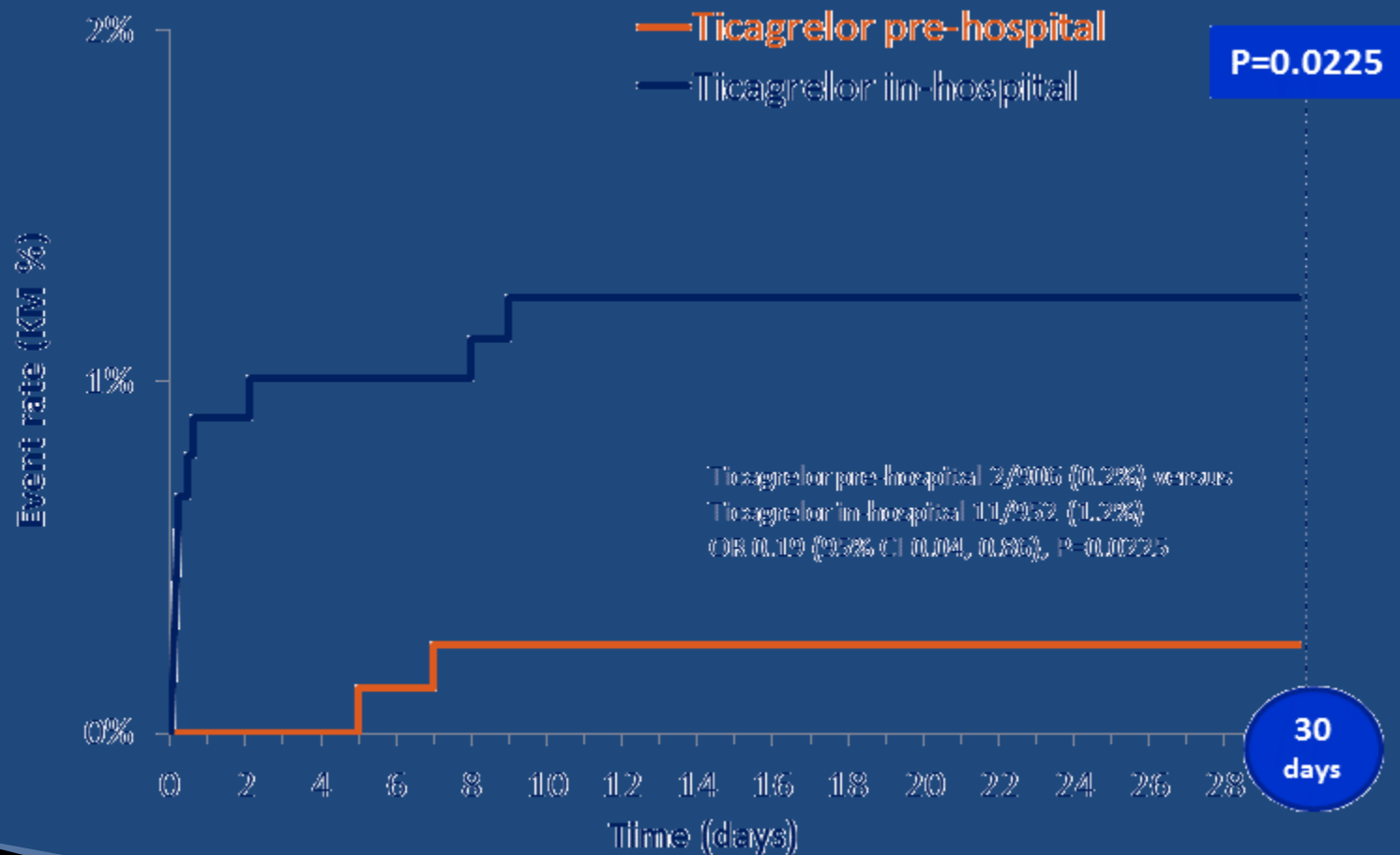
Median times to pre- and in-hospital steps



Definite stent thrombosis up to 10 days

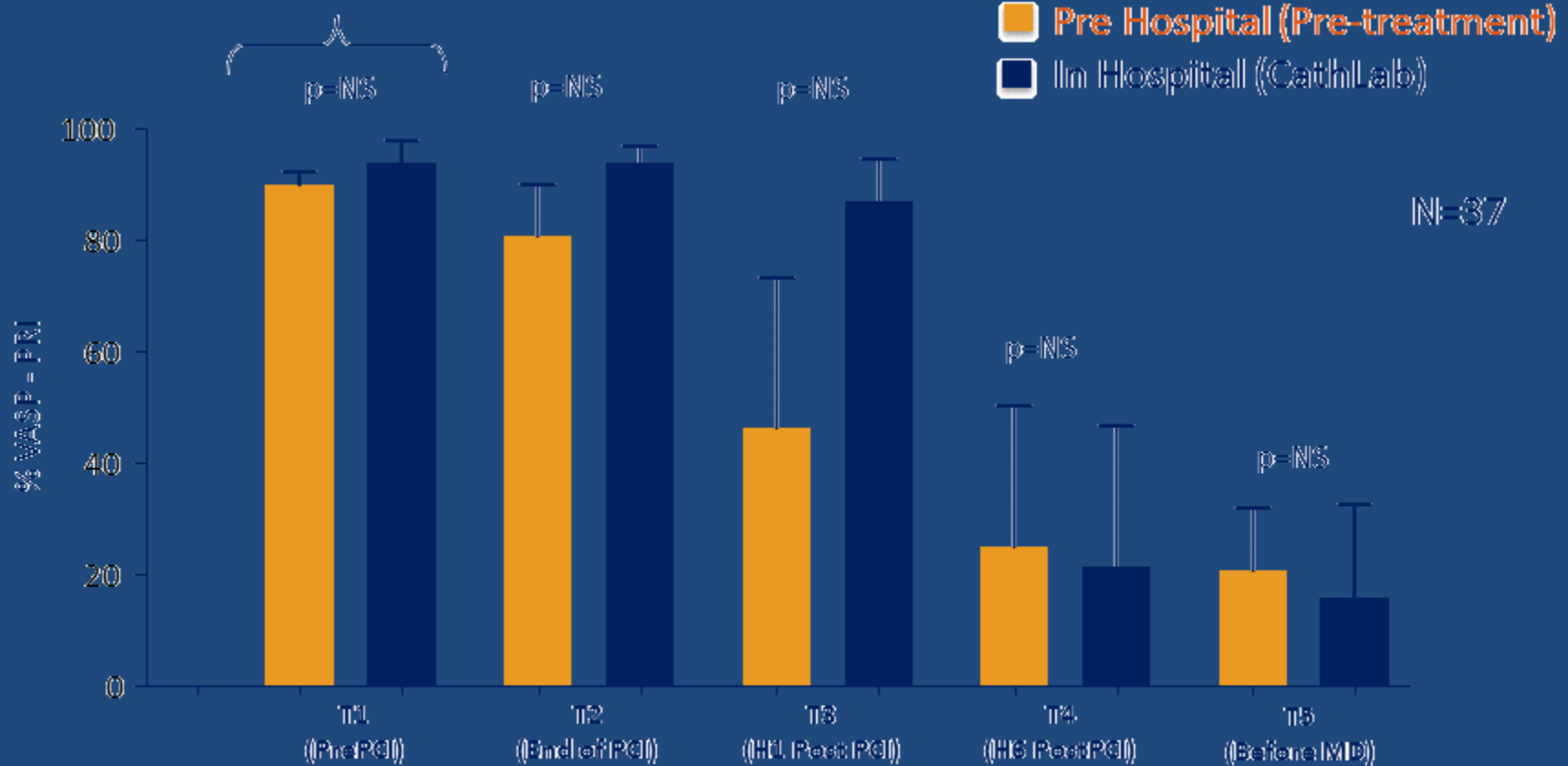


Definite stent thrombosis up to 30 days



Ticagrelor pre-hospital vs. in-hospital for VASP-PRI

Primary objective



↑
LD1

↑↑
LD2

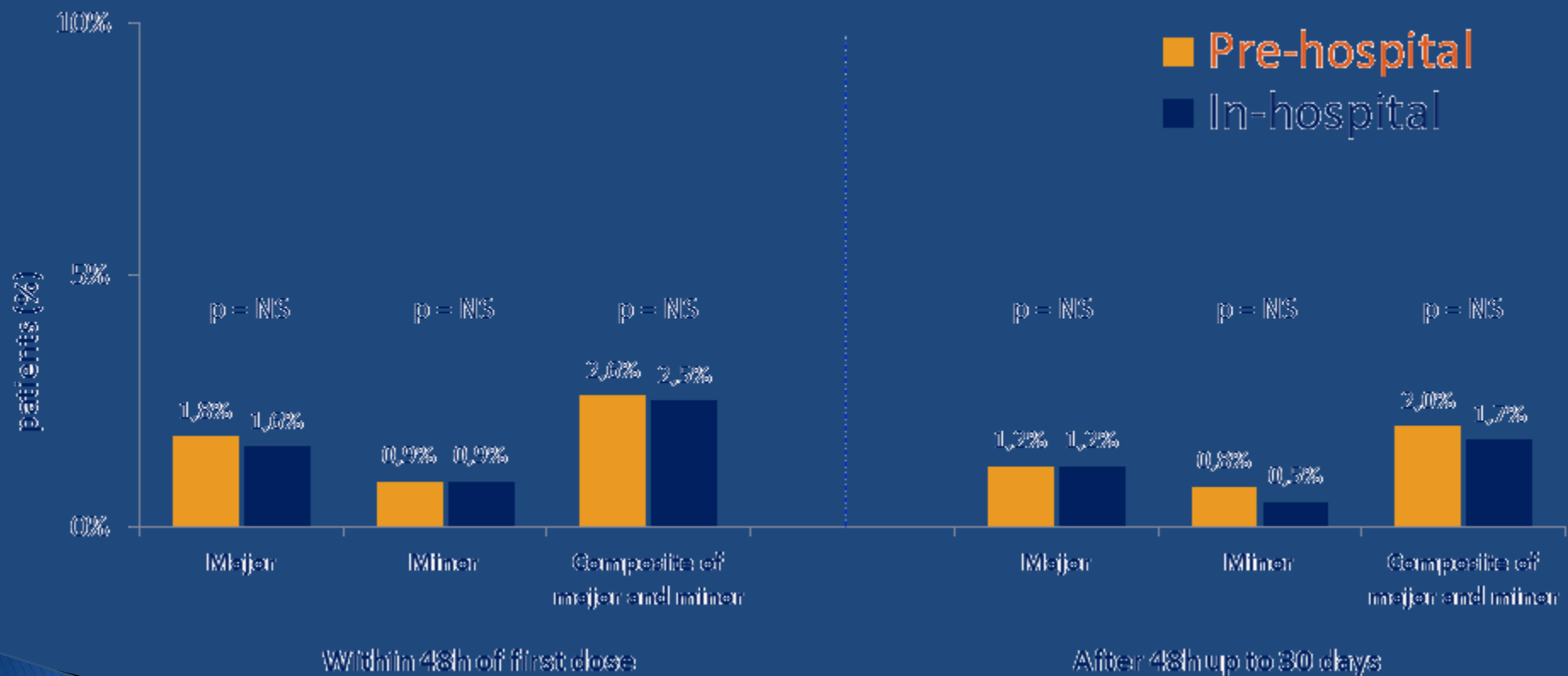
Pre-PCI TIMI Flow
and ST resolution

↑

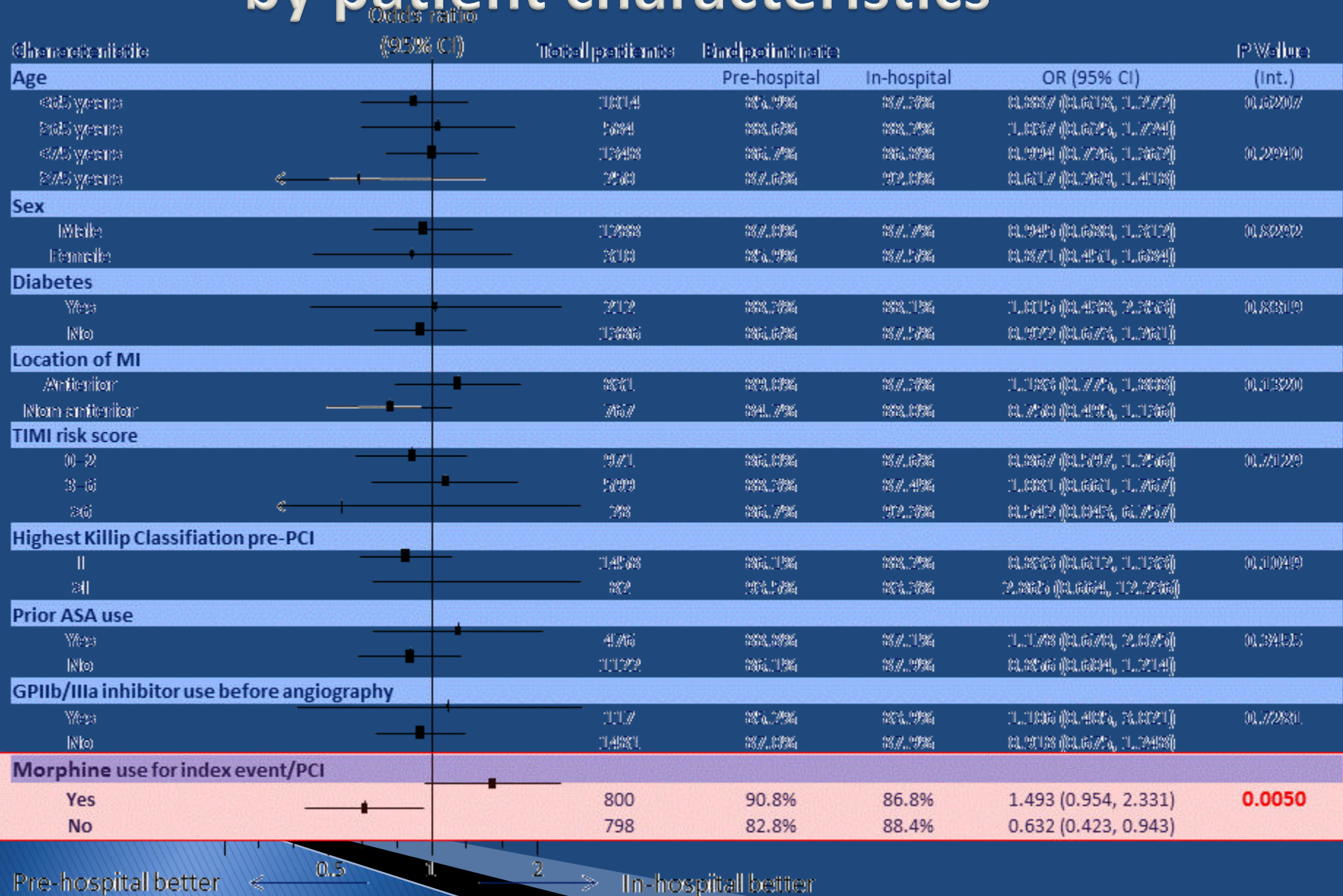
Post-PCI
ST resolution

Non-CABG-related bleeding events

(PLATO definitions) – Safety population



Absence of ST-segment resolution by patient characteristics



From: Ticagrelor Crushed Tablets Administration in STEMI Patients: The MOJITO Study

J Am Coll Cardiol. 2015;65(5):511-512. doi:10.1016/j.jacc.2014.08.056

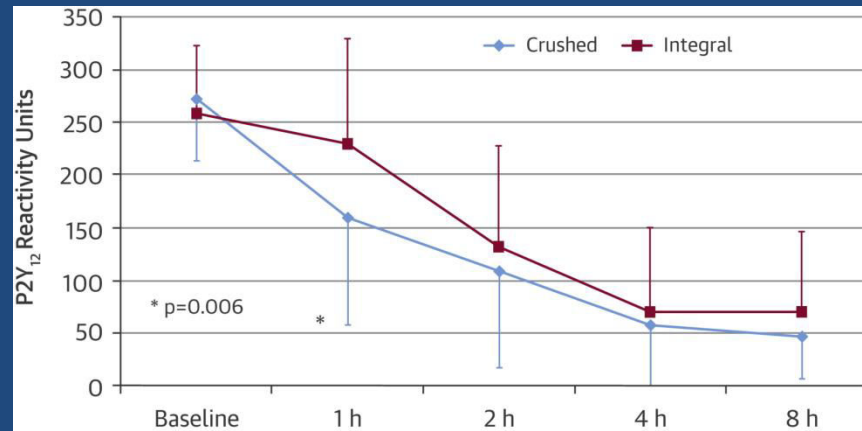
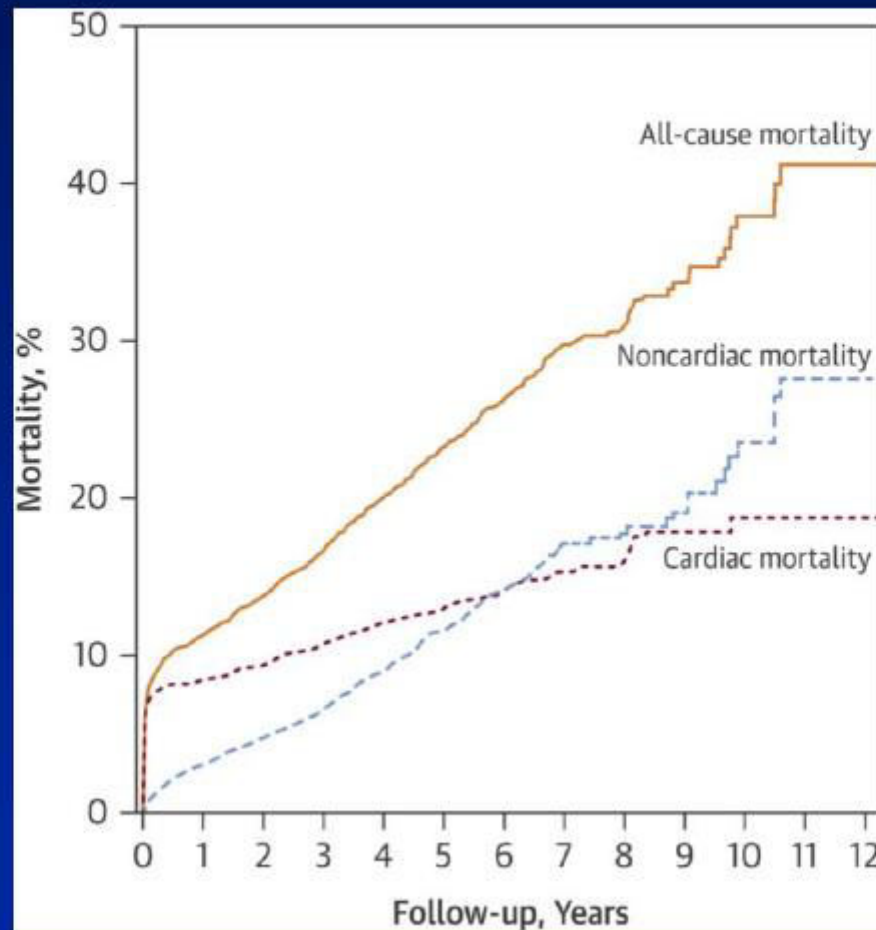


Figure Legend:

Platelet Inhibition Over Time

Platelet reactivity was assessed at baseline, 1, 2, 4, and 8 h after a 180-mg ticagrelor loading dose in patients treated by crushed tablets (diamonds) or integral tablets (squares). Data are expressed as mean \pm SD.

Short- and Long-Term Cause of Death in Patients Treated With Primary PCI for STEMI



Pedersen F et al. *J Am Coll Cardiol.* 2014;64(20):2101-2108. doi:10.1016/j.jacc.2014.08.037.

ПОСЛАНИЯ

- ▶ Оптималната антиагрегантна терапия е в основата на съвременното лечение на ОКС
- ▶ Бързината на блокиране на тромбоцитите е особено важна при наличие на коронарна тромбоза(STEMI)
- ▶ Основната полза от пълното и бързо блокиране на тромбоцитната агрегация е намаляване на острата тромбоза на стента